



FEE WAIVER REQUEST FORM 2024-2025

To determine eligibility for additional U-46 benefits (per Board policy 4:140) that your child(ren) may qualify for, please complete, sign and return this request form to your child's school or by email to shellycastillo@u-46.org. (**Proof of Income is required, e.g. pay/check stub, tax return, W-2, etc.**)

1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	SCHOOL NAME (for student only)	GRADE (for student only)	SNAP OR TANF CASE NUMBER ONLY 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.										Check if NO Income	Check if Foster Child*	

2. Homeless, Migrant, Runaway, or Head Start

* A foster child is the legal responsibility of a welfare agency or court.

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

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)							
			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

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information

Work Telephone Number (Include Area Code)

Home Telephone Number (Include Area Code)

Home Address (Number, Street, City, State, Zip Code)

SCHOOL USE ONLY

Convert income only if different frequencies of pay are reported

INITIAL DETERMINATION

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$ _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date _____

Currently receive benefits based on:

- ☐ homeless ☐ SNAP or TANF
☐ migrant ☐ foster child
☐ runaway ☐ household's income
☐ Head Start

Date Withdrawn

Signature of Determining Official

Date:

Privacy Act Statement: The Illinois State Board of Education is requesting schools to collect the information on this form to assist schools in reporting student's eligibility for state and federal benefits programs. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal 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.

Non-discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215)656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

INSTRUCTIONS FOR APPLYING – COMPLETE ONE REQUEST FORM PER HOUSEHOLD PER SCHOOL

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 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.

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: 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 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 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 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.
