2016-2017 Iowa Application for Free and Reduced Price School Meals/Milk

Received Date:

Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted.

STEP 1 List ALL Househ	old Members who are infants, o	hildren,	and students	up to and includir	g grade 12 (if r	more spaces are required for addition	onal names, attach the supplemental worksheet.)
Definition of Household Member : "Anyone who is living	Child's First Name	МІ	Child's Last Na	me	Student?		Foster Homeless, Child Bugena
with you and shares income and expenses, even if not related."					Yes No		
Children in Foster care and children who meet the							
definition of Homeless, Migrant or Runaway are eligible for free							
meals. Read How to Apply for Free and Reduced Price School							
Meals for more information.							
Do any Household	d Members (including you) cur	rentlv p	articipate in or	e or more of the	ollowing assi	istance programs: Food Ass	istance. FIP. or FDPIR?
STEP 2 Circle one: Yes /			-		-		
Write only one case number in this space. Medicaid, Title XIX & EBT can numbers are not acceptable.	rd Case Number:			Name of Househ	old Member w	ith Case Number:	
STEP 3 Report Income for	or ALL Household Members (S	kip this s	tep if you answe	red 'Yes' to STEP 2)		
Please read How Some	hild Income etimes children in the household earn inc	ome. Plea	se include the TOT	AL gross income earne	l by all Household	Members listed in STEP 1 here.	How often? Total Child Income Weekly Bi-Weekly 2x Month Monthly
to Apply for Free and Reduced Price B. A	II Adult Household Members (in	cludina	vourself)				\$ 0000
School Meals for more List a	Il Household Members not listed in STEF	9 1 (includi	ng yourself) even if				that there is no income to report. Applications with
Income for Children blank	income fields will be processed as comp						
section will help you with the Child Name	of Adult Household Members (First and Last)	C . Earni	ngs from Work Week	How often? ly Bi-Weekly 2x Month Month	D. Public Assist		E. Pensions/Retirement/ How often? All Other Income Weekly Bi-Weekly 2x Month Monthly
Income question. The Sources of Income for		\$			\$	$\boxed{0000}$	\$ 0000
Adults section will help you with the All Adult Household Members		\$		$\rightarrow \bigcirc \bigcirc$	\$	$\bigcirc \bigcirc $	s o o o
section.		s			\$		
F. To	tal Household Members		st Four Digits of S	ocial Security Numbe	r (SSN) of		
	dren and Adults)			r Other Adult Househ			Check if no SSN
	on and Adult Signature						
(check) the information. I am aware	that if I purposely give false informatio	n, my chil	dren may lose me	al benefits, and I may	be prosecuted ur	nder applicable State and Federal la	ederal funds, and that school officials may verify aws."
Street Address (if available)	Apt. #	City		State	Zip	Daytime Phone (optio	onal) Email (optional)
Printed name of adult completing the				dult completing the fo	m		Today's date
	ELOW THIS LINE. FOR ADMIN						
Annual income conversion: W Household Income: \$ Application Approved: ☐ Ir	Weekly	🗌 Bi-W	eekly 🗌 Tw	vice Monthly	Monthly	Annually Household Size	e: Inaway-Local Official Documentation Required
Eligibility Determination:	Free Reduced Free	e Milk	Application De	nied: Incomplet	e Over in	ncome limits	a raway-Local Onicial Documentation Required
Determining Official	Effective	Date	Confirmin	g Official	Date	e Follow-up Signature	Date

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 (check one): Hispanic or Latino Not Hispanic or Latino

Low-Cost Health Insurance for Children

If your children do not have health insurance, many families getting free or reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free and reduced price meal eligibility information with Medicaid & *hawk-i*, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name & address. Medicaid & *hawk-i* can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose or to share it with any other entity or program. You are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced price meals. If you DO NOT WANT YOUR INFORMATION SHARED with Medicaid or *hawk-i*, you must tell us by completing the information below. If you want further information, you may call *hawk-i* at 1-800-257-8563. Also, if you are already receiving Medicaid or *hawk-i*, please sign below. This will avoid another contact.

Parent/Guardian Name (Printed) Date Signature Date	
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Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 submit all needed information, 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 Food Assistance (FA), Family Investment Program (FIP) 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.

USDA Nondiscrimination Statement: 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, 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

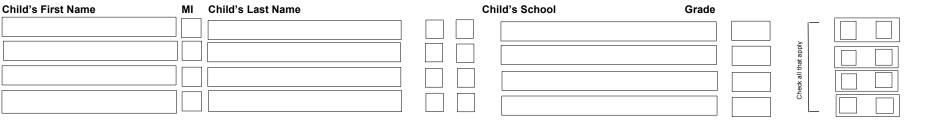
(3) email: program.intake@usda.gov.

Iowa Non-Discrimination Statement: "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: https://icrc.iowa.gov/."

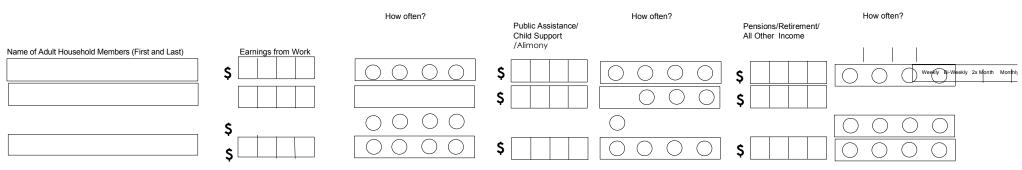
Translated applications are available in 34 languages at: http://www.fns.usda.gov/school-meals/family-friendly-application-translations

Student? Yes No

2016-2017 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet Additional Children in Your Household



Additional Adults in Your Household



Self-Employment Income Calculations

This guidance will assist you in calculating the amount to report if you engage in farming, are self-employed or have income from other sources.

Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12 \$	 Business Income or (Loss)
LINE 13 \$	 Capital Gain or (Loss)
LINE 14 \$	 Other Gains or (Losses)
LINE 17 \$	 Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18 \$	 Farm Income or (Loss)
TOTAL \$ Computed Monthly Income \$	Gross Annual Income Before Any Deductions. (Gross Annual Income ÷ 12 = Computed Monthly Income.)

e computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income. Optional Waiver Information					
WAIVER STATEMENT					
If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other ben drivers education). If you sign this waiver, your child(ren) will be <u>considered</u> for a full or partial winformation that will show that I applied for free and reduced price school meals for my child(ren	aiver of (list your specific fees). I understand that I will be releasing				
certify that I am the parent/guardian of the child(ren) for whom application is being made.					
Signature of Parent/guardian	Date				