# PUBLIC ANNOUNCEMENT National School Lunch and School Breakfast and Special Milk Programs

Liberty Community District Unit #2 Schools today announced its policy for free and reduced-price lunch, breakfast, milk, after-school snacks for those students unable to pay the full price for meals and snacks under the National School Lunch Program, School Breakfast Program, and the Special Milk Program. The following household size and income criteria will be used for determining eligibility.

						igibility Guidelines 2019 to June 30, 2020	I						
		130% Fec	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 Every Two Per Month Weeks				Weekly		
1	16,237	1,354	677	625	313	1	23,107	1,926	963	889	445		
2	21,983	1,832	916	846	423	2	31,284	2,607	1,304	1,204	602		
3	27,729	2,311	1,156	1,067	534	3	39,461	3,289	1,645	1,518	759		
4	33,475	2,790	1,395	1,288	644	4	47,638	3,970	1,985	1,833	917		
5	39,221	3,269	1,635	1,509	755	5	55,815	4,652	2,326	2,147	1,074		
6	44,967	3,748	1,874	1,730	865	6	63,992	5,333	2,667	2,462	1,231		
7	50,713	4,227	2,114	1,951	976	7	72,169	6,015	3,008	2,776	1,388		
8	56,459	4,705	2,353	2,172	1,086	8	80,346	6,696	3,348	3,091	1,546		
For each additional family member, add	5,746	479	240	221	111	For each additional family member, add	8,177	682	341	315	158		

Children from households that meet Federal guidelines are eligible for free or reduced-price meal services. Complete one application per household for all children that attend the same school district.

All meals served must meet the U. S. Department of Agriculture meal requirements. However, if a child has been determined by a doctor to have a disability and the disability would prevent the child from eating the regular school meal, this school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact the school for further information.

Application forms are being sent to all homes with a letter to parents or guardians. To apply for free or reduced-price meal services, households must complete the application as soon as possible, sign it, and return it to the school. Additional copies of the application form are available in the principal's office in each school. Households should answer all applicable questions on the form. An application which does not contain all the required information cannot be processed and approved by the school. Women, Infants, and Children (WIC) participants may be eligible for free/reduced-price meals and are encouraged to complete an application for meal benefits.

## The required information is as follows:

**SNAP/TANF HOUSEHOLDS:** If the school provided you a letter that stated your child(ren) is eligible for free meals via the direct certification process, you do not have to complete this application to receive free meal benefits. Households that currently receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) for their child(ren), only have to list the child(ren)'s name and at least one SNAP or TANF case number and sign the application. If at least one SNAP/TANF case number is provided for <u>any</u> household member, then all children listed on the application are categorically eligible for free meals. Applications listing LINK card numbers cannot be used for free or reduced-price meals.

ALL OTHER HOUSEHOLDS: If a household's income is at or below the level shown on the income scale, children are eligible for either free or reduced-price meal services. Households must provide the following information: (1) the names of all household members; (2) the last four digits of the social security number of the adult household member signing the application, or indicate if the adult does not have a social security number; (3) the amount of income each household member received last month, how frequently it is paid, and where it came from (wages, child support, etc.); and (4) the signature of an adult household member.

The information on the application may be checked by the school or other officials at any time during the school year.

Households may apply for benefits at any time during the school year. Households that are not eligible now but have a decrease in household income, an increase in household size, or a household member becomes unemployed, should fill out an application at that time.

Homeless, migrant, runaway youth, Head Start, and foster care children, are categorically eligible for free meals. Please follow instructions and return form to school.

Households that do not agree with the ruling of the official may wish to discuss it with the school. Households also have the right to a fair hearing. This can be done by calling or writing the following official:

Cathy Badgley ·	- HS Secretary
Name/Title	

505 N Park St. Liberty IL 62347-1107

Address

217-645-3389

Telephone Number

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <a href="https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form">https://www.ascr.usda.gov/ad-3027-usda-gov/ad-3027-usda-program-discrimination-complaint-form</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Children need proper nutrition to learn. Liberty CUSD 2 offers healthy milk and/or meals every school day. Your child(ren) may qualify for free milk and/or meals. To apply for free milk and/or 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. If you do not qualify for free milk and/or meals, the current prices are: Lunch: grades K-6 \$2.70 grades 7-12 \$2.95 Return the completed application to: Cathy Badgley, HS Secretary, Liberty CUSD 2, 505 N Park St., Liberty IL 62347-1107. 217-645-3389

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

Federal Income Eligibility Guidelines (Effective from July 1, 2019 to June 30, 2020)											
	Free Meals 130% Federal Poverty Guideline										
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly						
1	16,237	1,354	677	625	313						
2	21,983	1,832	916	846	423						
3	27,729	2,311	1,156	1,067	534						
4	33,475	2,790	1,395	1,288	644						
5	39,221	3,269	1,635	1,509	755						
6	44,967	3,748	1,874	1,730	865						
7	50,713	4,227	2,114	1,951	976						
8	56,459	4,705	2,353	2,172	1,086						
For each additional family member, add	5,746	479	240	221	111						

- 1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free milk and/or 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 MILK AND/OR 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. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MILK AND/OR MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MILK AND/OR MEALS? No. You do not need to do anything more to receive free milk and/or 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.
- 4. 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.
- 5. I GET WIC. CAN MY CHILD(REN) GET FREE MILK AND/OR MEALS? Children in households participating in WIC may be eligible for free milk and/or meals. Please fill out the enclosed application.
- 6. 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.
- 7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
- 8. 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 and reduced price meals if the household income drops below the income limit.
- 9. 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.
- 10. 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 apply.
- 11. 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 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.
- 12. 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 sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 13. 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. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
- 14. 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.
- 15. 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,

Cathy Badgley Liberty CUSD 2 HS Secretary 217-645-3389

## 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: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

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: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

#### 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: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

### If some of the children in the household 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. 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: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

### ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

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: 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: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

#### Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

Privacy Act Statement: **This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act 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 or when you indicate that 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 and breakfast programs. We MAY share your eligibility information with education, health, and nutrition program 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.This institution is an equal opportunity provider.

APPLICATION FOR FREE MILK/MEALAN	ID REDUCED-PRICE MEALS-Co	mplete One Application Per H	lousehold Per School District. Instructions on back.

SCHOOL USE ONLY

	Check if Error Pron	e Application
UME	BER ONLY Skip to Part	Check if
e nun	hber. At least one SNAP/	Foster

1. All Household Members (Attach another sheet of paper if necessary.)										Application						
NAMES OF ALL HOUSEHOLD MEMBER First, Middle Initial, Last		(for Student only School Na	nly) (for Student Name Grade			for Student only) Grade	A SNAP OR TANF CASE NI 4 if you list a SNAP or TANF case TANF must be provided below. If not directly certified for free meals household size and income.					number. At least one SNAP/ ou receive Medicaid and were				Check if Foster Child*
2. Homeless, Migrant, Runaway, o	or Hea Inaway		(Categorical ead Start	Ily eligible	-	ol Homeless	s Liaisoi	n, Migra				0		ty of a we		gency or court.
3. Total Household Gross Income	(befo	re dedu	ctions) You	must tell	us how	mucha	and <b>b</b>	now c	often.							
NAMES	GROSS		AND HOW OFTEN	IT WAS RECEIN	VED (Exan	ple: \$100/m	ionth; \$	100 /twi	ce a mor	nth; \$10	0/every	other w	veek; \$1	00/week)		
NAMES A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)					Velfare, C pport, Ali				Pensions, Retirement, Social Security				E. Worker's Com ment, SSI, etc. (A			, Unemploy- other income)
		Mount How often?		Amount		How often?		Amo	ount	F	low ofte	n?	Amount		_	How often?
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iii.	\$			\$			\$						\$			
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V.	\$			\$		\$							\$			
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<ol> <li>Signature and Social Security I An adult household member must sign t signing the form must also list the last for</li> </ol>	he appl ur digits	ication. It s of his o	f Part 3 is com	pleted, the a	dult 2	<u>x x</u>			Numbe					<b>1ot</b> hav rity num		ocial
mark the I do not have a social security I certify (promise) all information on this appli officials may verify (check) the informatio	cation is	strue and derstand	l if I purposely	give false in	formatio	n, my chi		may lo	ose me	eal be	nefits	and I	may t			
Date		Printea	Name of Adult	Housenoia	Membel			519	gnature	e of A	auit H	ouser		emper		
5. Contact Information (Optional)																
Work Telephone Number (Include Area	Code)	Home T	elephone Num	ber (Include	Area C	ode)	Ho	ome A	ddress	s (Nur	nber,	Street	, City,	State, 2	Zip C	ode)
6. Children's Racial and Ethnic lo	dentitie	es (Opt	ional)													
Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino	Mark one ethnic identity:       Mark one or more racial identities:            ☐ Hispanic/Latino           ☐ Asian         ☐ Black or African American         ☐ Native Hawaiian or Other Pacific Islander										lander					
- THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY -																
INITIAL DETERMINATION																
TOTAL		Every 2	Twice a			NUMBER			СНА	ANGE II	N					
INCOME \$ Per: We	ek 🗌	Weeks	Month [	Month	Year	HOUSEH			STA	TUS:					Date	
LEAs must annualize income only when multi Annual Income Conversion Weekly X 52						Month X	12									
□       Free based on:       □       SNAF         □       homeless       □       SNAF         □       migrant       □       foster         □       runaway       □       house         □       Head Start       □	child	NF	Reduced bas ☐ househol	ld's income		ed—Rea acome to acomplete lon-qualify	o high e appl	icatio				ate With	ndrawn:			
Signature of Determining Official Date									Date:							