

**Maine Township High School District 207**  
**2017-2018 FREE/REDUCED PRICE MEALS AND FEE WAIVER APPLICATION**

APPLYING FOR:       Free/Reduced Price Meals       Fee Waiver

**1) APPLICANT INFORMATION**

Names of All Children in School <i>First - Middle - Last</i>	Student ID#	Food Stamp or TANF Case Number (if any, per child). If you list a SNAP or TANF Case Number, <u>you must attach a current copy of IDHS Benefits Eligibility Letter with Case Number included, then Skip to (6)</u>	Check if Foster Child*

\* You must attach a copy of the front & back of the foster child's medical card.

**2) HOMELESS, MIGRANT, RUNAWAY or HEAD START (Categorically eligible)**

Homeless     Migrant     Runaway     Head Start

\_\_\_\_\_  
*Signature of Your School Homeless Liaison,  
Migrant Coordinator or Head Start Director*      Date

**3) TOTAL HOUSEHOLD GROSS INCOME - before deductions You must tell us how much and how often.**

NAME (List everyone in household)	Social Security Number (enter last 4 numbers)	Date of Birth	Total Income from IRS 2016 Form 1040	Check If <b>NO</b> income
	XXX-XX-		\$	<input type="checkbox"/>
	XXX-XX-		\$	<input type="checkbox"/>
	XXX-XX-		\$	<input type="checkbox"/>
	XXX-XX-		\$	<input type="checkbox"/>
	XXX-XX-		\$	<input type="checkbox"/>
	XXX-XX-		\$	<input type="checkbox"/>

Attached is a copy of the 2016 IRS Form 1040 and all 1099's and W-2's for each working household member.  
 I did not file IRS Form 1040 because \_\_\_\_\_

**4) CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)**

Mark one ethnic identity:

- Hispanic/Latino
- Not Hispanic/Latino

Mark one or more racial identities:

- Asian
- Black or African American
- White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

**5) Sharing Application Information with All Kids - All Kids is a complete healthcare program for every child in Illinois.**

No! I DO NOT want information from my Household Eligibility Application shared with All Kids. \_\_\_\_\_  
Sign here

**6) SIGNATURE AND SOCIAL SECURITY NUMBER (Adult must sign)**

An adult household member must sign the application. The adult signing the form must also list his/her social security number or mark the "I do not have a social security number" box.

Social Security Number: XXX-XX-\_\_\_\_       I do not have a social security number.

I certify (promise) that all the information on this application is true and that all household income is reported.  
I understand that the school officials may verify (check) the information.

I understand that if I purposely give false information, my children may lose benefits, and I may be prosecuted.

\_\_\_\_\_  
Date      Printed Name of Adult Household Member      Signature of Adult Household Member

\_\_\_\_\_  
Address of Adult Household Member      City      Zip Code

# MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

## Free/Reduced Price Meals and Fee Waiver 2017-2018 Income Eligibility Guidelines

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2017, through June 30, 2018:

Household Size	FREE Meals/Fee Waiver				REDUCED Price Meals/Fee Waiver						
	Annual Income	Monthly Income	Twice Per Month	Every 2 Weeks	Weekly Income	Household Size	Annual Income	Monthly Income	Twice Per Month	Every 2 Weeks	Weekly Income
1	\$15,678	\$1,307	\$654	\$603	\$302	1	\$22,311	\$1,860	\$930	\$859	\$430
2	21,112	1,760	880	812	406	2	30,044	2,504	1,252	1,156	578
3	26,546	2,213	1,107	1,021	511	3	37,777	3,149	1,575	1,453	727
4	31,980	2,665	1,333	1,230	615	4	45,510	3,793	1,897	1,751	876
5	37,414	3,118	1,559	1,439	720	5	53,243	4,437	2,219	2,048	1,024
6	42,848	3,571	1,786	1,648	824	6	60,976	5,082	2,541	2,346	1,173
7	48,282	4,024	2,012	1,857	929	7	68,709	5,726	2,863	2,643	1,322
8	53,716	4,477	2,239	2,066	1,033	8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add:						For each additional family member, add:					
	5,434	453	227	209	105		7,733	645	323	298	149

The following is the definition of income: Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following:

- Monetary compensation for services including wages, salary, commissions, or fees;
- Net income from non-farm self-employment;
- Net income from farm self-employment;
- Social security;
- Dividends or interest on savings or bonds or income from estates or trusts;
- Net rental income;
- Public assistance or welfare payments;
- Unemployment compensation;
- Government civilian employee or military retirement or pensions or veteran payments;
- Private pensions or annuities;
- Alimony or child support payments;
- Regular contributions from persons not living in the household;
- Net royalties;
- Other cash income - Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.