

Community Consolidated School District 146 6611 W. 171st St. Tinley Park, IL 60477

Household Income Criteria Form

As part of the Illinois State Board of Education (ISBE) Preschool for All and Prevention Initiative Birth to Three requirements, our Early Learning Programs must obtain proof of income as part of our eligibility and enrollment process.

Child's Full Name:	Date of Birth:
Parent/Guardian Name:	

Family's annual household income: \$_____ Number of persons in household: _____

	Method of Verification: (Only one method required)
ʻul	blic Benefits:
)	WIC
	Medicaid Card (* must be in parent(s)' name)
	SNAP
	TANF
)	ССАР
· ~	oof of Income (required only if no proof of public benefits above):
	bof of Income (<i>required only if no proof of public benefits above</i>): Paycheck stubs (two most recent, consecutive)
	Paycheck stubs (two most recent, consecutive)
•	Paycheck stubs (two most recent, consecutive) Supplemental Social Security Income (SSI) benefit
) rc	Paycheck stubs (two most recent, consecutive) Supplemental Social Security Income (SSI) benefit Tax return (most recent)

I certify (promise) all information on this application is true and all income is reported. The information is solely used to input in the Illinois State Board's Student Information System.

Parent/Guardian printed name

For District Use Only:

2018 Federal Poverty Guidelines Source: Federal Register / Vol. 82, No. 19 / Tuesday, January 31, 2019 / Notices

Persons in Household	50% of FPL	100% of FPL	138% of FPL	150% of FPL	185% of FPL	200% of FPL
	TANF		Medicaid Free lunch (130%)	SNAP (165%)	WIC / CCAP Reduced lunch	
1	\$6,070	\$12,140	\$16,753	\$18,210	\$22,311	\$24,280
2	\$8,230	\$16,460	\$22,715	\$24,690	\$30,044	\$32,920
3	\$10,390	\$20,780	\$28,676	\$31,170	\$37,777	\$41,560
4	\$12,550	\$25,100	\$34,638	\$37,650	\$45,510	\$50,200
5	\$14,710	\$29,420	\$40,600	\$44,130	\$53,243	\$58 <i>,</i> 840
6	\$16,870	\$33,740	\$46,561	\$50,610	\$60,976	\$67,480

Note: For households with more than 6 persons, add \$4,320 for each additional person at 100% FPL, \$2,160 at 50% FPL and \$8,640 at 200% FPL.

ELC/FSS must copy and attach all documents that support verification.

Staff Initials: _____