

2022-2023 Iowa Application for Free & Reduced Price School Meals/Milk

Return completed form to: Paula Ba

52656

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

STEP 1 List ALL Household Members who are infants, children, and students up grade 12 (if more spaces are required for additional names, attach the back of this form)

Definition of Household Member : "Anyone who is living with you and shares income and expenses, even if not related." 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.	Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School
					Yes	No	

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP, Medicaid, Title XIX & EBT card numbers are not acceptable.

Check one: Yes / No. If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3).

Write only one case number in this space. Case Number: _____ To Apply On-Line go to: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A: Total Number of All Household Members (Children + Adults) _____ **B. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-** _____

D. Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here. Total Income Received by All Children: _____ Weekly

E. All Adult Household Members (include yourself): List all Household Members not listed in STEP 1 even if they do not receive income. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that you have no income to report. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the back of this form.

Names of All Adult Household Members <small>First and Last Names. Include children who are temporarily away at school or in college.</small>	Gross Earnings from Work/All Other Income <small>Report income before deductions or taxes in whole dollars</small>					Gross Public Assistance/Child Support/Alimony <small>Report income before deductions or taxes in whole dollars</small>					Rate of Payment
	How Often?					How Often?					
	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly		
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

STEP 4 Contact Information and Adult Signature

"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 my child's meal benefits. I may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State law."

Signature of adult completing the form _____ Printed name of adult completing the form _____

Street Address (if available) _____ Apt. # _____ City _____ State _____ Zip _____ Daytime Phone (optional) _____ Email _____

DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY

Annual Income Conversion: Weekly x52 Bi-Weekly x26 Twice Monthly x24 Monthly x12

Household Size: _____ Annual Household Income: _____

Application Approval: Income Foster Child FIP/SNAP Head Start (documentation required) Homeless/Migrant/Runaway-L

Eligibility Determination: Free Reduced Free Milk Application Denied: Incomplete Over Income Lim

Signature & Effective Date of Determining Official _____ Signature & Date of Confirming Official _____ Signature & Date of Follower _____

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 your children. This section is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one will be selected for you.

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

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other

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 that we share this information with Medicaid & Hawki, the State's medical insurance program for children. Private schools, RCCIs and child care agencies may also receive this information. Specifically, we will give them your child's name, your name & address. Medicaid & Hawki can only use the information to identify children who may be eligible for 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 agency. If you do not want us to share this information, you must check the box below. If you do not check the box, we are 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 us by completing the information below.** If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki for your children, you may want to contact another contact.

My signature below indicates I DO NOT want school officials to share information from my free and reduced price meal application with Medicaid or Hawki.

Parent/Guardian Name (Printed) _____

Signature _____

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 give 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 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), Family Investment Program (FIP) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identification number. If you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine eligibility for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with other federal, state, or local nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to enforce 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, we are prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation based on protected activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA 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>, 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

only use this address if you are filing a complaint of discrimination.

Iowa Non-Discrimination Statement: "It is the policy of the Iowa Department of Agriculture and Land Stewardship not to discriminate on the basis of race, creed, color, sex, marital status, national origin, disability, age, or religion in its employment practices as required by the Iowa Civil Rights Act, Chapter 216.9. If you have questions or grievances regarding this policy, please contact the Iowa Department of Agriculture and Land Stewardship, State Office building, 400 E. 14th St. Des Moines, IA 50319. Phone: 515-281-4121, 800-457-4416; website: www.iowa.gov"

Translated applications available at:
<http://www.fns.usda.gov/school-meals>

Return completed form to:

This institution is an equal opportunity provider.

Waiver Information

2022-2023 Iowa Application for Free and Reduced Price School Meals/Milk Optional Supplemental Worksheet

Additional Children in Your Household (not listed on page 1)

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade
				Yes	No		

Any income earned by the above listed children should be included under Step 3 A on the first page of the application.

Additional Adults in Your Household (Not listed on page 1)

Names of All Adult Household Members	Gross Earnings from Work/All Other Income						Gross Public Assistance/Child Support/Alimony					Report income before deductions or taxes in whole dollars
	How Often?						How Often?					
First and Last Names. Include children who are temporarily away at school or in college.	Report income before deductions or taxes in whole dollars						Report income before deductions or taxes in whole dollars					Report income before deductions or taxes in whole dollars
	Weekly	Bi-weekly	2x Month	Monthly	Yearly		Weekly	Bi-weekly	2x Month	Monthly		
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

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 or 1040-SR and Schedule 1. Add together the amounts reported on the following lines:

Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7	\$ _____
Business Income or (Loss) Schedule 1 Part 1, LINE 3	\$ _____
Other Gains or (Losses) Schedule 1 Part 1, LINE 4	\$ _____
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5	\$ _____
Farm Income or (Loss) Schedule 1 Part 1, LINE 6	\$ _____

TOTAL \$ _____ Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (**Computed Monthly Income \$** _____ Gross Annual
Income ÷ 12)

Sources of Child Income
<ul style="list-style-type: none"> • Earnings from work • Social Security(disability payments and survivor's benefits) • Income from person outside the household • Income from any other source

Earnings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Supp (Adult Income Sources)
<ul style="list-style-type: none"> • Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: <ul style="list-style-type: none"> a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> • Cash Assistance from State/local gov • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony or child support payments • Veteran's benefits • Strike benefits