

Michael Cushing
Superintendent

(815)433-1323
FAX (815)433-1338

Dawn Roalson
Director of Special Needs

Patrick Leonard
Principal

Ottawa Township High School

211 E. MAIN STREET
Ottawa, Illinois 61350

John Alexander
Dean of Students

Kristin Heredia
Dean of Students

Jeff DeWalt
Assistant Principal

Dan Le
Instructional Coach

2018-2019 Fee Waiver Form

If you are Direct Certified, receive SNAP or TANF, you do not have to fill out the Household Eligibility Application on the back of this page. **You will, however, need to complete this page and your signature is required to accept or decline benefits as described.** If you do not receive SNAP or TANF you must complete both sides of this page to apply for free or reduced lunch and fee waiver.

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 lunch (100% waiver)

<u>Names of OTHS Students Enrolled</u>	<u>Grade</u>	<u>Fee Amount</u>

	Total	_____

- I ACCEPT the full or reduced waiver for IHSA Fees (sports, choir, band etc...)
- I ACCEPT the fee waiver or reduced status for fees
- 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(s) Signature: _____

Approved by: _____

Check if Error Prone Application

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

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.												Check if Foster Child*
			-	-	-	-	-	-	-	-	-	-	-	-	
			-	-	-	-	-	-	-	-	-	-	-	-	<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 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:

Mark one or more racial identities:

- Hispanic/Latino
- Not Hispanic/Latino

- Asian
- White
- Black or African American
- American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

7. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! I DO NOT want information from my Household Eligibility Application shared with All Kids.

Sign here: _____

— 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: _____

FISCAL YEAR 2019 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2018, through June 30, 2019:

Income Eligibility Guidelines Effective from July 1, 2018, to June 30, 2019												
Household Size	Free Meals 130% Federal Poverty Guideline					Household Size	Reduced-Price Meals 185% Federal Poverty Guideline					
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	
1	15,782	1,316	658	607	304	1	22,459	1,872	936	864	432	
2	21,398	1,784	892	823	412	2	30,451	2,538	1,269	1,172	586	
3	27,014	2,252	1,126	1,039	520	3	38,443	3,204	1,602	1,479	740	
4	32,630	2,720	1,360	1,255	628	4	46,435	3,870	1,935	1,786	893	
5	38,246	3,188	1,594	1,471	736	5	54,427	4,536	2,268	2,094	1,047	
6	43,862	3,656	1,828	1,687	844	6	62,419	5,202	2,601	2,401	1,201	
7	49,478	4,124	2,062	1,903	952	7	70,411	5,868	2,934	2,709	1,355	
8	55,094	4,592	2,296	2,119	1,060	8	78,403	6,534	3,267	3,016	1,508	
For each additional family member, add	5,616	468	234	216	108	For each additional family member, add	7,992	666	333	308	154	

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.