

**2024-2025 APPLICATION FOR IMSA STUDENT/CLASS FEE REDUCTION
(FREE MILK/MEAL AND REDUCED-PRICE MEALS)
INSTRUCTIONS**

Illinois Students who want to apply for a reduction in their student/Class fee for the 2024-2025 school year please **return a fully completed application and all supporting documentation to the Office of Business and Financial Services on or before July 15, 2024**. Approved fee reductions on applications received on or before July 15 will be applied to the entire school year. Approved fee reductions on applications received after July 15 may not apply to the entire school year, but will be prorated monthly based on when the application processing is completed.

Along with the completely filled out National Programs Application, you must attach documentation in support of your household's income. If sufficient documentation is not attached to your application, it will be considered incomplete and returned to you for completion.

- If you, as the parent and or guardian, receive food stamps or TANF for your child or ward, you **must attach** verification from the Illinois Department of Children and Family Services that shows your household is receiving food stamps or TANF. The SNAP and TANF documents must show coverage to July 1, 2024 or later to be eligible for the 2024-2025 school year.
- If you, as the parent and or guardian, do not receive food stamps or TANF, you will have to attach documents (for example, pay stubs) that verify your household's "current" gross monthly income, which is defined as the income earned either in the month the application is submitted or in the prior month. Typically, proof of income is one of the following items.
 1. Copies of the two most current pay stubs for each household member.
 2. Copies of most current W-2(s) for each household member.
 3. Copy of most current tax return.
 4. Copy of unemployment letter, etc...

The Office of Business and Financial Services will process your completed National Programs Application as quickly as possible and notify you of the application determination, so that you can appropriately adjust and submit your fee payment, which is due on or before August 1, 2024. IMSA will not utilize or disclose personal information received from this form or any attached documentation, except to determine a student's fee reduction, in accordance with Federal and State laws and regulations.

If you have any questions, please call the Office of Business and Financial Services at (630) 907-5031 between the hours of 8:00 a.m. and 4:00 p.m., weekdays.

Our mailing address is: Illinois Mathematics and Science Academy
Attn: **Office of Business and Financial Services**
1500 Sullivan Road
Aurora, Illinois 60506-1000

O.B.F.S. Fax Number: 630-907-5030

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 <small>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.</small>										Check if Foster Child*				

* 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. I do not have a social security number.

X X X - X X - _____
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

Signature of Determining Official _____ Date: _____

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 all 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 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.

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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

Dear Parent/Guardian:

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:

Illinois Mathematics and Science Academy
Attn: Office of Business and Financial Services
1500 Sullivan Rd.
Aurora, IL. 60506

Your children may qualify for reduced student fees if your household income falls at or below the limits on this chart.

Reduced-Price Meals (IMSA waiver/tier-2) 185% Federal Poverty Guideline					Household Size	Free Meals (IMSA waiver/tier-1) 130% Federal Poverty Guideline				
Annual	Monthly	Twice per month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
\$27,861	2,322	1,161	1,072	536	1	19,578	1,632	816	753	377
37,814	3,152	1,576	1,455	728	2	26,572	2,215	1,108	1,022	511
47,767	3,981	1,991	1,838	919	3	33,566	2,798	1,399	1,291	646
57,720	4,810	2,405	2,220	1,110	4	40,560	3,380	1,690	1,560	780
67,673	5,640	2,820	2,603	1,302	5	47,554	3,963	1,982	1,829	915
77,626	6,469	3,235	2,986	1,493	6	54,548	4,546	2,273	2,098	1,049
87,579	7,299	3,650	3,369	1,685	7	61,542	5,129	2,565	2,367	1,184
97,532	8,128	4,064	3,752	1,876	8	68,536	5,712	2,856	2,636	1,318
9,953	830	415	383	192	Each additional Family member	6,994	583	292	269	135

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.

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD WHO ATTENDS IMSA?** No. Complete the application to apply for a reduction in your child's Student Fee. Use one "Application For Free Milk/Meal and Reduced-Price Meals" for all students in your household who attend IMSA. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to IMSA. Along with the Application, you must attach documentation in support of your household's income. If sufficient documentation is not attached to your application, it will be considered incomplete and returned to you for completion.
- I DON'T QUALIFY FOR THE FEDERAL GUIDELINES. IS IT WORTH SUBMITTING AN APPLICATION?** YES. You may not qualify for the federal government guidelines, but IMSA does offer additional Student Fee reductions based on total household income.
- A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES A REDUCTION IN STUDENT FEES?** Yes. If you receive food stamps or TANF for your child, along with the completed "Application For Free Milk/Meal and Reduced-Price Meals", you have to attach verification from the Illinois Department of Children and Family Services that shows your household is receiving food stamps or TANF.
- 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. You must send in a new application along with proof of income each school year.
- WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof.
- 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 a reduction in their Student Fee if the household income drops below the income eligibility limit.
- 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.
- 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 qualify for free or reduced price meals.
- 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 other 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.
- 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.
- WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income.
- 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).