



OTTAWA TOWNSHIP HIGH SCHOOL DISTRICT 140

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Dr. Michael Cushing, Superintendent
Patrick Leonard, Principal
Jeff DeWalt, Assistant Principal
Janet Pearson, Chief Financial Officer
Dawn Roalson, Director of Special Needs
Dr. Kristin Heredia, Dir. of Teaching and Learning
John Alexander, Dean of Students
Jessica Kuhn, Dean of Students

2020-2021 Fee Waiver Form

If you are Direct Certified, receive SNAP or TANF, complete the Fee Waiver Form to ACCEPT or DECLINE the benefits described below. If you do not receive SNAP or TANF, you must complete the Fee Waiver Form and the Household Eligibility Application on the back to apply for free or reduced benefits.

Parent Name: _____

Address: _____

Telephone: _____

Select how your student qualifies for this waiver which provides free lunch and waived registration fees:

- Student qualifies through **Direct Certification**
- Student receives "Aid to Families of Dependent Children" (100% waiver): **TANF Number:** _____
- Student receives Supplemental Nutrition Assistance (100% waiver): **SNAP Number:** _____
- Family Income** falls within the Federal Guidelines for free or reduced lunch. **For this option, you must complete application on back and provide income verification such as paystubs showing gross income.**

Names of OTHS Students Enrolled

- I ACCEPT** the fee waiver for free or reduced status for lunch and fees.
FREE = Free lunch in addition to waived registration fees, possibly prorated; waived classroom fees; and waived IHSA fees.
REDUCED = Lunch is \$0.40; IHSA fees are 50% reduced, and registration fees remain at \$125 per student.
or
- I DECLINE** the option to have these fees waived and **will pay all fees.**

I certify the above information is true and correct. **Parent/Guardian Signature:** _____

(FOR OFFICE USE ONLY)

TEMP/PENDING FREE REDUCED DECLINED Date Rcvd: _____

Approved/Authorized by: _____ Date: _____

1. All Household Members (Attach another sheet of paper if necessary.)

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS
First, Middle Initial, Last

(for Student only)
School Name

(for Student only)
Grade

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 **MUST** apply based on household size and income.

Check if Foster Child*

First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY								Check if Foster Child*
			1	2	3	4	5	6	7	8	
											<input type="checkbox"/>
											<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. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	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 I do not have a social security number box.

X X X - X X - _____
Social Security Number

I do not have a 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 Racial and Ethnic 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

— THE FOLLOWING SECTIONS ARE 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
- migrant
- runaway
- Head Start

SNAP or TANF

- foster child
- household's income

Reduced based on:

- household's income

Denied—Reason:

- income too high
- incomplete application
- Non-qualifying SNAP/TANF

Date Withdrawn: _____

Signature of Determining Official _____

Date: _____