

**Part 1.** List the names of **ALL** household members below:

FIRST NAME	LAST NAME	SCHOOL NAME/GRADE (for Students only)		TANF/SNAP NUMBER 10-13 Digits XX-XXX-XX-XXX(XXX)

If you need to add more household members please list them on a separate sheet of paper.

**Part 2.** Homeless, Migrant, Runaway, or Foster child: ☐ Homeless ☐ Migrant ☐ Runaway ☐ Foster Child**Part 2a.** Signature of Homeless Liaison: \_\_\_\_\_**Part 3.** Total Household Gross Income (before deductions). You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	Gross Income and How Often It Is Received Example: \$100/monthly; \$100/twice a month; \$100/every other week; \$100/weekly							
	Earnings from Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker Comp, Unemployment, etc. (All Other Income)	
	Amount \$	How Often?	Amount \$	How Often?	Amount \$	How Often?	Amount \$	How Often?

**Part 4. Signature**

_____	_____	_____
Date	Printed Name of Adult Household Member	Signature of Adult Household Member

**Part 5. Contact Information**

_____	_____	_____
Work Telephone Number	Home Telephone Number	Home Address (Number, Street, City, Zip Code)

**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:** 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.

**SCHOOL USE ONLY - DO NOT FILL OUT THIS PART**

<b>INITIAL DETERMINATION</b>	<b>Annual Income Conversion:</b> Weekly X 52    Every 2 Weeks X 26    Twice a Month X 24    Once a Month X 12
------------------------------	---

TOTAL INCOME \$ \_\_\_\_\_ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year **NUMBER IN HOUSEHOLD:** \_\_\_\_\_☐ Fee Waiver Approved ☐ Fee Waiver Denied - Reason:☐ income too high☐ incomplete application

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_