# HOUSEHOLD 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 LAHARPE CSD #347.

4 All Household Mombore															
1. All Household Members										<del></del>					
NAMES OF ALL HOUSEHOLD MEMBERS   (for Student only)     First, Middle Initial, Last   (for Student only)				(for Student only)	4 if you list a TANF must not directly	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 <u>MUST</u> apply based on household size and income.						P/ N ere Inc	NO	Check if Foster Child*	
						ΤΤ						-			
						1 1						-			
						+									
2. Homeless, Migrant, Runaway, or He		lead Start				* A foste	er child	is the le	∍gal resp	onsibilit	:y of a we	elfare ager	ncy or	r court.	
3. Total Household Gross Income (be	fore deduction	s) You must te	Il us how much	and how of	ten.										
Α.	GROSS INCOME /	AND HOW OFTEN I	IT WAS RECEIVED (E	Example: \$100/mc	onth; \$100 /tw	/ice a mont	th; \$100	)/every (	other wee	ek; \$10	0/week)				
NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)		From Work eductions)		C. Welfare, Child Support, Alimony			D. Pensions, Retirement, Social Security				E. Worker's Comp., Unemploy- ment, SSI, etc. (All other income)				
	Amount	How often?	Amount	How often?		mount	Н	low ofter	n?	An	mount	H	How oft	ten?	
i.	\$		\$		\$					\$					
ii.	\$		\$		\$					\$					
iii.	\$		\$		\$				:	\$					
iv.	\$		\$		\$				:	\$					
٧.	\$		\$		\$		1			\$					
4. Signature			<u> </u>						<u> </u>						
Date Printed Name of Adult Household Member						Signa	ture of	Adult	Househ	hold M	ember				
5. Contact Information															
Work Telephone Number (Include Area Code	Home Telepho	ne Number (Inclu	Ide Area Code)	<u></u>	ome Addres	Numbi	or Stre	oot Cit	ty State	- 7in (	ade)				
Work relephone number (monuce nica coae)						0 (11011)00	51, 00 5		<i>y</i> , otato	<i>i, L</i> p ~	1000				
			SCHOOL USE	ONLY											
INITIAL DETERMINATION Annua	I Income Conve	rsion Weekly X	X 52 Every 2 We	eks X 26 Tv	vice a Mon				/lonth X	\ 12		come only ies of pay			
TOTAL INCOME \$Per: Uve	Every 2 eek U Weeks	Twice a	Month Ye	NUMBER fear HOUSEH	IN IN IOLD:	CHANGE IN D: STATUS:						Date	<u> </u>		
Currently receive benefits based on:   homeless SNAP or TANF   migrant foster child   runaway household's income   Head Start Signature of Determining Official															
Privacy Act Statement: The Illinois State Boa	ard of Education is	requesting schor	als to collect the infr	ormation on thi	e form to as	eist schor	ole in r	eportin	og stude	ont's el	iaibility f	or state	andf	federal	
benefits programs. You do not have to give the hold the information you provide us as private help them evaluate, fund, or determine benefit	his information, bu e and confidential t	ut if you do not, we to the extent requ	ve cannot determine uired by law. Howe	e your child's e ever, we will sha	eligibility for are your soo	additiona	al bene mic sta	efits un atus wit	nder sta ith vario	ate and ous stat	d federal ate and fe	l progran ederal p	ıms. V progra	We will	
Non-discrimination Statement: The applic confidentiality of student records, such as the seq.); those prohibiting discrimination on the I part 106, the Illinois Human Rights Act (775 II U.S.C. 794) and 34 CFR part 104, the Age D Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 funded under the grant to students who lack d	Family Educationa basis of race, colo LCS 5/1-101 et sec Discrimination in Er 4 (42 U.S.C. 2000 0 (42 U.S.C. 1210	al Rights and Priva or, national origin, eq.), the Individuals mployment Act of d et seq., 2000e e 1 et seq.); and the	vacy Act (FERPA) (2 , sex, age, or handii ls with Disabilities E f 1967 (29 U.S.C. 6 et seq.) and 34 CFF e Illinois School Coo	20 U.S.C. 1232 icap, such as T Education Act (2 621 et seq.), th R part 100, the ide (105 ILCS 5	2g) and the Fitle IX of th 20 U.S.C. 1 he Age Disc Public Wor 5/1-1 et seq.	Illinois Sc ne Amend 400 et se riminatior rks Emplo .). Further	chool S dments eq.), Se n Act (4 oyment r, no av	Student of 197 ection 42 U.S t Discri ward re	t Record 72 (20 L 504 of t S.C. 610 iminatio ecipient	ds Act U.S.C. the Rel 01 et so on Act ( shall d	(ISSRA) 1681 et habilitati seq.) and (775 ILC deny acc	a) (105 IL t seq.) and tion Act of d 34 CFF CS 10/0.0 cess to th	LCS 1 and 34 of 197 R par .01 et the pro	10/1 et 84 CFR 973 (29 art 110, t seq.),	

## 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 <u>all</u> 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.