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# SCHOOL DISTRICT 54

Ensuring Student Success

Andrew D. DuRoss  
Superintendent of Schools

Dear Parent/Guardian:

Schaumburg School District 54 participates in the Special Milk/Illinois Free Lunch Program. Qualified students may receive free lunch and milk. Your child(ren) may qualify for free milk/lunch if your household income falls within or below the Federal Income Guidelines below.

## Income Eligibility Guidelines Effective from July 1, 2023 to June 30, 2024

Household Size	Free Meals 130% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
For each additional family member, add	6,682	557	279	257	129

Here are some questions you may have about applying:

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free milk and/or meals. *Use one Household Eligibility 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.
- WHO CAN GET FREE MILK AND/OR MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.

3. **A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MILK AND/OR MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MILK AND/OR MEALS?** No. You do not need to do anything more to receive free milk and/or meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
4. **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 and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
5. **I GET WIC. CAN MY CHILD(REN) GET FREE MILK AND/OR MEALS?** Children in households participating in WIC may be eligible for free milk and/or meals. Please fill out the enclosed application.
6. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.
7. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof.
8. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free meals if the household income drops below the income limit.
9. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** If you do not agree with the decision on your application or the results of the verification, please contact Ric King at (847)357-5079. You may also request a fair hearing. If you request a hearing, you must do so in writing and send your request to: Nick Myers, Associate Superintendent, School District 54, 524 E. Schaumburg Road, Schaumburg, IL 60194.
10. **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 U.S. citizens to apply.
11. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **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).

Sincerely,

Erika Cobos  
847-357-5021

**Schaumburg Community Consolidated School District 54**  
**524 East Schaumburg Road, Schaumburg, IL 60194**  
**Application for Illinois Free Lunch Program 2023-2024 School Year**

To apply for free milk/lunch, complete this application, sign and return the application to the school.  
 If you need assistance, please call 847-357-5021

APPLICATION FOR FREE MILK/MEAL—Complete One Application Per Household Per School District. Instructions on back.

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

<b>NAMES OF ALL HOUSEHOLD MEMBERS</b> First, Middle Initial, Last	(for Student only) School Name	(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 <b>MUST</b> apply based on household size and income.								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"/>	
										<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. <b>NAMES</b> (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. 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**

\_\_\_\_\_  
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