

DOCUMENTATION IS **REQUIRED** EVERY SCHOOL YEAR  
TO APPLY FOR A FEE WAIVER OR FREE LUNCH:

Forms to be submitted to Cashier/Principal for approval.

**Application deadline is 30 days from 1st day of school, or from transfer entry date.**

## Option #1:

A copy of **2020 Income Tax return**. Please note that **the students name must appear on the tax return as a dependent.**)



Your income **MUST** fall within the income guidelines below.

Household Size	Yearly Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly Income
1	16,744	1,396	698	644	322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
Each Additional family member	5,902	492	246	227	114

..... **or** .....

## Option #2:

A copy of your **Department of Human Resources Notice of Approval Document** that contains **your case number and effective date**, along with a **current** copy of your **Public Aid Card** showing names of **all persons** covered with current effective dates. **DOCUMENTATION OF CASE NUMBER IS REQUIRED.**

**PLEASE NOTE:** **Medical Coverage Only** public aid cards are **NOT VALID** for a waiver. (Public Aid cards must specify financial assistance.)

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**Please fill out all forms attached. The areas highlighted in YELLOW must be filled out completely.**



Dr. James M. Gay  
Superintendent

# CONSOLIDATED HIGH SCHOOL DISTRICT 230

15100 S. 94th Avenue Orland Park, Illinois 60462 708-745-5203 d230.org

**To:** Parents or Guardians

**From:** John Lavelle  
Assistant Superintendent for Business Services

**Re:** Free Lunch Application

**Date:** July 1, 2021

Your child(ren) may qualify for our free lunch program if your household income falls within the Federal Income Guidelines. Please note that the District does not participate in the reduced price lunch program. All households are encouraged to apply for the free lunch program. If you wish to apply, the required form is attached. Please review the directions carefully, complete the form per the instructions and submit it to your building Principal. The school administration will process the applications and notify you of the result.

If your child is approved for a free lunch, he/she can choose from the following menu items on a daily basis:

## **MAIN ENTREES**

Hamburger or Cheeseburger on a Bun  
Grilled Cheese Sandwich  
Pasta with Marinara  
Peanut Butter and Jelly Sandwich  
Hot Dog on a Bun  
Tony's Pizza (not including Connie's Pizza)

**SIDES: Can choose up to 2 sides in addition to all main entrees**  
**Cannot take double sides.**

Sides: Whole Fresh Fruit, French Fries, Small Salad with Dressing

ALL LUNCHES INCLUDE ONE ½ PINT CARTON OF MILK.

**BEVERAGES AND FOOD ITEMS NOT LISTED ABOVE MUST BE PAID FOR AT THE CASHIER STATION.**

**INSTRUCTIONS FOR APPLYING**  
Complete One Application Per Household Per School District

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**If your household receives SNAP OR TANF, follow these instructions and return this form to your school.**

- 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.)
  - 2: Skip
  - 3: Skip
  - 4: Skip
  - 5: Sign the form (A social security number is not necessary.)
  - 6: Contact information (Optional)
  - 7: Children's racial and ethnic identities (Optional)
  - 8: All Kids information (Optional)
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**If you are applying for a homeless, migrant, runaway, or Head Start child follow these instructions and return this form to your school.**

- 1: List all household members, school and grade for each student. (Attach another sheet of paper if necessary.)
  - 2: Check the appropriate box
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**If you are applying for a FOSTER CHILD, follow these instructions and return this form to your school.**

- 1: Use a separate application for each foster child. List the foster child's name, school, and grade.
  - 2: Skip
  - 3: Check the box and list the child's personal use monthly income. If none, indicate \$0.00.
  - 4: Skip
  - 5: Sign the form (A social security number is not necessary)
  - 6: Contact information (Optional)
  - 7: Children's racial and ethnic identities (Optional)
  - 8: All Kids information (Optional)
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**ALL OTHER HOUSEHOLDS, including Women, Infants, and Children (WIC) households, follow these instructions and return this form to your school.**

- 1: List all household members, school and grade for each student, and if the person has no income, check the no income box. (Attach another sheet of paper if necessary.)
- 2: Skip
- 3: Skip
- 4: Follow these instructions to report total household income.

In column A, list the first and last name of each person living in your household with income, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if necessary. **Column B-E lists the current gross income and how often it was received.** Next to each person's name list each type of income received and how often the money is received – weekly, every other week, twice a month or monthly. In column B, list the gross income each person earned from work, not your take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. In column C, list the amount each person received from welfare, child support, or alimony. In column D, list pensions, retirement, social security, and in column E list *All Other Income*, include workers compensation, unemployment, strike benefits, Supplement Security Income (SSI), Veterans Affairs (VA) benefits, disability, regular contributions from people who do not live in your household, and *Any Other Income*. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

- 5: An adult household member must sign the form and list his or her social security number, or mark the box if s/he or she does not have one.
  - 6: Contact information (Optional)
  - 7: Children's racial and ethnic identities (Optional)
  - 8: All Kids information (Optional)
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**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.

**Non-Discrimination Statement: this explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U. S. Department of Agriculture 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 USDA, Director, and Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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