

Check if Error Prone Application

**1. All Household Members (Attach another sheet of paper if necessary.)**

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.										Check if Foster Child*		
			-	-	-	-	-	-	-	-	-	-			
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>

\* A foster child is the legal responsibility of a welfare agency or court.

**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.**

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example. \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All other income)	
	B. Amount	How often?	C. Amount	How often?	D. Amount	How often?	E. Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a social security number box.

X X X - X X - \_\_\_\_\_  
Social Security Number

I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date \_\_\_\_\_

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

Signature of Adult Household Member \_\_\_\_\_

**5. Contact Information (Optional)**

Work Telephone Number (Include Area Code) \_\_\_\_\_

Home Telephone Number (Include Area Code) \_\_\_\_\_

Home Address (Number, Street, City, State, Zip Code) \_\_\_\_\_

**6. Children's Racial and Ethnic Identities (Optional)**

Mark one ethnic identity:

- Hispanic/Latino
- Not Hispanic/Latino

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

**7. Sharing Application Information With All Kids—All Kids program 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: \_\_\_\_\_

**— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —**

**INITIAL DETERMINATION**

TOTAL INCOME \$ \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice a Month  Month  Year NUMBER IN HOUSEHOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Free based on:

- homeless
- migrant
- runaway
- Head Start

SNAP or TANF

- foster child
- household's income

Reduced based on:

household's income

Denied—Reason:

- income too high
- incomplete application
- Non-qualifying SNAP/TANF

Date Withdrawn: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_

**THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR SCHOOLS/DISTRICTS THAT ONLY PARTICIPATE IN ILLINOIS FREE AND/OR SPECIAL MILK PROGRAMS**

**CONFIRMATION** (Prior to verification and only for those applications selected for verification.)

Signature of Confirming Official \_\_\_\_\_

Date: \_\_\_\_\_

**VERIFICATION**

DIRECT VERIFICATION COMPLETED <input type="checkbox"/>	INITIAL DETERMINATION	VERIFICATION RESULTS:	REASON FOR CHANGE:	DATE NOTICE OF STATUS CHANGE SENT: _____
DATE VERIFICATION NOTICE SENT: _____	<input type="checkbox"/> Free based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income \$ _____	EFFECTIVE DATE OF STATUS CHANGE: _____
DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar days)	<input type="checkbox"/> Free based on income	<input type="checkbox"/> Free to Reduced	<input type="checkbox"/> Household Size: _____	
DATE, METHOD, RESULTS OF FOLLOW-UP: _____ (recommend 3 business days)	<input type="checkbox"/> Reduced based on income	<input type="checkbox"/> Free to Paid	<input type="checkbox"/> Change in SNAP/TANF	
		<input type="checkbox"/> Reduced to Free	<input type="checkbox"/> Did not respond	
		<input type="checkbox"/> Reduced to Paid	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact	Verifying Official's Signature _____		Date: _____