



# OTTAWA TOWNSHIP HIGH SCHOOL DISTRICT #140

211 East Main Street, Ottawa, IL 61350  
(815)433-1323 • Fax (815)433-1338  
www.ottawahigh.com

Dr. Michael Cushing, Superintendent  
Patrick Leonard, Principal

Jeff DeWalt, Associate Principal  
Jessica Gass, Assistant Principal  
Jon Leslie, Assistant Principal  
Kari Benning, Assistant Principal of Teaching & Learning  
Sally Taliani, Director of Special Needs  
Janet Pearson, Chief Financial Officer

## 2023-2024 Fee Waiver Form

If you are Direct Certified, receive SNAP or TANF, complete the Fee Waiver Form to ACCEPT or DECLINE the benefits described below. If you do not receive SNAP or TANF, you must complete the Fee Waiver Form and the Household Eligibility Application on the back to apply for free or reduced benefits.

Parent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date received by the  
Main Office:  
\_\_\_\_\_

Select how your student qualifies for this waiver which provides free lunch and waived registration fees:

- Student qualifies through the State of Illinois for **Direct Certification** through SNAP or TANF benefits.  
SNAP or TANF Number: \_\_\_\_\_
- Family Income** falls within the Federal Guidelines for free or reduced lunch. **For this option, you must complete application on back and provide income verification such as paystubs showing gross income.**

Names of OTHS Students

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I ACCEPT the fee waiver for free or reduced status for lunch and fees.**  
FREE = Free lunch in addition to waived registration fees; waived classroom fees; and waived IHSA fees.  
REDUCED = Lunch is \$0.40; IHSA fees are 50% reduced; and registration fees remain at \$125 per student.

OR

- I DECLINE the option to have these fees waived and will pay all fees.**

I certify the above information is true and correct. **Parent/Guardian Signature:** \_\_\_\_\_

(FOR OFFICE USE ONLY)

- TEMP/PENDING     DC/FREE     REDUCED     DENIED     INCOMPLETE

Authorized by: \_\_\_\_\_ Date Letter Mailed: \_\_\_\_\_

**HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS  
CHILD AND ADULT CARE FOOD PROGRAM**

<b>1. All Household Members</b>	<b>2.</b>	<b>3.</b>
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	Ages of Children at Center	FOSTER CHILD Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to Section 6
		SNAP OR TANF CASE NUMBER Skip to Part 6 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

**4. Homeless, Migrant, or Runaway**

Homeless    Migrant    Runaway    Head Start

\_\_\_\_\_  
Signature of Homeless Liason, Migrant Coordinator, or Head Start Director      Date

**5. 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 (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	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?
	i.	\$		\$		\$		\$
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**6. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Section 5 is completed or if zero income is listed, the adult signing the form 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 - X X - \_\_\_\_\_  
Social Security Number

I do not have a Social Security Number.

*I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

Date: \_\_\_\_\_      Printed Name of Adult Household Member: \_\_\_\_\_      Signature of Adult Household Member: \_\_\_\_\_

**7. Contact Information (Optional)**

Work Telephone Number (Include Area Code) \_\_\_\_\_      Home Telephone Number (Include Area Code) \_\_\_\_\_      Home Address (Number, Street, City, State, ZIP Code) \_\_\_\_\_

**8. Children's Racial and Ethnic Identities (Optional)**

Mark one ethnic identity:      Mark one or more racial identities:

Hispanic/Latino       Asian       Black or African American       Native Hawaiian or Other Pacific Islander

Not Hispanic/Latino       White       American Indian or Alaska Native

**9. Optional - Sharing Information With All Kids Insurance Program**

May we share your information on this application with the All Kids Insurance Program, the complete health insurance program for every child in Illinois? If yes, do not sign below.

No, I do not want my information from this application shared with the All Kids Insurance Program.

Date: \_\_\_\_\_      Sign here: \_\_\_\_\_

<b>CHILD CARE REPRESENTATIVE USE ONLY</b> Eligibility Determination - Complete Sections A and B Below	
<b>SECTION A</b>	Annual Income Conversion    Weekly X 52    Every 2 Weeks X 26    Twice a Month X 24    Once a Month X 12 <i>Convert income only if different frequencies of pay are reported.</i>
TOTAL INCOME \$ _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year      NUMBER IN HOUSEHOLD: _____
<input type="checkbox"/> Free based on: <input type="checkbox"/> foster child <input type="checkbox"/> migrant <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> runaway <input type="checkbox"/> homeless <input type="checkbox"/> household's income <input type="checkbox"/> Head Start	<input type="checkbox"/> Reduced based on: <input type="checkbox"/> household's income <input type="checkbox"/> Denied — Reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application <input type="checkbox"/> Non-qualifying SNAP/TANF
<b>SECTION B</b>	Signature of Determining Official: _____      Date: _____

## INSTRUCTIONS FOR APPLYING - COMPLETE ONE APPLICATION PER HOUSEHOLD

Follow These Instructions and Return the Completed form to your Center. Once approved for meal benefits, a child's Household Eligibility Application is effective for 12 months.

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### FOSTER CHILD(REN)

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A foster child remains the legal responsibility of the state through a foster care agency or the court. If you submit documentation from the state or local agency that the child is in foster care, that documentation replaces completing a Household Eligibility Application.

- 1) If all children in your household (who attend this center) are foster children that are the legal responsibility of a foster care agency or court, provide the following:
  - Part 1 — List the name(s) and age(s) of your foster child(ren) attending this center.
  - Part 2 — Check the box(es) indicating a foster child(ren).
  - Part 3 — 5 Skip
  - Part 6 — Provide a signature of an adult household member and date the application.
  - Parts 7-9 — (OPTIONAL)
- 2) If you have some foster children that are the legal responsibility of a foster care agency or court along with other children attending this center, please provide the following:
  - Part 1 — List ALL household members, including the foster child(ren), and the age(s) of the child(ren) attending the center.
  - Part 2 — Check the box(es) identifying the foster child(ren).
  - Part 3 — Record a valid SNAP/TANF case number if applicable
  - Part 4 — Skip
  - Complete Parts 5 and 6 if applicable. See the instructions for **INCOME-HOUSEHOLDS REPORTING** section.
  - Parts 7-9 — (OPTIONAL)

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### SNAP OR TANF BENEFITS - HOUSEHOLDS RECEIVING

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If any member (child or adult) of your household receives SNAP or TANF benefits, provide the following:

- Part 1 — List ALL people in your household (including grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the center.
- Part 2 — Skip
- Part 3 — Record a valid SNAP or TANF case number for any member (child or adult) of this household. You will find your SNAP or TANF case number on your letter of eligibility for benefits.
- Part 4 — 5 Skip
- Part 6 — Provide a signature of an adult household member and date the application.
- Parts 7-9 — (OPTIONAL)

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### HOMELESS, MIGRANT, RUNAWAY, OR HEAD START

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If no one in your household receives SNAP or TANF benefits and if any child is homeless, a migrant, a runaway, or head start, follow these instructions.

- Part 1 — List ALL household members, and the age(s) of the child(ren) attending the center.
- Part 2 — 3 Skip
- Part 4 — If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your local school.
- Part 5 — Complete only if a child in your household isn't eligible under Part 4. See instructions for **INCOME - HOUSEHOLDS REPORTING** section below and complete Parts 5 and 6.
- Part 6 — Provide a signature of an adult household member and date the application.
- Parts 7-9 — (OPTIONAL)

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### INCOME - HOUSEHOLDS REPORTING

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If no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- Part 1 — List the names of ALL household members and the age(s) of the child(ren) attending the child care center.
- Part 2 — 4 Skip
- Part 5 — List total gross income (before deductions), not take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
  - o For ONLY the self-employed, list income after expenses. This is for your business, farm, or rental property.
  - o If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
  - o If you have no income, list zero in the earnings from work column.
- Part 6 — Provide a signature of an adult household member and date the application. Also, provide the last four digits of the Social Security Number for the adult signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a Social Security Number, mark the box, I do not have a Social Security Number.
- Parts 7-9 — (OPTIONAL)

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### PRIVACY AND DISCRIMINATION STATEMENT

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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 or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. 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 or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint\\_Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint_Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)