## Maine Township High School District 207 2022-23 FREE/REDUCED PRICE MEALS AND FEE WAIVER APPLICATION

| (1) APPLICANT INFOR  | RMATION                      |                   |  |                            |  |                                 |
|--|------------------------------|-------------------|--|----------------------------|--|---------------------------------|
| Names of All Children in School First - Middle - Last                              |                              |                   | Food Stamp or TANF Case Number (if any, per child). or TANF Case Number, <u>you must attach a current cop</u> Eligibility Letter with Case Number included, then Ski |                            | current copy of IDHS Benefits                                    | Check if<br>Foster<br>Child*    |
|  |                              |                   |  |                            |  |                                 |
|  |                              |                   |  |                            |  |                                 |
|  |                              |                   |  |                            |  |                                 |
|  |                              |                   |  |                            |  |                                 |
|  |                              |                   | * <u>You must</u>  | attach a copy of ti        | ne front & back of the foster child                              | d's medical card                |
| (2) HOMELESS, MIGR   | ANT, RUNAWAY                 | or HEAD           | START (Categorically el  | igible)                    |  |                                 |
| HomelessMigrar   | ntRunaw                      | /ay               | Head Start   |                            | Your School Homeless Liaison,<br>rdinator or Head Start Director | Date                            |
| (3) TOTAL HOUSEHO  | LD GROSS INCO                | ME - befo         | re deductions You must   | tell us how mu             | ch and how often.  | 1                               |
| NAME (List everyone in household)  |                              | d)                | Social Security<br>Number (enter last 4<br>numbers)  | Date of<br>Birth           | Total Income from IRS 2021 Form 1040                             | Check If<br><u>NO</u><br>income |
|  |                              | XX                | ( X - X X -  |                            | \$   |                                 |
|  |                              | XX                | (X-XX-   |                            | \$   |                                 |
|  |                              | XX                | (X-XX-   |                            | \$   |                                 |
|  |                              | XX                | ( X - X X -  |                            | \$   |                                 |
|  |                              | XX                | (X-XX-   |                            | \$   |                                 |
|  |                              | XX                | (X-XX-   |                            | \$   |                                 |
| Attached is a d  | copy of the 2021 IF          | RS Form 1         | 040, all 1099's /W-2's for   | each working ho            | l<br>ousehold member.  | <u> </u>                        |
| I did not file IR  | S Form 1040 beca             | ause              |  |                            |  |                                 |
| (4) CHILDREN'S RAC<br>Mark one ethnic identity<br>Hispanic/Latin<br>American India | y: Mark one or mor<br>oAsian | re racial id      | entities:  | canNo<br>er Pacific Island | t Hispanic/LatinoWhit<br>ler                                     | te                              |
| (5) Sharing Application  | on Information wit           | th <i>All Kid</i> | s – <i>All Kid</i> s is a complet  | e healthcare pr            | ogram for every child in Illi                                    | nois.                           |
| No! I DO NOT   | want information             | from my H         | lousehold Eligibility Applic   | ation shared wit           | h <i>All Kids</i>  | Sign here                       |
| (6) SIGNATURE AND S  | SOCIAL SECURIT               | Y NUMBI           | ER (Adult must sign)   |                            |  |                                 |
| An adult household me<br>the "I do not have a soc                                  |                              |                   | on. The adult signing the f  | orm must also li           | st his/her social security num                                   | ber or mark                     |
| Social Security Number   | : X X X - X X-               |                   | l do <u>ı</u>  | <u>not</u> have a socia    | I security number.   |                                 |
| understand that the s  | chool officials ma           | ay verify (       |  |                            | old income is reported. I at if I purposely give false           |                                 |
| <u> </u>   | Drintad Name                 | of 1 do 14 1      | ousehold Member  | Cianatura -                | f Adult Household Member   |                                 |
| Dal <del>e</del>   | гин <b>е</b> и <i>Name</i>   | oi Adult H        | ousendia Member  | Signature 0                | f Adult Household Member   |                                 |

Address of Adult Household Member

## Maine Township High School District 207 FREE/REDUCED PRICE MEALS AND FEE WAIVER 2022-23 Income Eligibility Guidelines

| Income Eligibility Guidelines Effective from July 1, 2022 to June 30, 2023 |                                |         |                 |                 |        |  |  |  |
|--|--------------------------------|---------|-----------------|-----------------|--------|--|--|--|
|  | Free Meals                     |         |                 |                 |        |  |  |  |
|  | 130% Federal Poverty Guideline |         |                 |                 |        |  |  |  |
| Household Size   | Annual                         | Monthly | Twice Per Month | Every Two Weeks | Weekly |  |  |  |
| 1  | 17,667                         | 1,473   | 737             | 680             | 340    |  |  |  |
| 2  | 23,803                         | 1,984   | 992             | 916             | 458    |  |  |  |
| 3  | 29,939                         | 2,495   | 1,248           | 1,152           | 576    |  |  |  |
| 4  | 36,075                         | 3,007   | 1,504           | 1,388           | 694    |  |  |  |
| 5  | 42,211                         | 3,518   | 1,759           | 1,624           | 812    |  |  |  |
| 6  | 48,347                         | 4,029   | 2,015           | 1,860           | 930    |  |  |  |
| 7  | 54,483                         | 4,541   | 2,271           | 2,096           | 1,048  |  |  |  |
| 8  | 60,619                         | 5,052   | 2,526           | 2,332           | 1,166  |  |  |  |
| For each additional  |                                |         |                 |                 |        |  |  |  |
| family member , add  | 6,136                          | 512     | 256             | 236             | 118    |  |  |  |

| Income Eligibility Guidelines                |                                |         |                 |                 |        |  |  |  |
|--|--------------------------------|---------|-----------------|-----------------|--------|--|--|--|
| Effective from July 1, 2022 to June 30, 2023 |                                |         |                 |                 |        |  |  |  |
|  | Reduced-Price Meals            |         |                 |                 |        |  |  |  |
|  | 185% Federal Poverty Guideline |         |                 |                 |        |  |  |  |
| Household Size                               | Annual                         | Monthly | Twice Per Month | Every Two Weeks | Weekly |  |  |  |
| 1  | 25,142                         | 2,096   | 1,048           | 967             | 484    |  |  |  |
| 2  | 33,874                         | 2,823   | 1,412           | 1,303           | 652    |  |  |  |
| 3  | 42,606                         | 3,551   | 1,776           | 1,639           | 820    |  |  |  |
| 4  | 51,338                         | 4,279   | 2,140           | 1,975           | 988    |  |  |  |
| 5  | 60,070                         | 5,006   | 2,503           | 2,311           | 1,156  |  |  |  |
| 6  | 68,802                         | 5,734   | 2,867           | 2,647           | 1,324  |  |  |  |
| 7  | 77,534                         | 6,462   | 3,231           | 2,983           | 1,492  |  |  |  |
| 8  | 86,266                         | 7,189   | 3,595           | 3,318           | 1,659  |  |  |  |
| For each additional                          |                                |         |                 |                 |        |  |  |  |
| family member, add                           | 8,732                          | 728     | 364             | 336             | 168    |  |  |  |

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 includes 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.