Community High School District 117

Fee Waiver Application

School year 2026-2027

WAIVERS CANNOT BE PROCESSED WITHOUT PROPER DOCUMENTATION and A COMPLETED APPLICATION FOR FREE FEES

Name of Student _____ Year of Graduation _____

Please place an "X" next to the reason for this Waiver request.

☐ **Currently receiving aid under the SNAP or TANF Benefit Program**

- **Attach a current copy** of the SNAP or TANF benefits letter (**all pages must be included**).
- **Please DO NOT** include LINK **cards** or State Health/Medical benefits as neither are acceptable forms of documentation.

☐ **Free Lunch Waiver based on income**

Attach documentation which supports your income

- **Acceptable documentation:** A copy of the front sheet of your income tax return
  Copies of two current pay stubs for all working household members
- **You must also include** - unemployment benefits letter, court documentation of child support or alimony, etc.

☐ **There have been unusual circumstances such as extraordinary medical expenses, fire, flood, storm damage, or other emergency situations**. ***Attach** an explanation along with copies of the applicable bills in support of this claim.

My signature signifies that the above and attached information is, to the best of my knowledge, complete and true

_____ _____

Signature of Parent/Guardian Date

Complete the enclosed application and return to the appropriate school.
Please contact the Fees Secretary for questions:

Antioch Community High School
1133 Main St. Antioch, IL 60002
Catrina Sakalowski (847) 395-9610
catrina.sakalowski@chsd117.org

Lakes Community High School
1600 Eagle Way Lake Villa, IL 60046
Lisa McIntire (847) 838-7122
lisa.mcintire@chsd117.org

Serving the communities of Antioch, Lake Villa, Lindenhurst, and Old Mill Creek

Community High School District 117, being a community of learners with a vision of excellence, is committed to providing an educational experience that encourages all learners to develop to their fullest potential, to engage in lifelong learning, and to be responsible members of society.

Dear Parent/Guardian:

District 117 does not participate in the National School Lunch Program (NSLP) and does not get reimbursement from the State of Illinois. District 117 does follow the Federal guidelines for household eligibility (see below). District 117 does not receive notice of households that have qualified through the State. District 117 covers all registration fees, school athletic fees and homestyle lunch fees for qualified families that have applied and been approved.

District 117 does NOT accept Medical/Medicaid as proof of coverage.
District 117 does NOT accept LINK cards as proof of SNAP benefits.

Applications need to be submitted every year to be processed.

Income Eligibility Guidelines Effective From July 1, 2026 to June 30, 2027					
Free Meals					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
For each add'l member, add	10,508	876	438	405	203

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 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 meals, and for administration and enforcement of the lunch program. 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.

FREQUENTLY ASKED QUESTIONS

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No.** Complete the application to apply for free or reduced price 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 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.
3. **A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE GRADE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY HIGH SCHOOL STUDENT RECEIVES FREE MEALS? YES.** Complete the application to apply for free or reduced price 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.
4. **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? 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.
5. **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.
6. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free meals. Please fill out the enclosed application and include the proper documentation as stated in the cover letter.
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 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 contact your
   school's fees secretary for a complete understanding.
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 qualify for free or reduced price meals.
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 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 prorated share of expenses), do not include them.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the annual gross income and you must include the first page of your income tax return. If you have lost a job or had your hours or wages reduced, use your current income and include your two most recent paystubs or unemployment records.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Whenever this happens, please write a 0 in the field. Please be careful when leaving income fields blank, this could delay the approval process.
14. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** If you are on active duty, you must provide a dependent ID card for each student. All other military must complete the application process in full.
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).

APPLICATION FOR FEE WAIVER —Complete One Application Per Household Per School

1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	School Name	Grade	**SNAP OR TANF CASE NUMBER ONLY –** Include all pages of your benefits approval letter	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.

	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: $100/month; $100 /twice a month; $100/every other week; $100/week)							
NAMES **A.** (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	**B.** Earnings From Work (Before Deductions)		**C.** Welfare, Child Support, Alimony		**D.** Pensions, Retirement, Social Security		**E.** Worker's Comp., Unemploy- ment, 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. The adult signing the form social 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.

X X X - XX - _____ _I **do not** have a Social Security Number

security number

I certify (promise) all information on this application is true and all income is reported. 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 _Native Hawaiian or Other Pacific _Islander White _American Indian or Alaska Native