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18550 Millburn Road  
Wadsworth, IL 60083



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Phone 847-356-8331  
Fax 847-356-9722

August 2018

To: Parents or Guardians

We are required to make the attached information available to all students. None of the paperwork in this packet needs to be completed *unless you qualify under the federal Income Eligibility Guidelines* found in the chart in this packet.

SNAP, TANF, or FOSTER, MEDICAID

If your child qualifies for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Medicaid, or is a foster child, your child is considered Directly Certified and an application does not need to be completed. You will or have received a separate letter from the school district indicating this status.

INCOME ELIGIBILITY BENEFITS

If your child received Free and/or Reduce Priced Meal status for the 2017-18 school year, and you are in the category of needing to complete an application, it must be received by October 2 or benefits will end.

APPLICATION FOR FEE WAIVER

The Fee Waiver application is separate from applying for free/reduced lunch benefits. However, in order to qualify for a waiver of fees established by the school district, you must complete both applications. Please see complete instructions on the reverse of the Fee Waiver Application.

Should you have any questions, please do not hesitate to contact Bernadette Hanna at 847-245-2899 or [bhanna@millburn24.net](mailto:bhanna@millburn24.net).

This packet contains the following:

- ✓ Letter to Households with some frequently asked questions.
- ✓ Application for Free and Reduced-Price Meals with Instructions for applying on the reverse.
- ✓ Sharing Information With Other Programs
- ✓ Application for Fee Waiver with Explanation of Fee Waiver on the reverse.

Millburn Elementary School  
18550 Millburn Road • Wadsworth, IL 60083  
Phone 847-356-8331 • Fax 847-356-9722

Millburn Middle School  
640 Freedom Way • Lindenhurst, IL 60046  
Phone 847-245-1600 • Fax 847-265-8198

Dear Parent/Guardian:

Children need healthy meals to learn. Millburn School District 24 offers healthy meals every school day. Breakfast costs \$ n/a; lunch costs \$ 2.90. Your children may qualify for free meals or for reduced price meals. Reduced price is \$ n/a for breakfast and \$ .40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Bernadette Hanna, Office Manager.

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

**Income Eligibility Guidelines  
Effective from July 1, 2018 to June 30, 2019  
Reduced-Price Meals  
185% Federal Poverty Guideline**

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member, add	7,992	666	333	308	154

- 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.
- 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. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
- WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above.
- A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE 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 CHILD RECIEVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
- 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? Does your family relocate on a seasonal basis? 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.
- 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.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out the enclosed application.
- WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
- 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 and reduced price meals if the household income drops below the income limit.
- WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
- 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.
- 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 pro-rated share of expenses), do not include them.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 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)

Sincerely, Bernadette Hanna 847-245-2899 or bhanna@millburn24.net

## INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

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### IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

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**Part 1:** List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. (The last four digits of a Social Security Number are not necessary.)

**Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

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### IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

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**Part 1:** List all household members and the name of school for each child.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

**Part 3:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

**Part 4:** Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).

**Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

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### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

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#### If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

**Part 1:** List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary.

**Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

#### If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

**Part 1:** List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

**Part 3:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

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### ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

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**Part 1:** List all household members and the name of school for each child.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

**Part 3:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

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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 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 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 or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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.

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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](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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider. ISBE 68-03 NSSTAP Application Instructions (7/18)

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

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY										Check if Foster Child*			
			Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you <b>MUST</b> apply based on household size and income.													

\* 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.**

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. 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.	\$		\$		\$		\$	

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

An adult household member must sign the application. If Part 3 is completed, 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 (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. 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
- White
- Black or African American
- American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

**– THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY –**

**INITIAL DETERMINATION**

TOTAL INCOME \$ \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice a Month  Month  Year NUMBER IN HOUSEHOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.  
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

- Free based on:
  - homeless
  - migrant
  - runaway
  - Head Start
- Reduced based on:
  - SNAP or TANF
  - foster child
  - household's income
- Denied—Reason:
  - household's income
  - income too high
  - incomplete application
  - Non-qualifying SNAP/TANF

Date Withdrawn: \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_

Date: \_\_\_\_\_

<p><i>For Office Use Only</i></p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> NOT APPROVED</p>
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**APPLICATION for FEE WAIVER- 2018-19 and/or REQUEST for INTERNET SUPPORT**

➔ Please note that in order to have fees waived and/or receive internet support, you must qualify under the Income Eligibility Guidelines provided for the National School Lunch Program and by completing the Application for Free and Reduce Priced Lunch.

Parent Name	
Home Address	
Home Phone	Work Phone

Did your family qualify for Free or Reduced Lunch for the 2017-18 school year?     YES     NO  
 DID NOT APPLY

Name and grade levels of children currently enrolled in the Millburn District:

Name:	Grade:
Name:	Grade:
Name:	Grade:

*Add any additional children attending Millburn Elementary or Middle School on reverse.*

<p><b>INTERNET CONNECTIVITY</b></p> <p>Millburn School District has contracted with Kajeet Complete™ to provide internet services restricted to educational content for those students who have no internet at home. This device has limited data and will be linked only to the school-issued student iPad and allow students to complete homework assignments. To qualify, a student must have been approved for the National School Lunch program. There is no cost to the student for this device.</p> <p><input type="checkbox"/> I have no internet at home and would be interested in this.</p>
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Signature	Date
Print Name	Relationship to Child(ren)

Please sign, date and return this completed application to:  
 Bernadette Hanna, Office Manager  
 Millburn District 24 18550 Millburn Road Wadsworth, IL 60083

**Millburn C. C. School District 24**  
**EXPLANATION of FEE WAIVER**

Dear Parent/Guardian:

According to Millburn C. C. School District 24 Board Policy 4:140, parents and guardians who experience financial hardship may qualify to have "school fees" waived. Please read the following information and return the completed APPLICATION FOR FEE WAIVER and the APPLICATION FOR FREE or REDUCED-PRICE LUNCH to the school office if you need to apply for the waiver of school fees. If you need assistance with this request, please contact the Principal.

**I. ELIGIBILITY - "SCHOOL FEES" MAY BE WAIVED:**

If a student qualifies for free lunches or breakfasts under "AN ACT" authorizing school boards and welfare centers to sponsor community school lunch programs and free breakfast and lunch programs and authorizing and requiring free school lunch programs, providing for State reimbursement.   **- OR -**

If a student's family experiences significant loss of income due to severe illness or injury or unusual expenses such as fire, flood or storm damage or similar emergency situations.

**II. DEFINITION OF "SCHOOL FEES"**

A. "School Fees" include, but are not limited to, the following:

1. All charges for required textbooks and instructional materials.
2. All charges and deposits collected for use of school property (e.g., locks, towels, laboratory equipment).
3. Charges for field trips made during school hours, or made after school hours if the field trip is a required or customary part of a class or extracurricular activity (e.g., annually scheduled trips to museums, concerts, places of business and industry or field trips related to instruction in social studies, the fine arts, career/vocational education or the sciences).
4. Charges or deposits for uniforms or equipment related to sports or fine arts programs.
5. Charges to participate in extracurricular activity.
6. Charges for supplies required for a particular class (e.g., shop or home economics materials, laboratory or art supplies).
7. Graduation fees (e.g., caps, gowns).
8. School record fees.
9. School health service fees.

B. "School Fees" do not include:

1. Library fines and other charges made for the loss, misuse, or destruction of school property (e.g., musical instruments).
2. Charges for the purchase of class rings, yearbooks, pictures, diploma covers or similar items.
3. Charges for optional travel undertaken by a school club or group of students outside of school hours.
4. Charges for admission to school dances, athletic events or other social events.
5. Optional community service programs for which fees are charged (e.g., preschool, before-and-after-school childcare, recreation programs).

**III. PROCEDURES FOR REQUESTING FEE WAIVER**

- A. Fill out Application for Fee Waiver and the Application for Free or Reduced-Price Lunch and return it to:  
B.Hanna, Office Manager, Millburn District 24, 18550 Millburn Road, Wadsworth, IL 60083.
- B. A letter with the decision will be mailed within thirty (30) calendar days of receipt of the request. If the request is denied, the reason(s) for denial as well as the right to reapply if circumstances change.
- C. The decision to deny the fee waiver can be appealed to the District Superintendent, who will respond within thirty (30) days of receipt of the appeal. If the appeal is denied, the district will mail you a copy of the decision, which will state the reason for the denial. Parents will have the right to meet with the superintendent to explain why the fee waiver should be granted.
- D. No fee shall be collected from any parent who is seeking a fee waiver in accordance with the district policy until the district has acted on the initial request or appeal (if any is made) and parents are notified of the reason.

# SHARING INFORMATION WITH OTHER PROGRAMS 2018-19

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether or not your child (ren) gets free or reduced-price meals.

**No! I DO NOT** want information from my Free and Reduced-Price Application shared with any other programs.

Signature	
Print Name	Date

➤ If you checked no, stop here. You do not have to complete the rest of this form. Your information will not be shared.

**Yes! I DO** want school officials to share information from my Free and Reduced-Price Meals Application with Millburn District Parent/Teacher Organization.

**Yes! I DO** want school officials to share information from my Free and Reduced-Price Meals Application with Lindenhurst Police Department "Shop With A Cop" Program.

**Yes! I DO** want school officials to share information from my Free and Reduced-Price Meals Application with Catholic Charities or their affiliates.

➤ If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:

Signature	Date
Print Name	Address

For more information and/or to return this form, contact  
Bernadette Hanna, Millburn District 24  
18550 Millburn Road, Wadsworth, IL 60083  
847-245-2899 bhanna@millburn24.net