FISCAL YEAR 2022 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2021, through June 30, 2022:

	Federal Income Eligibility Guidelines Effective from July 1, 2021 to June 30, 2022															
		130% Fed	Free Meals leral Poverty	Guideline			Reduced-Price Meals 185% Federal Poverty Guidelines									
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Τωο						
1	16,744	1,396	698	644	322	1	23,828	1,986	993	917	459					
2	22,646	1,888	944	871	436	2	32,227	2,686	1,343	1,240	620					
3	28,548	2,379	1,190	1,098	549	3	40,626	3,386	1,693	1,563	782					
4	34,450	2,871	1,436	1,325	663	4	49,025	4,086	2,043	1,886	943					
5	40,352	3,363	1,682	1,552	776	5	57,424	4,786	2,393	2,209	1,105					
6	46,254	3,855	1,928	1,779	890	6	65,823	5,486	2,743	2,532	1,266					
7	52,156	4,347	2,174	2,006	1,003	7	7 74,222		3,093	2,855	1,428					
8	58,058	4,839	2,420	2,233	1,117	8	82,621	6,886	3,443	3,178	1,589					
For each additional family member, add	5,902	492	246	227	114	For each additional family member, add	8,399	700	350	324	162					

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 Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

HOUSEHOLD AND INCOME FORM

To determine eligibility for various additional state and federal programs benefits that your child(ren) may qualify for, please complete, sign and

return this application to $_$

(school name)

1. All Household Members																	
NAMES OF ALL HOUSEHOLD MEMBER First, Middle Initial, Last	(for Student or School Na	(for Student only) School Name				household members) Skip to Part 4 if you list a SNAP NO										Check if NO Income	Foster
							-		-	-	-						
							-		-	-	-						
							-		-	-	-						
							-		-	-	-						
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						·	-		·	·		·					
2 Hamalaga Mismant Dungunau an H	and Chart					·	-			-	-	•					
2. Homeless, Migrant, Runaway, or H	_	lead Start															
3. Total Household Gross Income (be	fore deduction	s) You must te	ell us how much	and how of	ten.												
GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)																	
NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security					E	E. Worker's Comp., Un ment, SSI, etc. (All other				ploy- come)		
,	Amount	How often?	Amount	How often?			Amo	unt		How o	ften?		An	nount		How of	ten?
i.	\$		\$			\$						\$	5				
ii.	\$		\$			\$						4	5				
iii.	\$		\$			\$						\$	5				
iv.	\$		\$			\$						\$	5				
V.	\$		\$			\$						4	5				
4. Signature																	
	Drinted	Nome of Adult I	laugebold Mambar					Ciam	o.4. 170	ofAd	.4.1.1.						
Date 5. Contact Information	Plinted		lousehold Member					Sign	ature	of Adı		Jusen		empe	r		
Work Telephone Number (Include Area Code	e) Home Telepho	one Number (Incl	ude Area Code)	Но	ome A	Addr	ess (Numl	ber, S	Street, (City,	State	Zip C	;ode)			
			SCHOOL USE														
INITIAL DETERMINATION Annua	al Income Conv	rsion Wookly	X 52 Every 2 We		Nico	a M	onth	× 2/		Once a	Mor	oth X	12 (Conver	t incom	ne only if d	ifferent
	Every 2	Twice a				aivi	Unu	-	ANGE		IVIOI		۲۲ f	equer	ncies of	pay are r	eported.
TOTAL INCOME \$ Per: We			Month Ye	ar HOUSEH		:			ATUS							Date	
Currently receive benefits based on: Image: Shap or TANF Image: Image																	
Privacy Act Statement : The Illinois State Bo benefits programs. You do not have to give t hold the information you provide us as private help them evaluate, fund, or determine benefit	his information, bu e and confidential	t if you do not, w to the extent requ	e cannot determine uired by law. Howe	your child's el ver, we will sha	ligibil are y	lity fo our s	or ad	dition econo	al be omic	nefits ι status	undei with	r state variou	e and us stat	federate and	al prog d fede	grams. N ral progra	Ve will
Non-discrimination Statement: In accordan origin, sex, age or disability. To file a compla Philadelphia, PA 19107-3323 or call (215)656 (800) 877-8339; or (800) 845-6136 (Spanish)	int of discriminatio 8-8541 (Voice). In	on, write U.S. Dep dividuals who are	partment of Educati e hearing impaired o	on, Office for C or have speech	Civil F n disa	Righ abilit	ts, Tl ies n	he Wa hay co	anam	aker B	uildir	ng, 10	0 Per	ın Sqi	uare E	ast, Suit	e 515,

INSTRUCTIONS FOR APPLYING - COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.).

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If <u>all</u> children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

If some of the children in the household are foster children are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

Box 1–Name: List all household members with income.

Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.