



Community Consolidated School District 21

999 West Dundee Road • Wheeling, Illinois 60090
847.537.8270
www.ccsd21.org

Dr. Michael Connolly, Superintendent

Board of Education

Phil Pritzker, *President* • Debbi McAtee, *Vice President* • Jessica Riddick, *Secretary*
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July 2021

Dear Parent or Guardian,

Community Consolidated School District 21 is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, all children in the eligible school will receive a breakfast/lunch at no charge regardless of income.

However, the State and Federal funding received by Community Consolidated School District 21 is based upon information collected from ALL students in CEP and across the District. In order to ensure our continued funding levels, and to determine eligibility for numerous **additional** state and federal program benefits for which your children or the District may qualify, the District needs for you to please complete, sign and **return this application to your child's school office or the District at:**

CCSD21

Attn: Cindy Kile

999 W. Dundee Road

Wheeling, IL 60090

The District's ability to continue offering the programs for its children is directly connected to completion of this form. We thank you for your understanding and anticipated completion of the form.

Please note:

- CEP schools are Holmes, London, Field, Frost, Kilmer, Tarkington, Twain, and Whitman.
- Proof of income can be any one of the following:
 - Previous year's Tax Return
 - SNAP or TANF Certification Notice that shows dates of certification
 - Documentation that verifies that the child is a foster child
 - One month's recent pay stubs that show the amount and how often pay is received, or a letter from employer stating gross wages and how often you are paid
 - Social Security retirement benefit letter, statements of benefits received, or pension award letter
 - Notice of eligibility from State employment security office, check stub or letter from the Workers' Compensation office
 - Court decree, agreement, or copies of checks received for child support or alimony
 - If you have no income, a brief note will need to be provided explaining how you provide food, clothing, and housing for your household, and when you expect an income.



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

Table with 4 columns: FIRST NAME, LAST NAME, SCHOOL NAME/GRADE (for Students only), TANF/SNAP NUMBER. Multiple empty rows for data entry.

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.

Table for Part 3: Gross Income and How Often It Is Received. Includes columns for NAMES, Earnings from Work, Welfare/Child Support, Pensions/Retirement, and Worker Comp/Unemployment.

Part 4. Signature

Form for Part 4: Signature. Includes fields for Date, Printed Name of Adult Household Member, and Signature of Adult Household Member.

Part 5. Contact Information

Form for Part 5: Contact Information. Includes fields for Work Telephone Number, Home Telephone Number, and Home Address.

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.

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.

SCHOOL USE ONLY - DO NOT FILL OUT THIS PART

INITIAL DETERMINATION Annual Income Conversion: 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 Status: [] Fee Waiver Approved [] Fee Waiver Denied - Reason: [] income too high [] incomplete application

Signature of Determining Official: Date: