

AVOCA SCHOOL DISTRICT NO. 37

ESTABLISHED 1870.

2921 ILLINOIS ROAD - WILMETTE, ILLINOIS 60091
 PHONE 847/251-3587 FAX 847/251-7742
 www.avoca.k12.il.us

DR. JOSEPH M. PORTO, SUPERINTENDENT

August 2009

Dear Parent or Guardian:

The school serves free milk/meals each school day to eligible children. Children may buy milk for \$.55. Milk/meals are also available free for children who apply and qualify for the following reasons:

- If you now receive Supplemental Nutrition Assistance Program (SNAP) or TANF for your child(ren), your child(ren) can receive free milk/meals. If you received a **letter** from school stating that your child was directly certified for free meals/milk, **you do not have to complete this application to receive meal or milk benefits. If you do not want free meals/milk, contact the school.**
- If your total household income is the same or less than the amounts on the Income Chart below, your child(ren) can receive free milk/meals.
- A foster child may receive free milk/meals regardless of your income. Use a separate application for **each** foster child.
- Homeless, migrant, and runaway children are categorically eligible for free meals. Check the appropriate box and return the application to the school district's Business Manager.

If a child has been determined by a doctor to have a disability and the disability would prevent the child from eating the regular school meal, this school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us for further information. Women, Infants, and Children (WIC) participants **may** be eligible for free meals and are encouraged to complete an application for milk/meal benefits.

TO RECEIVE FREE MILK/MEALS FOR YOUR CHILD(REN), YOU MUST COMPLETE AN APPLICATION AND RETURN IT TO THE SCHOOL DISTRICT'S BUSINESS MANAGER. WE CANNOT APPROVE AN APPLICATION THAT IS NOT COMPLETE.

INCOME GUIDELINES

(Effective from July 1, 2009 to June 30, 2010)

Household Size	Free Meals 130% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$14,079	\$1,174	\$ 587	\$ 542	\$271
2	18,941	1,579	790	729	365
3	23,803	1,984	992	916	458
4	28,665	2,389	1,195	1,103	552
5	33,527	2,794	1,397	1,290	645
6	38,389	3,200	1,600	1,477	739
7	43,251	3,605	1,803	1,664	832
8	48,113	4,010	2,005	1,851	926
For each additional family member, add	4,862	406	203	187	94

(Continue on Other Side)

NATIONALLY RECOGNIZED FOR
EXCELLENCE IN EDUCATION



H:\Form\Freemilk

Avoca West School

235 Beech Drive Glenview, IL 60025 847/724/6800

Marie Murphy School

2921 Illinois Road Wilmette, IL 847/251/3617

HOW TO APPLY:

- If you now receive SNAP or TANF for the child(ren) you are applying for, the application must have the child(ren)'s names, a SNAP or TANF case number (**LINK card number cannot be used**) for each child(ren), and the signature of an adult household member.
- If you are applying for a foster child, the application must have the child's name, the child's personal use income, and an adult signature.
- If you do not list a SNAP or TANF case number for the child(ren) you applying for, then the application must have the child(ren)'s names, the names of all household members, the amount of income each person received last month and where it came from, the signature of an adult household member, and that adult's social security number, or indicate if the adult does not have a social security number.
- Complete one application per household for all children who attend the same school district.

OTHER INFORMATION:

- **FAIR HEARING:** You may talk to the Superintendent if you do not agree with the Business Manager's decision on your application or the results of verification. You may ask for a fair hearing. You may do this by calling or writing Dr. Joseph M. Porto, Superintendent, Avoca School District #37, 2921 Illinois Road, Wilmette, IL 60091, (847) 251-3587.
- **CONFIDENTIALITY:** The school district's Business Manager uses the information on the application to decide if your child(ren) should receive free milk/meals and may disclose this information to other programs as allowed under the National School Lunch Act. In addition, the application information may be shared with All Kids* if the parent or legal guardian does not decline and sign on the application. If the Business Manager wishes to share the application information for other services, she is required to obtain parental or legal guardian permission. This may be accomplished by asking the parent or legal guardian to complete *Sharing Information With Other Programs*. This form will identify each program(s) that the Business Manager may share the application information and social security number with.
- **REAPPLICATION:** You may apply for free milk/meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, a household member becomes unemployed, or receive SNAP or TANF for your child(ren), you may reapply.
- **RACIAL/ETHNIC IDENTITY, CONTACT INFORMATION, AND ALL KIDS:** You are not required to complete these sections to receive free meals. A parent or legal guardian must mark the box and sign **if you elect not** to allow the Business Manager to share the application information with All Kids.

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, D.C., 20250-9410, or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

We will let you know when your application is approved or denied.

Sincerely,



Beth R. Dever
Business Manager

BRD/mm

*State of Illinois healthcare insurance for All Kids (Illinois KidCare is part of All Kids)

INSTRUCTIONS FOR APPLYING

Complete One Application Per Household Per School District

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

Part 1: List child(ren)'s name, school, grade, and a SNAP or TANF case number. (Attach another sheet of paper if necessary.)

Part 2: Skip this part

Part 3: Skip this part

Part 4: Skip this part

Part 5: Sign the form (A social security number is not necessary.)

Part 6: Contact information (Optional)

Part 7: Children's racial and ethnic identities (Optional)

Part 8: All Kids information (Optional)

If you are applying for a homeless, migrant, runaway child, or Head Start follow these instructions and return this form to your school.

Part 1: List child(ren)'s name, school, grade (Attach another sheet of paper if necessary.)

Part 2: Check the appropriate box

If you are applying for a FOSTER CHILD, follow these instructions and return this form to your school.

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part

Part 3: Check the box and list the child's personal use monthly income. If none, indicate \$0.00.

Part 4: Skip this part

Part 5: Sign the form (A social security number is not necessary)

Part 6: Contact information (Optional)

Part 7: Children's racial and ethnic identities (Optional)

Part 8: All Kids information (Optional)

ALL OTHER HOUSEHOLDS, including Women, Infants, and Children (WIC) households, follow these instructions and return this form to your school.

Part 1: List each child's name, school, and grade (Attach another sheet of paper if necessary.)

Part 2: Skip this part

Part 3: Skip this part

Part 4: Follow these instructions to report total household income.

Column 1—Name: list the first and last name of **each** person living in your household, 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 2—Current gross income and how often it was received. Next to each person's name list each type of income received. In column 1, list the gross income each person earned from work. This is not the same as 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 2, list the amount each person received from welfare, child support, or alimony. In column 3, list pensions, retirement, social security, and in column 4 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*. **Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly).** 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.

Column 3—Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her social security number, or mark the box if he or she does not have one.

Part 6: Contact information (Optional)

Part 7: Children's racial and ethnic identities (Optional)

Part 8: All Kids information (Optional)

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, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.



What is All Kids?

All Kids Program is a complete healthcare program for every uninsured child in Illinois. Illinois is the first state in the nation to ensure that every child, regardless of medical conditions or income, has access to healthcare.

What does All Kids cover?

All Kids covers all the healthcare a child may need. All Kids pays for doctor visits, hospital visits, dental care, vision care, prescription drugs, medical equipment, mental health services and much more.

What are the income requirements?

With All Kids there are no limits to the income a family can have.

How does it work?

All Kids will cost most families a lot less than private insurance. For instance, a family of four that earns \$50,000 a year will pay \$40 a month for one child and \$80 a month for two or more children plus a \$10 co-pay for each doctor visit. A family of four that earns \$29,000 a year has no monthly payment and pays a \$2 co-payment for each doctor visit.

All Kids has an annual limit on the total co-pays most families have to pay for their children's healthcare. Total costs for each family vary by income.

Who is eligible?

Children age 18 or younger who live with their families in Illinois and who need health insurance can get All Kids.

What happened to KidCare?

Illinois' KidCare program is now part of All Kids! If you have KidCare, your children will get All Kids automatically. You do not have to reapply.

1-866-ALL-KIDS
(1-866-255-5437 Voice) (1-877-204-1012 TTY)
www.allkids.com



¿Qué es All Kids?

El programa All Kids del Gobernador Blagojevich es un programa de cuidado de salud para todos los niños sin seguro médico en Illinois. Illinois es el primer estado de la nación en asegurarse que cada niño, sin considerar condiciones médicas o de ingreso, tenga acceso a cuidado de salud.

¿Qué cubre All Kids?

All Kids cubre todo el cuidado médico que un niño necesita. All Kids paga por visitas médicas, hospitalización, cuidado dental y de la vista, recetas médicas, equipo médico, servicios de salud mental y mucho más.

¿Cuáles son los requisitos de ingreso?

Con All Kids las familias no tienen límites de ingresos.

¿Cómo funciona?

All Kids costará a la mayoría de familias mucho menos que un seguro de salud privado. Por ejemplo, una familia de cuatro que gana \$50,000 anuales, pagará \$40 mensuales por un niño, \$80 mensuales por dos o más niños y \$10 en cuotas por cada visita médica. Una familia de cuatro que gana \$29,000 anuales no paga nada mensualmente y sólo paga \$2 en cuotas por cada visita médica.

All Kids tiene un límite anual en la cantidad total de cuotas que las familias tienen que pagar para el cuidado médico de sus niños. El costo total varía dependiendo del ingreso de cada familia.

¿Quién es elegible?

Los niños de 18 años o menores que viven con sus familias en Illinois y que necesitan seguro de salud pueden obtener All Kids.

¿Qué pasó con KidCare?

¡El programa KidCare de Illinois ahora es parte de All Kids! Si usted tiene KidCare, sus niños recibirán All Kids automáticamente. Usted no tiene que solicitar nuevamente.

1 - 866-ALL-KIDS
(1-866-255-5437 Voz) (1-877-204-1012 Teletipo)
www.allkidscovered.com



ROD R. BLAGOJEVICH
GOBERNADOR, ESTADO DE ILLINOIS