

Dear Parent/Guardian:

Your children may qualify for free or reduced priced meals as well as free/reduced school fees. Use the Household Eligibility Application, which is enclosed below. (English and Spanish versions)

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your child's school office.

Your child(ren) may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Federal Income Eligibility Guidelines (Effective from July 1, 2020 to June 30, 2021)					
Household Size	Reduced-Price Meals (185% Federal Poverty Guidelines)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	8,288	691	346	319	160

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price 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 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.
- WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above.
- A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MEALS? No. You do not need to do anything more to receive free 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.
- 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.
- 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.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out the application.
- WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
- 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 and reduced price meals if the household income drops below the income limit.
- WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
- 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 qualify for free or reduced price meals.
- 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 other 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.
- 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.
- 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.
- 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.
- 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).

HOUSEHOLD AND INCOME FORM

To determine eligibility for various additional state and federal programs benefits that your child(ren) may qualify for, please complete, sign and return this application to _____ (school name)

1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS <small>First, Middle Initial, Last</small>	<small>(for Student only)</small> School Name	<small>(for Student only)</small> Grade	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 4 if you list a SNAP or TANF case number.	Check if NO 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"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start

Homeless Migrant Runaway Head Start

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

A. NAMES <small>(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)</small>	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

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)

SCHOOL USE ONLY

INITIAL DETERMINATION Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 Convert income only if different frequencies of pay are reported.

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

Currently receive benefits based on:

- homeless SNAP or TANF
- migrant foster child
- runaway household's income
- Head Start

Date Withdrawn

Signature of Determining Official

Date:

Privacy Act Statement: The Illinois State Board of Education is requesting schools to collect the information on this form to assist schools in reporting student's eligibility for state and federal benefits programs. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal 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.

Non-discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215)656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 1:** List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.) .
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

If some of the children in the household are foster children are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Box 1–Name:** List all household members with income.
 - **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Box 1–Name:** List all household members with income.
 - **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Provide signature of an adult household member.
- Part 5:** Provide Contact Information for adult member of the household that signs this form.
-

FORMULARIO DE INGRESOS Y HOGAR

Para determinar la elegibilidad de varios beneficios adicionales de programas estatales federales para los cuales sus hijos pueden calificar, por favor complete, firme y devuelva esta solicitud a _____.

(nombre de la escuela)

1. Todos los miembros del hogar

NOMBRES DE TODOS LOS MIEMBROS DEL HOGAR <small>Nombre, inicial de segundo nombre, apellido</small>	<small>(Solamente para el estudiante)</small> Nombre de la escuela	<small>(Solamente para el estudiante)</small> Grado	Numero de caso snap o tanf (si alguno, para cada miembro del hogar) Salte a la Parte 4 si lista un numero de caso SNAP o TANF.	Marque si NO tiene ingresos	Marque si es niño acogido
			-	<input type="checkbox"/>	<input type="checkbox"/>
			-	<input type="checkbox"/>	<input type="checkbox"/>
			-	<input type="checkbox"/>	<input type="checkbox"/>
			-	<input type="checkbox"/>	<input type="checkbox"/>
			-	<input type="checkbox"/>	<input type="checkbox"/>
			-	<input type="checkbox"/>	<input type="checkbox"/>
			-	<input type="checkbox"/>	<input type="checkbox"/>

2. Sin hogar, migrante, huido o en Head Start

Sin Hogar Migrante Huido Head Start

3. Ingresos brutos totales del hogar (antes de las deducciones) Debe decirnos cuanto y con que frecuencia.

A. NOMBRES (LISTE TODOS LOS MIEMBROS DEL HOGAR CON INGRESOS)	INGRESOS BRUTOS Y CON QUE FRECUENCIA ES RECIBIDO (Ejemplo: \$100/Mes; \$100/Dos Veces al Mes; \$100/Cada dos semanas; \$100/Semana)							
	B. Sueldo del trabajo (antes de las deducciones)		C. Asistencia social, manutencion para menores, pension alimenticia		D. Pensiones, jubilacion, seguro social		E. Comensacion para trabajadores, subsidio de desempleo, seguridad de ingreso suplementario, etc. (Cualquier otro ingreso)	
	Cantidad	Con que frecuencia?	Cantidad	Con que frecuencia?	Cantidad	Con que frecuencia?	Cantidad	Con que frecuencia?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Firma

Fetcha

Nombre en imprenta de un miembro adulto del hogar

Firma de un miembro adulto del hogar

5. Datos

Numero de telefono laboral (incluya el codigo de area)

Numero de telefono de casa (incluya el codigo de area)

Direccion particular (Numero, calle, ciudad, estado, codigo postal)

SCHOOL USE ONLY

INITIAL DETERMINATION Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 Convert income only if different frequencies of pay are reported.

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

Currently receive benefits based on:
 homeless SNAP or TANF
 migrant foster child
 runaway household's income
 Head Start

Date Withdrawn _____
 Signature of Determining Official _____ Date: _____

Declaración de la Ley de Privacidad: La Junta de Educación del Estado de Illinois solicita a las escuelas que recopilen la información en este formulario para ayudar a las escuelas a informar la elegibilidad del estudiante para los programas de beneficios estatales y federales. No es necesario que brinde esta información, pero si no lo hace, no podemos determinar la elegibilidad de su hijo para recibir beneficios adicionales de los programas estatales y federales. Mantendremos la información que nos proporcione como privada y confidencial en la medida requerida por la ley. Sin embargo, compartiremos su estatus socioeconómico con varios programas estatales y federales para ayudarlos a evaluar, financiar o determinar beneficios para sus programas, auditores para revisiones de programas y funcionarios encargados de hacer cumplir la ley para ayudarlos a investigar violaciones de las reglas del programa.

Declaración de no discriminación: de acuerdo con la ley federal y la política del Departamento de Educación de EE. UU., Esta institución tiene prohibido discriminar por motivos de raza, color, nacionalidad, sexo, edad o discapacidad. Para presentar una queja por discriminación, escriba al Departamento de Educación de los EE. UU., Oficina de Derechos Civiles, The Wanamaker Building, 100 Penn Square East, Suite 515, Filadelfia, PA 19107-3323 o llame al (215)656-8541 (Voice). Las personas con problemas de audición o del habla pueden comunicarse con el DOE de EE. UU. A través del Servicio de retransmisión federal al (800) 877-8339; o (800) 845-6136 (español). El Departamento de Educación de EE. UU. Es un proveedor y empleador que ofrece igualdad de oportunidades.

INSTRUCCIONES PARA LA SOLICITUD - COMPLETE UNA SOLICITUD POR HOGAR POR DISTRITO ESCOLAR

SI SU HOGAR RECIBE BENEFICIOS DE SNAP O TANF, SIGA ESTAS INSTRUCCIONES Y DEVUELVA EL FORMULARIO COMPLETO A SU ESCUELA:

- Parte 1: Indique todos los miembros del hogar, la escuela y el grado de cada estudiante, y un número de caso de SNAP o TANF para cualquier miembro del hogar, incluidos los adultos que reciben tales beneficios. (Adjunte otra hoja de papel si es necesario).
- Parte 2: omita esta parte.
- Parte 3: omita esta parte.
- Parte 4: Proporcione la firma de un miembro adulto del hogar.
- Parte 5: Proporcione la información de contacto del miembro adulto del hogar que firme este formulario.

SI NADIE EN SU HOGAR RECIBE BENEFICIOS DE SNAP O TANF Y SI ALGÚN NIÑO EN SU HOGAR NO TIENE HOGAR, ES UN MIGRANTE, UN FUGADO O HEAD START / EVEN START, SIGA ESTAS INSTRUCCIONES Y DEVUELVA EL FORMULARIO COMPLETO A SU ESCUELA:

- Parte 1: Haga una lista de todos los miembros del hogar y el nombre de la escuela de cada niño.
- Parte 2: Si algún niño para el que está solicitando no tiene hogar, es migrante o se fugó, marque la casilla correspondiente y llame a su escuela.
- Parte 3: Complete solo si un niño en su hogar no es elegible bajo la Parte 2. Consulte las instrucciones para Todos los demás hogares. Parte 4: Proporcione la firma de un miembro adulto del hogar.
- Parte 5: Proporcione la información de contacto del miembro adulto del hogar que firme este formulario.

SI ESTÁ SOLICITANDO PARA UN NIÑO DE CRIANZA, SIGA ESTAS INSTRUCCIONES Y DEVUELVA EL FORMULARIO COMPLETO A SU ESCUELA:

Si todos los niños en el hogar son niños de crianza que son responsabilidad legal de una agencia de cuidado de crianza o tribunal:

- Parte 1: Enumere todos los niños de crianza temporal y el nombre de la escuela de cada niño. Marque la casilla "Hijo de crianza" para cada niño de crianza. Parte 2: omita esta parte.
- Parte 3: omita esta parte.
- Parte 4: Proporcione la firma de un miembro adulto del hogar.
- Parte 5: Proporcione la información de contacto del miembro adulto del hogar que firme este formulario.

Si algunos de los niños en el hogar son niños adoptivos, son niños adoptivos que son responsabilidad legal de una agencia de cuidado adoptivo o un tribunal:

- Parte 1: Haga una lista de todos los miembros del hogar y el nombre de la escuela de cada niño. Para cualquier persona, incluidos los niños, sin ingresos, debe marcar la casilla "Sin ingresos". Marque la casilla "Hijo de crianza" para cada niño de crianza.
- Parte 2: Si algún niño por el que está solicitando no tiene hogar, es migrante o se fugó, marque la casilla correspondiente y llame a su escuela.
- Parte 3: Siga estas instrucciones para informar el ingreso total del hogar de este mes o el mes pasado.
- Casilla 1 – Nombre: enumere todos los miembros del hogar con ingresos.

• Recuadro 2 - Ingresos brutos y con qué frecuencia se recibieron: Para cada miembro del hogar, enumere cada tipo de ingreso recibido durante el mes. Debe decirnos con qué frecuencia se recibe el dinero: semanalmente, cada dos semanas, dos veces al mes o mensualmente. Para las ganancias, asegúrese de enumerar los ingresos brutos, no el salario neto. El ingreso bruto es el monto ganado antes de impuestos y otras deducciones. Debería poder encontrarlo en su talón de pago o su jefe puede decírselo. Para otros ingresos, enumere la cantidad que cada persona recibió durante el mes de asistencia social, manutención de menores, pensión alimenticia, pensiones, jubilación, Seguro Social, Seguridad de Ingreso Suplementario (SSI), beneficios para veteranos (beneficios VA) y beneficios por discapacidad. En Todos los demás ingresos, enumere la Compensación al trabajador, los beneficios por desempleo o huelga, las contribuciones regulares de las personas que no viven en su hogar y cualquier otro ingreso. No incluya ingresos de SNAP, FDPIR, WIC, beneficios educativos federales y pagos de crianza que la familia reciba de la agencia de colocación. SOLO para los trabajadores independientes, en Ingresos del trabajo, declare los ingresos después de los gastos. Esto es para su propiedad comercial, agrícola o de alquiler. Si está en la Iniciativa de Vivienda Privatizada para Militares o recibe pago por combate, no incluya estas asignaciones como ingresos.

Parte 4: Proporcione la firma de un miembro adulto del hogar.

Parte 5: Proporcione la información de contacto del miembro adulto del hogar que firme este formulario..

TODOS LOS DEMÁS HOGARES, INCLUIDOS LOS HOGARES DE WIC, SIGAN ESTAS INSTRUCCIONES:

- Parte 1: Haga una lista de todos los miembros del hogar y el nombre de la escuela de cada niño. Para cualquier persona, incluidos los niños, sin ingresos, debe marcar la casilla "Sin ingresos".
- Parte 2: Si algún niño por el que está solicitando no tiene hogar, es migrante o se fugó, marque la casilla correspondiente y llame a su escuela.
- Parte 3: Siga estas instrucciones para informar el ingreso total del hogar de este mes o el mes pasado.
- Casilla 1 – Nombre: enumere todos los miembros del hogar con ingresos.

• Recuadro 2 - Ingresos brutos y con qué frecuencia se recibieron: Para cada miembro del hogar, enumere cada tipo de ingreso recibido durante el mes. Debe decirnos con qué frecuencia se recibe el dinero: semanalmente, cada dos semanas, dos veces al mes o mensualmente. Para las ganancias, asegúrese de enumerar los ingresos brutos, no el salario neto. El ingreso bruto es el monto ganado antes de impuestos y otras deducciones. Debería poder encontrarlo en su talón de pago o su jefe puede decírselo. Para otros ingresos, enumere la cantidad que cada persona recibió durante el mes de asistencia social, manutención de menores, pensión alimenticia, pensiones, jubilación, Seguro Social, Seguridad de Ingreso Suplementario (SSI), beneficios para veteranos (beneficios VA) y beneficios por discapacidad. En Todos los demás ingresos, enumere la Compensación al trabajador, los beneficios por desempleo o huelga, las contribuciones regulares de las personas que no viven en su hogar y cualquier otro ingreso. No incluya ingresos de SNAP, FDPIR, WIC, beneficios educativos federales y pagos de crianza que la familia reciba de la agencia de colocación. SOLO para los trabajadores independientes, en Ingresos del trabajo, declare los ingresos después de los gastos. Esto es para su propiedad comercial, agrícola o de alquiler. No incluya ingresos de SNAP, FDPIR, WIC o beneficios educativos federales. Si está en la Iniciativa de Vivienda Privatizada para Militares o recibe pago por combate, no incluya estas asignaciones como ingresos.

Parte 4: Proporcione la firma de un miembro adulto del hogar.

Parte 5: Proporcione la información de contacto del miembro adulto del hogar que firme este formulario.