

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 Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach the supplemental worksheet.)

Child's First Name	MI	Child's Last Name	Date of Birth	Student? Yes No	Child's School	Grade	Homeless, Migrant, Runaway

Check at that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, FIP, or FDPIR?
 Circle one: Yes / NO 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. Medicaid, Title XIX & EBT card numbers are not acceptable.
 Case Number: _____

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

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here. Total Child Income \$ _____
 Weekly Bi-Weekly 2x Monthly Monthly

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/ child Support/Alimony	Pensions/Retirement/ All Other Income
\$ _____	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>
\$ _____	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>
\$ _____	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>

F. Total Household Members (Children and Adults) _____
 G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Check if no SSN

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 Federal funds, and that school officials 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 and Federal laws.*

Street Address (if available) _____ Apt. # _____ City _____ State _____ Zip _____
 Daytime Phone (optional) _____ Email (optional) _____
 Signature of adult completing the form _____ Today's date _____
 Printed name of adult completing the form _____

DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.
 Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12
 Household Income: \$ _____
 Application Approved: Income Foster Child FIP/Food Assistance Head Start (documentation required) Monthly Annually Household Size: _____
 Eligibility Determination: Free Reduced Free Milk Application Denied: Incomplete Over income limits

OPTIONAL Children's Racial and Ethnic Identifiers

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. If you do not select race or ethnicity, one will be selected for you based on visual observation.

- Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 & Hawki, 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 & Hawki 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 Hawki, you must tell 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, please sign below. This will avoid 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 _____ Date _____

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 last four digits of 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

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

This institution is an equal opportunity provider.

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

Waiver information

2020-2021 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

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

Child's First Name	MI	Child's Last Name	Student? Yes No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway
			<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"/>

Check all that apply

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)

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income		
	Weekly	Bi-Weekly	2x Month	Monthly	Annually	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"/>

How often? Weekly Bi-Weekly 2x Month Monthly

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 6 \$ _____

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.

Computed Monthly Income \$ _____ (Gross Annual Income ÷ 12 = Computed Monthly Income.)
 The computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income.

