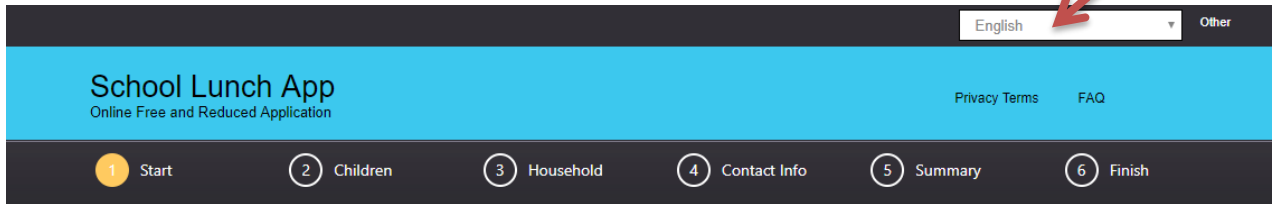
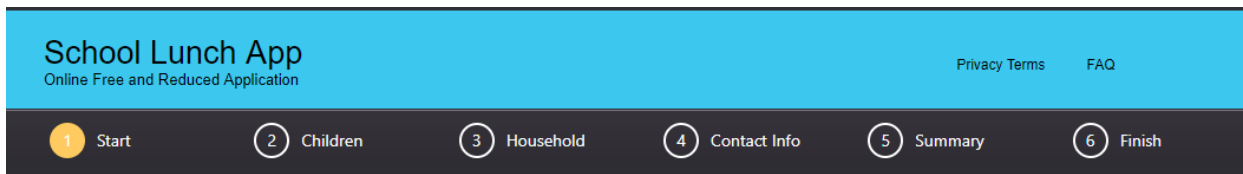


Please complete the following steps to submit an online meal application for District 211. If you have any questions please contact the Food Service office at 847-755-6681. **If all required information is not completed, the application will prohibit continuing to the next page.** Please read each step carefully.

STEP 1: Log onto: <https://nlappscloud.com/District.aspx?apply=1>. The option of an English or Spanish application is accessible in the Right Hand corner of the page.



Select Illinois as the State and Township High School District 211 as the School District.



Welcome to the Free and Reduced Priced Meal Application!

Please select your state and district, then click Next to begin the application.

State

School District

[Don't see your school district?](#)

NEXT

STEP 2: Select Agree with the Terms of Use and Privacy Policy. Select NEXT

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Welcome to the Free and Reduced Priced Meal Application!

Before you begin...

there are a few things you should know.

If you received a letter from the school saying that your children were automatically approved (directly certified) for free meals for the 2018-2019 school year because someone in your household participates in Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR), then you do not need to submit an application.

We need only one application for all children in your household that attend school in Township High School Dist 211.

Eligibility for free or reduced priced school meals benefits is based on any one of these three things:

- your total household income and size in the month the application is filled out, or the month before, or
- your child's individual status as foster, homeless, migrant, or runaway, or
- participation in an assistance program by any member of your household

Your US citizenship or immigration status does not affect your eligibility for free or reduced price benefits.

If you have any questions at any point during the application, click Help to get help with the current section.

Things you'll need

Lastly, we compiled a list of the information you might need to complete the application. [Check it out!](#)



I agree to the [Terms of Use and Privacy Policy](#) Next

English ▼

STEP 3: Read the letter to the household. This letter explains the meal application and answers questions for the current school year. You may print this letter. Select NEXT

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Letter to Household (Use the scrollbar to view the entire letter) PRINT

Township High School District 211

July 2018

Dear Parent or Guardian:

Children need healthy meals to learn. Township High School District 211 offers healthy meals every school day. Breakfast costs \$1.55; lunch costs \$2.45-\$3.00. Your children may qualify for free meals or for reduced-price meals. Reduced-price is 30¢ for breakfast and 40¢ for lunch.

To apply for free or reduced-price meals, please complete the Household Eligibility Application. We cannot approve an application that is not complete, so be sure to fill out all required information. Complete the online application in full or return the completed hardcopy application to: Director of Food Service, 1750 S. Roselle Road, Palatine, IL 60067-7336, (847) 755-6681.

Your children may qualify for free or reduced-price meals if your household income falls within the limits according to the Federal Income Guidelines Chart inside this application.

NEXT

English ▼

STEP 4: Enter the name of the adult household member who is completing the application. Select Next

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I certify (promise) ...

that all information on this application is true and that all income is reported.

I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits.

Enter the name of adult household member completing the application.

Today's Date

**Deliberate representation of information may subject applicants to prosecution under applicable State and Federal laws.*

STEP 5: If any household member receives SNAP or TANF please select yes and enter the case number. If not, select no and select NEXT.

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Assistance Programs (Your children can qualify for free meals if any of these apply.)

SNAP, TANF or FDPIR Case Number

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? If YES, please enter only one case number below and click NEXT. If NO, click the NEXT button.

Yes

No

STEP 6: Enter all children in the household, including both students and non-students. If the child is a District 211 student, select yes and complete all fields. If your child is a foster child or homeless please check the appropriate box.

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Child Household Members

List ALL Household Members who are infants, children, and students up to and including grade 12.
*Required Fields

1 Child Name

Is this a Student in this district? Yes No

Foster Child Homeless Migrant Runaway Head Start

First Name* MI Last Name*

Birthdate (MM/DD/YYYY)* Grade* School Name*

Add Additional Child

Previous Next

STEP 7: If the children in your household receive any income, please enter yes and enter the amount in the space provided. If no, please select no and NEXT.

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Income Earned by Students and Children

Sometimes children in the household earn or receive income. Some common sources of income for children are:
 - a full-time or part-time job,
 - Social Security benefits, if the child is disabled, or is the beneficiary of another person's Social Security benefits,
 - money regularly received from extended family or friends outside the household, or
 - money from pension, annuity, or trust.

Do not include infrequent earnings, such as income from occasional baby-sitting or mowing lawns. **Do not list income for any adult household members on this page. You will have the opportunity to enter income for adult household members later in the application.**

Do any CHILDREN in your household receive income from any of these sources, or any other sources? Yes No

Child Name	Income	Frequency	Source	X
Does <u>Test Child</u> receive income?	<input checked="" type="radio"/> Yes <input type="radio"/> No			
	\$ <input type="text"/> .00	<input type="text"/> --How Often--	<input type="text"/> -- Select Source --	Help ?
Does Test Child receive income from any other source? <input type="radio"/> Yes <input type="radio"/> No				

Previous Next

STEP 8: Enter the names of all Adult members living in your household. DO NOT include the children already listed. Select NEXT.

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Adult Household Members and Income

List all other Household Members (including yourself), not listed on the 'Child Information' page. Remember, for the purposes of applying for school meal benefits, a household is defined as a group of people, related or unrelated, that usually live together and share income and expenses. Don't forget about:

- grandparents or other extended family members that are living with you
- Also include people that are not currently living with you, but are only away on a temporary basis, like:
 - kids that are away at college,
 - members of your family that are in the military, and are deployed.

Include people regardless of age or whether they earn or receive income.

*Required Fields

1

First Name*	Last Name*
Test	Parent

Add Additional Household Member

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STEP 9: Enter income information for all adult household members.

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Income Earned by Adults and Other Household Members

For each person listed, mark whether that person receives income. If yes, then enter the income amount, frequency, and income source. Please note that all amounts should be current, gross income. Gross income means all money earned or received before deductions such as income taxes, social security taxes, and insurance premiums. You should not report net income, which is the amount of money received in a pay check.

Household Member Name	Income	Frequency	Source
Does <u>Test Parent</u> receive income?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	\$ <input style="width: 50px;" type="text"/> 00	<input type="text" value="Every two weeks"/>	<input type="text" value="Earnings"/> Help ?
	Does Test Parent receive income from any additional sources? <input type="radio"/> Yes <input type="radio"/> No		

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Next

STEP 10: Enter the last four digits of your SSN or if you do not have one, check “I do not have a SSN”. Enter household address, phone number, and email. Select NEXT.

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Adult Signer Information

Please provide the last four digits of the Social Security number for the person that signed at the beginning of the application (**Test Parent**). If that person does not have a Social Security number, please check the box below labeled 'I don't have a SSN'.

*XXX - XX -

I don't have a SSN [Privacy / Terms](#)

Note: United States citizenship or immigration status is not a condition of eligibility for free and reduced price benefits. The non-cash benefits received through the school meal programs are not subject to public charge consideration. In other words, you will not be deported, denied entry to the country, or denied permanent status because you apply for or receive school meal benefits.

Please enter your contact information so that we can reach you in case there are any issues with your application.

Mailing Address	Apt #	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>	Illinois ▼	<input style="width: 50px;" type="text"/>
Work Phone	Home or Cell Phone	Email Address		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

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STEP 11: Enter demographic information. This section is optional. Select Next.

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OPTIONAL - Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (select one):

- Hispanic or Latino
- Not Hispanic or Latino

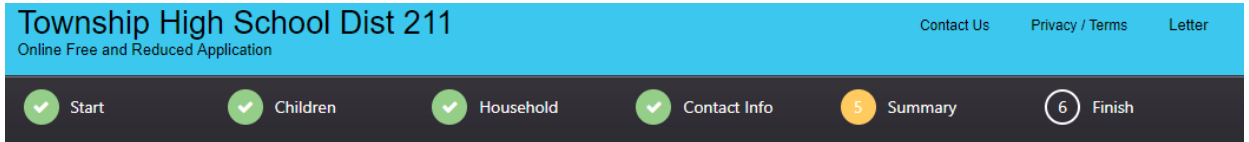
Race (check one or more):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

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STEP 12: Review the Summary Page to ensure information submitted is correct. Changes can be made by selecting the “Change” option in the Right-hand corner of each section. Once information is verified, select NEXT

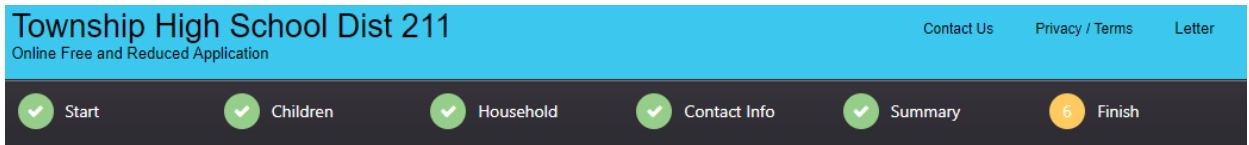


[Help ?](#)

Summary & Review

Please review the information and verify that it is correct. Make any modifications necessary by using the link next to each section.
Township High School Dist 211

STEP 13: Read the information and certify all information given is accurate. Select NEXT.



[Help ?](#)

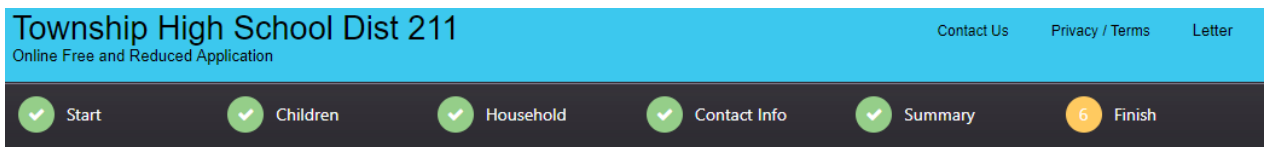
Almost finished! (You must complete to submit your application)

I certify* that all information on this application is correct to the best of my knowledge.

*I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits. Deliberate misrepresentation of information may subject applicants to prosecution under applicable State and Federal law.

Use of Information Statement

STEP 14: Select either YES or NO for district officials to share eligibility info from this application for waiver of school fees for District 211 students listed on the application. This section is optional.



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ADDITIONAL BENEFITS: This section does not need to be completed to receive free or reduced price meal benefits

- YES! I DO** want school officials to share information from my Household Eligibility Application with District Officials for **Waiver or Deferral of School Fees** per Board Policy JN, for the children listed on this form.
- NO! I DO NOT** want information from my Household Eligibility Application shared with any of these programs. **If you check NO, your information will not be shared.**

Parent/Guardian Signature:

Signature Date: 07/05/2018



STEP 15: The application has been submitted. Parents/Guardians will receive a letter in the mail with an explanation of benefits once the application is processed.

This page may be printed to verify submission. A student's eligibility is NOT determined and final until the application is processed at the district office.

Questions? Contact the food & nutrition office at 847-755-6681

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Thank You for Submitting your Application!

Your Confirmation Number is **553571875**

Please Print this for your records. If you would like it e-mailed to you please fill in your e-mail address below.

Email Address

Confirm Email Address

[Send Confirmation](#)

Based on the information you have provided your eligibility status is

NOT ELIGIBLE

Final status is pending after reviewing your application. Thank You for using the Online Application Process
Your eligibility determination will not be immediate.

Until your application is processed please prepare to fund your child's meals

If you have further questions please contact the District Child Nutrition Office.