

# RIVERSIDE | BROOKFIELD HIGH SCHOOL

DISTRICT 208  
160 RIDGEWOOD ROAD  
RIVERSIDE, ILLINOIS 60546-2408

TEL: 708.442.7500  
FAX: 708.442.7840

August 1, 2009

Re: **Free Breakfast and Lunch for Qualifying Students**

Dear Parent or Guardian:

Enclosed is an application for *free school meals*. Please complete the form on the reverse side of this letter and return it to the Assistant Principals' Office before September 15, 2009 along with the **last two consecutive check stubs for any wage earner in the household as well as proof of any other income**. Any income listed on the application must be verified. We cannot process an application that is not complete. Below are the income guidelines (based on **gross** amounts - not net amounts). Please call Mrs. Presta at (708) 442-8303 with questions.

## GROSS INCOME CHART

*Effective from July 1, 2009, to June 30, 2010*

Household Size	Weekly	Monthly	Annual
1	\$271	\$1,174	\$14,079
2	365	1,579	18,941
3	458	1,984	23,803
4	552	2,389	28,665
5	645	2,794	33,527
6	739	3,200	38,389
7	832	3,605	43,251
8	926	4,010	48,113
<i>Each Additional Family Member</i>	+94	+406	+4,862

- **If your child(ren) currently receive food stamps or TANF, your child(ren) may receive free meals.**
- **A foster child may receive free meals regardless of your income.**
- **If your total household income is the same or less than the amounts above, your child(ren) may receive free meals.**

### HOW TO APPLY:

**CURRENT FOOD STAMPS/TANF RECIPIENT:** Enter the child(ren)'s names, documentation of food stamp program for each child, and the signature of an adult household member. *Link card number cannot be used.*

**FOSTER CHILD:** If your student is a foster child, enter the child's name, the child's personal use income, and an adult signature.


**ALL OTHER APPLICANTS:** Enter the student(s)'s name(s), names of all household members, amount of income each person received last month and where it came from, signature of an adult household member and their Social Security #.

### OTHER INFORMATION:

- **VERIFICATION:** Your eligibility may be verified by school officials at any time during the school year.
- **FAIR HEARING:** You may talk to school officials if you do not agree with the school's decision on your application. You also may ask for a fair hearing by calling or writing Mr. Christopher Whelton, Business Manager, RBHS, 160 Ridgewood Road, Riverside, IL 60546, phone (708) 442-8255.
- **REPORTING CHANGES:** If your child is approved for free meals, you must tell the school if your household size decreases or your income increases by more than \$50 per month or \$600 per year. If a food stamps/TANF number is listed, you must tell the school when food stamps/TANF is discontinued.
- **CONFIDENTIALITY:** School officials use the information on the application only to decide if your child(ren) should receive free meals. Parent or legal guardian signature is required on the application to allow school officials to use the information for other services such as free textbooks.
- **REAPPLICATION:** You may apply for free meals anytime during the school year. If you are ineligible now but your household income decreases or household size increases, or a wage earner becomes unemployed later, submit an application then.

Riverside Brookfield High School's Free Lunch Program does not discriminate against any child because of race, gender, color, national origin, age, or handicap. You will be notified of our decision by letter via United States mail. Should you have any additional questions or comments, please call Mr. Christopher Whelton, Business Manager, at 708-442-8255.

Sincerely,



Dr. David Bonnette  
Superintendent

# APPLICATION FOR ILLINOIS FREE LUNCH AND BREAKFAST

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 <small>(First, Middle Initial, Last)</small>	<small>(School Name)</small>	<small>(Grade)</small>	SNAP OR TANF CASE# (if any, per child) <small>Skip to Part 5 if you list a SNAP or TANF case#</small>

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

<input type="checkbox"/> Homeless <input type="checkbox"/> Runaway	<small>(Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director)</small>	<small>(Date)</small>
<input type="checkbox"/> Migrant <input type="checkbox"/> Head Start		

### 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 <small>(LIST EVERYONE IN HOUSEHOLD)</small>	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?	
	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>
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.  I do not have a social security number.

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.*

<small>Date</small> _____	<small>Printed Name of Adult Household Member</small> _____	<small>Signature of Adult Household Member</small> _____
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### Part 6. Contact Information (Optional)

<small>Work Telephone Number (include area code)</small> _____	<small>Home Telephone Number (include area code)</small> _____	<small>Home Address (number, street, city, zip code)</small> _____
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### Part 7. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native
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### 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.)

**ANNUAL 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: \_\_\_\_\_

<input type="checkbox"/> Free based on: <input type="checkbox"/> homeless <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> migrant <input type="checkbox"/> foster child's income <input type="checkbox"/> runaway <input type="checkbox"/> household's income <input type="checkbox"/> Head Start	<input type="checkbox"/> Denied—Reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application	<input type="checkbox"/> Temporary: <input type="checkbox"/> free    Until: _____    Until: _____ <small>(maximum is 45 days each)</small>
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DATE WITH-DRAWN: \_\_\_\_\_

**Signature of Determining Official** \_\_\_\_\_    Date \_\_\_\_\_