



Channahon School District

24949 S. Tryon Street, Channahon, IL 60410

815-467-4315 · Fax 815-467-4343

www.csd17.org

Dr. Nicholas Henkle, Superintendent

Dear Parent/Guardian,

Children need healthy meals to learn. Channahon School District 17 (CSD17) offers healthy meals every full school day. Your children may qualify for free or reduced-price meals. Reduced price is \$0.40. To apply for free or reduced-price meals, use the attached form. We cannot approve an application that is not complete, so be sure to fill out all information and include the required proof of income. Return the completed application and proof of income to Susan Sprouse (ssprouse@csd17.org or mail to CSD17, 24949 S. Tryon Street, Channahon, IL 60410).

1. ***Do I need to fill out an application for each child?*** No. Complete one application to apply for free or reduced-price meals for all of your children. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the application and proof of income to the district office.
2. ***What do I need to submit for proof of income?*** You must provide a copy of your federal income tax return as proof of income.
3. ***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 complete a new application.
4. ***I receive SNAP, WIC, TANF, or Medicaid. Can my child get free meals?*** If your child receives any of these benefits, they may be eligible for free or reduced-price meals, but does not automatically qualify as free or reduced. Please complete the attached application.
5. ***What if I disagree with the School's decision about my application?*** You should talk to school officials. You may ask for a hearing by calling the District Office at 815-467-4315.
6. ***May I apply if someone in my household is not a U.S. citizen?*** Yes. You or your children do not have to be a U.S. citizen to qualify for free or reduced-price meals.
7. ***Who should I include as members of my household?*** You should include all people living in your household, related or not. Do not include people in your household 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).

Sincerely,

Susan Sprouse

LUNCH WAIVER REQUEST FOR FREE OR REDUCED-PRICE MEALS

Complete one application per household.

Names of ALL Household Members Including Adults (First and Last Name)	School Name (for students only)	Grade (students only)	Check if Foster
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Total Household Gross Income (before deductions). You must tell us how much and how often. Please provide a copy of your most recent federal tax return as proof of income.

Names (List all household members with income)	Gross Income and How Often It Was Received (Ex. \$100/mo; \$100/twice mo.; \$100/every other week; \$100/wk)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc. (all other income)	
	Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

Signature

I certify (promise) all information on this application is true and all income is reported. I understand school officials may verify the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Date

Printed Name

Signature

– FOR SCHOOL USE ONLY –

Total Income \$ _____

Per: Week 2 Weeks 2x mo. Month Year

Number in Household: _____

Change In

Status: _____

Date: _____

- Free based on:
 - Income
 - Foster

- Reduced based on income

- Denied–Reason:
 - Income too high
 - Incomplete application