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

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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 <u>additional</u> 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.



For CEP Schools – Field, Frost, Holmes, Kilmer, London, Tarkington, Twain, and Whitman

Part 1. List the names of ALL household members below:										
FIRST NAME		LAST NAME		SCHOOL NAME/GRADE (for Students only)			TANF/SNAP NUMBER			
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 Ho	omele	ess Liaison:								
Part 3. Total Household Gross Income (before deductions). You must tell us how much and how often.										
Gross Income and How Often It Is Received										
NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)		Example: \$100/monthly; \$100/twice a month; \$100/every other week; \$100/weekly Summary Market Worker Comp,							Comm	
		Earnings from Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Unemployment, etc. (All Other Income)		
		How			How		How		How	
		Amount \$	Often?	Amount \$	Often?	Amount \$	Often?	Amount \$	Often?	
Part 4. Signature										
					Id Momber Signature of Adult Household Momber					
Date Part 5. Contact Information		Printed Name of Adult Household Member Signature of Adult Household Member							Viember	
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 studen										
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 discrimination statement: Non-discrimination statement: in accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discrimination 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										
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 Approved Fee Waiver Denied - Reason:										
income too high										
	incomplete application									
Signature of Determining Of			D	ate:						