

**Maine Township High School District 207**  
**2025-26 FREE/REDUCED PRICE MEALS & FEE WAIVER**  
**APPLICATION INSTRUCTIONS**

To apply for free and reduced-price meal services and/or fee waiver, complete the application using these instructions. Sign the application and return to the school.

**1. APPLICANT INFORMATION** *All Households Complete Section (1).*

- A. Print the name or names of the child(ren) you are applying for.
- B. List each child's student ID number.
- C. TANF case number-if applicable. List a current TANF case number or SNAP number for each child. Attach a copy of TANF/SNAP card(s) to application. *Link card number cannot be used. Skip to (6).* **Please note that the State of Illinois no longer allows the District access to the Direct Certification System and all families on SNAP must complete the application to be eligible.**
- D. Check if the application is for a foster child. Attach a copy of the front and back of child's medical card.

*Skip to (5).* **2. HOMELESS, MIGRANT, RUNAWAY OR HEAD START** *(Categorically eligible)*

- A. Check box (if applicable) of student on application.
- B. Get corresponding signature. Go on to Section (5).

**3. TOTAL HOUSEHOLD INCOME**

- A. Write the names of everyone in your household, whether they receive income or not. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space. Check the box at right if the member does not have any income.
- B. Fill in each person's total income and attach a copy of the most recent (2024) tax return - IRS Form 1040 and all W-2's/ 1099's for each household member where applicable. If there is no tax return, but the household member is employed, please state reason for no tax return. **Your application may be denied if you do not provide a copy of the 2024 tax return and all W-2's/1099's for each employed household member.**
- C. You must complete a **4506-T Request for Transcript of Tax Return Form** for each working household member that cannot provide a tax return. (1) Fill out the Student ID line at the top of the page. (2) Complete all items in Sections 1 through 4 as applicable. (3) Sign on the first signature line (only one signature is required); (4) date, (5) phone number.

**4. CHILDREN'S RACIAL AND ETHNIC IDENTITIES**

Answer these questions if you choose to. (Optional)

**5. SIGNATURE AND SOCIAL SECURITY NUMBER** *All Households Complete This Part.*

- A. All applications must have the signature of an adult household member.
- B. The adult signing the form must also list the last four numbers of his/her social security number.
- C. If the adult does not have a social security number, mark the box indicating "I do not have a Social Security number."

D. A social security number is not required if you are applying with a SNAP or TANF case number or if you are applying for a foster child.

**E. If there is no social security number and the box indicating such is not checked; the application will be denied.**

Privacy Act Statement: **This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaintant-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington D.C. 20250-9410; or 2. Fax (833) 256-1665 or (202) 690-7442; or 3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
2. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR, DO I NEED TO FILL OUT ANOTHER ONE? Yes, Your child's application is only good for that school year. You must send in a new application even if you are receiving assistances from SNAP or TANF.
3. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC **MAY** be eligible for free or reduced meals and a fee waiver. Please complete the application.
4. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be a U.S. citizens to qualify for free or reduced priced meals and a fee waiver.
5. MY FAMILY NEEDS MORE HELP, ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

6. I AM A SNAP RECIPIENT, BUT CANNOT LOCATE MY SNAP NOTICE OF DECISION LETTER. HOW CAN I GET A COPY OF THIS LETTER? You can email, call, or go in person to an Illinois Department of Human Services (IDHS) Office and request a copy of your letter. Contact information and addresses for several locations can be found below. When contacting IDHS, you should request a "Proof of Receipt of Program Benefits."

IL Department of Human Services West Suburban Office (229) Melrose Park, IL 60160 (708)338-7600	DHS Family Community Resource Center in Cook County - N. Suburban 3501 W. Algonquin Rd., 4th Floor Rolling Meadows, IL 60008 (847) 483-7171	State of Illinois Northern FCRC 8001 Lincoln Ave., 6th Floor Skokie, IL 60077 (847) 745-3200
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APPLICATION BELOW

# Maine Township High School District 207

## 2025-26 FREE/REDUCED PRICE MEALS AND FEE WAIVER APPLICATION

### (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)	Date of Birth	Total Income from IRS 2024 Form 1040	Check If <u>NO</u> income
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

\_\_\_\_\_ Attached is a copy of the 2024 IRS Form 1040, all 1099's /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: Mark one or more racial identities:

\_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Not Hispanic/Latino \_\_\_\_\_ White  
 \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

### (5) 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: X X X - X X- \_\_\_\_ 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**  
**2025-26 Income Eligibility Guidelines**

Income Eligibility Guidelines Effective from July 1, 2025 to June 30, 2026											
	Free Meals 130% Federal Poverty Guidelines						Reduced Meals 185% Federal Poverty Guidelines				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,345	1,696	848	783	392	1	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	2	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	3	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	4	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	5	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	6	79,828	6,653	3,327	3,071	1,536
7	63,245	5,271	2,636	2,433	1,217	7	90,003	7,501	3,751	3,462	1,731
8	70,395	5,867	2,934	2,708	1,354	8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add	7,150	596	298	275	138	For each additional family member, add	10,175	848	424	392	196

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.