

**APPLICATION FOR ILLINOIS FREE LUNCH AND FREE SPECIAL MILK PROGRAM**  
Complete One Application Per Household Per School District

**Part 1. Children in School (Use a separate application for each foster child)**

NAMES OF ALL CHILDREN IN SCHOOL (First, Middle Initial, Last) \_\_\_\_\_ (School Name) \_\_\_\_\_ (Grade) \_\_\_\_\_ SNAP OR TANF CASE# (if any, per child) \_\_\_\_\_  
Skip to Part 5 if you list a SNAP or TANF case#

**Part 2. Homeless, Migrant, or a Runaway**

Homeless  Runaway  Migrant  Head Start  
(Signature of Your School Homeless Liaison, Migrant Coordinator, Head Start Director) \_\_\_\_\_ (Date) \_\_\_\_\_

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check box at left. Skip to Part 5  
List the amount of the child's personal use monthly income. If none, indicate \$0.00. .... \$ \_\_\_\_\_

**Part 4. Total Household Gross Income (before deductions) You must tell us how much and how often.**

1. NAMES (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)				3. Check If NO INCOME				
	Earnings from Work (Before Deductions)		Welfare, Child Support, Alimony			Pensions, Retirement, Social Security	Worker's Comp., Unemployment, SSI, etc. (All Other Income)		
A.	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?	
B.	\$ /	/	\$ /	/	\$ /	/	\$ /	/	<input type="checkbox"/>
C.	\$ /	/	\$ /	/	\$ /	/	\$ /	/	<input type="checkbox"/>
D.	\$ /	/	\$ /	/	\$ /	/	\$ /	/	<input type="checkbox"/>
E.	\$ /	/	\$ /	/	\$ /	/	\$ /	/	<input type="checkbox"/>

**Part 5. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her social security number or mark the I do not have a social security number box. \_\_\_\_\_ 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 \_\_\_\_\_

**Part 6. Contact Information (Optional)**

Work Telephone Number (include area code) \_\_\_\_\_ Home Telephone Number (include area code) \_\_\_\_\_ Home Address (number, street, city, zip code) \_\_\_\_\_

**Part 7. 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  Native Hawaiian or Other Pacific Islander  
 White  American Indian or Alaska Native

**Part 8. 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: \_\_\_\_\_

**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 social security number of the adult household member who signs the application. 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 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.

**SCHOOL USE ONLY— (LEA must use annual conversion on all applications in district.)**

**INITIAL DETERMINATION** Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12  
TOTAL INCOME: \$ \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice a Month  Month  Year NUMBER IN HOUSEHOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_ Date: \_\_\_\_\_  
 Free based on:  homeless  migrant  runaway  Head Start  SNAP or TANF  foster child's income  household's income  Denied—Reason:  Income too high  incomplete application  Temporary:  free Until: \_\_\_\_\_ Until: \_\_\_\_\_ (maximum is 45 days each) DATE WITH-DRAWN: \_\_\_\_\_  
Signature of Determining Official \_\_\_\_\_ Date \_\_\_\_\_