

MCHENRY COMMUNITY HIGH SCHOOL DISTRICT #156



2018-2019 APPLICATION FOR FEE WAIVER

(This Application is only for the Fee Waiver – There is a separate application if applying for the Lunch Waiver)

July 1, 2018

IMPORTANT INFORMATION:

Applications must include proof of all household income.

Any application received without proper documentation attached will be denied.

Return your completed application to your child(ren)'s campus:

East Campus – 1012 N. Green Street

West Campus – 4724 W. Crystal Lake Road

- **VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send additional information to prove that your children should receive a waiver of the specified school fees.
- **APPEAL (FAIR HEARING):** If you do not agree with the district's decision on your application or the results of verification, you may wish to file an appeal. You can do this by completing the appeal section of your determination letter and returning it with a letter explaining the reason for your appeal to the following official:

Dave Lawson, CFO/CSBO
4716 W. Crystal Lake Road
McHenry, IL 60050
- **CONFIDENTIALITY:** The information you give on the application will be used only to allow your children to receive a fee waiver and to verify eligibility. This information may also be used to determine if your children may be eligible for other program services such as free textbooks from within the school district or public services from outside the school district.
- **REAPPLICATION:** You may apply for a fee waiver at any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or receive food stamps, SNAP or TANF for your children, fill out an application at that time.

**You will be notified by mail when the application is approved or denied.
Applications are processed within ten business days.**

INCOME VERIFICATION REQUIRED FOR FEE WAIVER APPROVAL

FOOD STAMP/SNAP/TANF HOUSEHOLDS: If you receive SNAP or TANF for your child you are required to send one of the following documents listed below. No other proof of income information is required. The accepted documents are:

- **Food Stamp, SNAP or TANF certificate notice showing the dates of the certification period that include the current school year.** (LINK Card copies are **not** accepted. Proof of medical assistance, such as Kids Care or Medicaid insurance, are **not** accepted.)
- **Letter from the food stamp or welfare office** stating that you are now approved for food stamps, SNAP or TANF.
- **ATP Card** (Authorized to participate)

HOUSEHOLDS THAT DO NOT RECEIVE FOOD STAMPS, SNAP OR TANF: If you do not receive Food Stamps, SNAP or TANF for your child:

- Send copies of information or papers that show your household's **current** income OR you may send in W-2's or your Federal income tax return. (Current income is the amount of money your household received last month.)

The papers you send in must show:

1. The amount of income that was received
2. The name of the person who received the income
3. The date the income was received
4. How often the income is received

To show the amount of money your household received last month, send copies of the following:

- **Tax Documents: W-2's or Federal tax return.**
- **Earnings/Wages/Salary for each job:** Current paycheck stub that shows how often it is received; Current pay envelope that shows how often it is received; Letter from employer stating gross wages and how often they are paid; Business or farming papers such as ledger or tax book.
- **Social Security/Pensions/Retirement:** Social Security retirement benefit letter; Statement of benefits; Pension award notice.
- **Unemployment Compensation/Disability or Workers' Compensation:** Notice of eligibility from State employment security office; Check stub; Letter from workers' compensation
- **Welfare payments (General Assistance):** Benefit letter from welfare agency
- **Child support/Alimony:** Court decree; Agreement; Copies of checks received
- **All other income:** If you have other forms of income (Such as rental income) send information or papers that show the amount of income received, how often it is received and the date received
- **No income:** If you have no income, send a letter explaining how you provide food, clothing and housing for your household, and when you expect an income.

Privacy Act Statement. Unless you list the child's food stamp, FDPIR, or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of information stated on the form. This may include program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, SNAP or TANF office to determine current certification for food stamps, FDPIR, SNAP or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking in documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States and law enforcement officials for the purpose of investigating violations of certain Federal, State and Local education, health and nutrition programs.

2018-2019 APPLICATION FOR FEE WAIVER

To apply for a waiver of the student fee for your student(s), an adult household member must complete, sign and return this application to the school.

This application will not be approved without a signature and required documentation.

Only the following fees are included in the fee waiver: Student Fee, Driver’s Education Fee, and Athletic Participation Fee.

PART 1 – STUDENT (S) FOR WHOM APPLICATION IS MADE

Name	Grade	School (East or West)

PART 2

- List the names of **EVERYONE** living in your household/residence, including the student (s) listed above. If you need more space attach a separate sheet.
- For each person who receives income, write the amount of income that each person now receives and how often the person receives it on the same line as their name. Write the income under the group it belongs in (for example, Earnings, Welfare, Pensions or Other). **Income is all money before taxes or anything else is taken out.** See example below. **Documentation for any income listed must be attached to this application.**

HOUSEHOLD MEMBERS/ RELATIONSHIP	EARNINGS FROM WORK BEFORE DED.	WELFARE, ALIMONY AFDC, CHILD SUPPORT	PENSIONS SOC. SEC. RETIR.	OTHER INCOME
<i>EXAMPLE: JANE DOE Mother</i>	<i>\$206/Week</i>	<i>\$110/Month</i>	<i>\$5,000/Year</i>	<i>\$5000/Year Rental Income</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Please complete the back page as well

PART 3

I, the undersigned parent or guardian, hereby requests that the Board of Education of McHenry High School District #156 waive the annual student fee for the above student (s) pursuant to Ill. Rev. Stat., Ch. 122, 10-20.13.

I further state, in support of this waiver request, that one of the following statements is true and accurate. (Please circle at least one number).

1. The above-named student (s) is currently eligible for free meals pursuant to Ill. Rev. Stat., Ch. 122, 712.1 et. seq.:
2. The above named student (s) is from a household whose gross income is at or below the Federal Income Guidelines.

NOTE: Gross income is defined as ANY monies earned by the family before deductions such as income taxes, social security taxes, insurance premiums, garnishments, child support, alimony, charitable contributions and bonds.

PART 4

I am specifically aware that supplying false information to obtain a fee waiver is a class 4 felony (Ill. Rev. Stat. Ch. 38, 17-6). I attest that the statements made herein are true and correct.

SIGNATURE: _____ **DATE:** _____

NAME OF PARENT/GUARDIAN (please print): _____

ADDRESS: _____ **CITY/STATE:** _____ **ZIP:** _____

HOME/CELL PHONE: (_____) _____ WORK PHONE: (_____) _____

FOR SCHOOL USE ONLY - DO NOT WRITE IN OR BELOW THIS BOX

Monthly Income Conversion Table
 Weekly Income x 52 ÷ 12
 Every 2 weeks x 26 ÷ 12
 Twice a Month x 2
 Annual Income ÷ 12

HOUSEHOLD TYPE:
 SNAP/TANF Household _____
 Total Household Size _____
 Total Household Income \$ _____

ELIGIBILITY DETERMINATION:

____ APPROVED

____ DENIED

REASON FOR DENIAL:

____ INCOME TOO HIGH / TOO LOW BASED ON GUIDELINES

____ FINANCIAL INFORMATION NOT WITH APPLICATION

____ INCOMPLETE APPLICATION

____ UNABLE TO VERIFY HOUSEHOLD MEMBERS / INCOME

____ OTHER _____

SIGNATURE OF DETERMINING OFFICER

DATE