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## School Year 2017/2018

Dear Parent or Guardian:

This is to advise you that your child may be eligible for the Free or Reduced Price Lunch Service and/or a waiver or reduction of District 39 instructional material fees. You may be eligible for a fee waiver/reduction or free/reduced lunch, if your gross household income is at or below that set out in the income eligibility guidelines published annually by the Illinois State Board of Education. Although the District may consider certain extenuating circumstances as identified in Board Policy 4:140, *Waiver of Student Fees*, to find you eligible for a fee waiver, this may not result in your eligibility for free/reduced lunch service.

To apply, please complete the application and attach a copy of your 2016 income tax forms including all schedules/attachments and W2s, and two recent paycheck stubs. We cannot approve an application that is not complete, so be sure to fill out all required information and attach documents to verify your income. Email the completed application with supporting documentation to [potisukn@wilmette39.org](mailto:potisukn@wilmette39.org) or mail to:

**Nancy Potisuk**  
**Mikaelian Education Center**  
**615 Locust Road**  
**Wilmette, Illinois 60091**

*Here are answers to questions you may have about applying:*

**1. Who can get free or reduced price meals and/or a waiver of instructional materials fees?**

Children in households getting Food Stamps or TANF and most foster children may qualify for free meals and/or fee waivers regardless of your income. Also, if your household income is within the limits on the State Income Chart, your child may qualify for free or reduced price meals and/or fee waivers.

**2. What if I have received a certification letter from the State of Illinois?**

If you have received a certification letter for the Free Lunch Program from the State of Illinois, please mail it to 615 Locust Road, Wilmette, Illinois 60091. You do not need to fill out another application. Your child will begin receiving free lunches and District 39 will waive your instructional materials fees.

**3. How much are reduced price lunches?**

Reduced lunch price is \$.50 for grades 1-6 and \$.75 for grades 7-8. Regular priced lunch costs \$3.60 for grades 1-6 and \$3.95 for grades 7-8.

**4. Will the information I give be checked?**

Yes, we ask that you send written proof of the information you give. Please document your income by including copies of your last two pay stubs and 2016 federal income tax form including all schedules/attachments along with W-2's. If the District deems the information you provide insufficient to make an eligibility determination, your application for free/reduced meals and/or a fee waiver will not be approved until you provide adequate evidence of your eligibility.

**5. If I don't qualify now, may I apply again later?**

Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps or TANF. If you lose your job, your child may be able to get free or reduced price meals during the time you are unemployed.

**6. What if I disagree with the school's decision about my free/reduced eligibility?**

If you do not agree with the decision, you may write to the Superintendent of Schools, Dr. Raymond E. Lechner, 615 Locust Road, Wilmette, Illinois 60091, to request a review of the decision as provided under Board Policy 4:130, *Food Service*.

**7. What if I disagree with the school's decision about my fee waiver eligibility?**

Per Board Policy 4:140, *Waiver of Student Fees*, you will receive a notice within 30 calendar days after receipt of a request for a fee waiver, which will explain the process and timelines for making an appeal of a fee waiver eligibility decision. This appeal process is only available for your fee waiver eligibility and not for free/reduced lunch eligibility.

**Wilmette Public Schools District 39**  
**Application for a Waiver of Instructional Materials Fees and/or**  
**the Free/Reduced Price School Lunch Program**  
**for School Year 2017-2018**

**Part 1. Children in District 39 Schools**

Name of child(ren) (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any)

**Street Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If you listed a Food Stamp/TANF case number for this child, skip to Part 4.

**Part 2. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 4.

**Part 3. Total Household Income—You must tell us how much and how often**

1. Names of residents (List everyone in household)	2. List income and how often received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
<i>(Example)</i> <i>Jane Smith</i>	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 4. Signature (Adult must sign):** \_\_\_\_\_  
**& Last 4 digits of your Social Security Number:** \_\_\_\_\_

**An adult household member must sign the application.**

*I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted.*

**Sign here: X** \_\_\_\_\_

Please have a social worker contact me with information about other programs and services.

**Don't fill out this part. This is for school use only.**

Monthly Income Conversion x12; Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24  
 Monthly Income: \_\_\_\_\_ Household size: \_\_\_\_ FS/TANF: \_\_\_\_ Date Withdrawn: \_\_\_\_\_  
 Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Reason: \_\_\_\_\_  
 Temporary: Free \_\_\_\_ Reduced \_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_ days)  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Your child may qualify for free or reduced price lunch and/or a waiver of school fees if your household income falls within the limits on this chart.*

<b>INCOME CHART</b>						
For School Year 2017-2018						
	<b>Reduced Price Lunch</b>			<b>Free Lunch</b>		
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Weekly</b>
1	22,311	1,860	430	15,678	1,307	302
2	30,044	2,504	578	21,112	1,760	406
3	37,777	3,149	727	26,546	2,213	511
4	45,510	3,793	876	31,980	2,665	615
5	53,243	4,437	1,024	37,414	3,118	720
6	60,976	5,082	1,173	42,848	3,571	824
7	68,709	5,726	1,322	48,282	4,024	929
8	76,442	6,371	1,471	53,716	4,477	1,033
Each additional person:	+7,733	+645	+149	+5,434	+453	+105

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.

**Privacy Act Statement: This explains how we will use the information you give us.**

The District requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch program. We MAY share your eligibility information with education, health, and nutrition 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.

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