



Cass School District 63

Concord Elementary School

Katie Doyle, Principal
1019 Concord Place
Darien, Illinois 60561

School District Office

Mark R. Cross, Superintendent
8502 Bailey Road
Darien, Illinois 60561

Cass Junior High School

Christine Marcinkewicz, Principal
8502 Bailey Road
Darien, Illinois 60561

331-481-4000

www.cassd63.org

Dear Parent/Guardian:

Children need healthy meals to learn. **Cass School District 63** offers healthy meals every school day. Lunch costs \$4.00. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.40** for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to Amy Underhill at 8502 Bailey Road, Darien, Illinois 60561.

Your child(ren) may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines Effective from July 1, 2025 to June 30, 2026

Reduced Price Meals 185% Federal Poverty Guideline					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add	10,175	848	424	392	196

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced-price meals. *Use one Household Eligibility Application* for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
3. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Eligibility Guidelines chart, shown above.
4. **A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MEALS?** No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
5. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to

leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out the enclosed application and return the completed application to the school.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.
12. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime occasionally. If you have lost a job or had your hours or wages reduced, use your current income.
14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. If this is the case, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

Amy Underhill, Administrative Assistant to Fiscal Services

APPLICATION FOR FREE MILK/MEAL, REDUCED-PRICE MEALS, AND SUMMER EBT

Complete one application per household, per school district. Instructions on the back of this form.

SCHOOL USE ONLY☐ Check if Error Prone Application**1. All Household Members (Attach another sheet of paper if necessary)**

NAMES OF ALL HOUSEHOLD MEMBERS (Include school name and grade if household member is a student.)			SNAP OR TANF CASE NUMBER ONLY	Check if Foster Child*
First, Middle Initial, Last	School Name	Grade	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 MUST apply based on household size and income.	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

* A foster child is the legal responsibility of a welfare agency or court.

2. Homeless, Migrant, Runaway, or Head Start (Categorically Eligible)

☐ Homeless
 ☐ Migrant
 ☐ Runaway
 ☐ Head Start
 _____ Signature of your school Homeless Liaison, Migrant Coordinator, or Head Start Director
 _____ Date

3. Total Household Gross Income (before deductions). You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100/twice a month; \$100/every other week; \$100/week)							
	B. Earnings from Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. All Other Income (Worker's Comp., SSI, Unemployment, etc.)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the box if they do not have a social security number.

X X X - X X - _____ OR ☐ I do not have a social security number.
 Social Security Number

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

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

5. Contact Information (optional)

_____ Work Telephone Number (Include Area Code)
 _____ Home Telephone Number (Include Area Code)
 _____ Home Address (Number, Street, City, State, ZIP Code)

6. Children's Ethnic and Racial Identities (optional)

Mark one ethnic identity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Mark one or more racial identities:

- ☐ Asian ☐ Black or African American
☐ White ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

– THIS SECTION IS FOR SCHOOL USE ONLY –**INITIAL DETERMINATION**

TOTAL INCOME Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year
 NUMBER IN HOUSEHOLD: _____
 CHANGE IN STATUS: _____
 DATE: _____

LEAS must annualize income ONLY when multiple incomes at varying frequencies are reported.

Annual Income Conversion:
 Weekly \$ _____ x 52 = \$ _____
 Every 2 Weeks \$ _____ x 26 = \$ _____
 Twice a Month \$ _____ x 24 = \$ _____
 Once a month \$ _____ x 12 = \$ _____

☐ **Free based on:**

- ☐ Homeless ☐ SNAP or TANF
☐ Migrant ☐ Foster Child
☐ Runaway ☐ Household's Income
☐ Head Start

☐ **Reduced based on:**

- ☐ Household's Income

☐ **Denied – Reason**

- ☐ Income too high
☐ Incomplete Application
☐ Non-Qualifying SNAP/TANF

Date Withdrawn: _____

Signature of Determining Official

Date: _____