



Homewood-Flossmoor High School

999 Kedzie, Flossmoor · 708-799-3000 · hfhighschool.org



2022-2023 FREE OR REDUCED LUNCH GUIDELINES

Dear Parent/Guardian:

If you are interested in applying for Free or Reduced Lunch for your student(s), please review the information below. To qualify you must meet income eligibility guidelines and be able to document your income. If you meet the guidelines and want to apply for Free or Reduced Lunch, provide the documentation as described in the categories below, and submit it via email attachment at SNAPdetermination@hf233.org or you may mail or hand deliver your completed application and supporting documents to Homewood-Flossmoor Community High School, ATTN: Business Office, 800 Governors Highway, Flossmoor, IL 60422. **Please note: we cannot approve an application that is incomplete.**

Applications delivered in-person will not be reviewed while you wait. You will receive a written Approval / Denial notification as appropriate. Families qualifying for Free Lunch will automatically qualify for Fee Waiver.

Supporting documentation must come from one of the categories below:

LOW INCOME HOUSEHOLDS THAT DO NOT RECEIVE SNAP / TANF BENEFITS: If you do not receive SNAP / TANF benefits for your child, provide the information / document(s) listed below that will show current income for all adult members in the household. In addition, you must supply a transcript of your 2021 Federal Income Tax return for all household adults. (you may request this online at <https://www.irs.gov/individuals/get-transcript>). Current income is the amount of money your household received last month from all sources.

2022-2023 Household Eligibility Application, ***completed in full***, AND,

FOR ALL HOUSEHOLD ADULTS

EITHER

2021 Tax Return Transcript,

OR

2021 Wage and Income Transcript, dated after July 2022,
(if you've filed for an extension, or do not file tax returns)

ALONG WITH

IRS Verification of Non-filing Letter for 2021

SNAP / TANF HOUSEHOLDS: If you receive benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) for your child, provide the current determination letter or certification notice showing that the household in which your student resides currently receives these benefits. The letter / notice must have the address within Homewood-Flossmoor High School district boundaries for which residency was proven. The letter must include the SNAP Section beyond page one, which includes household members participating in SNAP. *Please do not provide the Medical Benefits pages.* **Receipt of Medical Benefits does not qualify for Free or Reduced Lunch.**

You may alternately provide the "Proof of Receipt of Program Benefits" (DHS Form 3711) for your student(s), obtainable from your local DHS Office. *This form must be signed and stamped with the Family Community Resource Center stamp by the DHS Office to be valid.*

If you meet this qualification, it is not necessary for you to complete the full application. Simply send the required document to SNAPdetermination@hf233.org.

FOSTER CHILDREN: A foster child may provide their "Placement Authorization Form" (DCFS 906).

If you meet this qualification, it is not necessary for you to complete the full application. Simply send the required document to SNAPdetermination@hf233.org.

ADOPTED FOSTER CHILDREN: A foster child who has been legally adopted becomes a member of the household in which they reside. The application must then contain all income for household members as described on page 1, including payments from the State of Illinois.

You may receive a letter during the school year asking to re-verify your application. If there is no response to this letter, free or reduced lunch benefits will be removed and fees will be reinstated to those with a fee waiver.

If you have any questions, please call (708) 335-5547.

Sincerely,

Lawrence Cook, Ed.D
Business Manager

LC:lc

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

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS

(for Student only)

(for Student only)
Grade

SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you **MUST** apply based on household size and income.

Check if Foster Child*

First, Middle Initial, Last			SNAP OR TANF CASE NUMBER ONLY						Check if Foster Child*
									<input type="checkbox"/>
									<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)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	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
- Black or African American
- White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

- 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: _____

Signature of Determining Official

Date: _____