Received Date:

2016-2017 Iowa Application for Free and Reduced Price School Meals/Milk Rece 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 Ho	usehold Members who are infants	, childrer	n, and students	up to and including	grade 12 (if r	nore spaces are required for additional name	es, attach the supplemental worksheet.)
Definition of <b>Household</b> <b>Member</b> : "Anyone who is living	Child's First Name	МІ	Child's Last Nam	e	Student? Yes No	Child's School	Grade Foster Homeless, Child Migrant, Runaway
with you and shares income and expenses, even if not related."							
Children in <b>Foster care</b> and children who meet the							
definition of Homeless, Migrant							
or <b>Runaway</b> are eligible for free meals. Read <b>How to Apply for</b>							
Free and Reduced Price School Meals for more information.							
						L	
STEP 2 Do any Hous Circle one: Y			•		-	stance programs: Food Assistance o not complete STEP 3).	, FIP, or FDPIR?
Write only one case number in space. Medicaid, Title XIX & El numbers are not acceptable.			_ <b></b>	Name of Househol	d Member w	ith Case Number:	
STEP 3 Report Inco	ome for ALL Household Members	(Skip this	step if you answe	red 'Yes' to STEP 2)			
	A. Child Income						How often?
Please read How to Apply for Free	Sometimes children in the household earn inc	ome. Pleas	se include the TOTAL	gross income earned by	all Household N	lembers listed in STEP 1 here. Total Chi	ild Income Weekly Bi-Weekly 2x Month Monthly
and Reduced Price	B. All Adult Household Members (in	cluding y	yourself)			\$	
information.						busehold Member listed, if they do receive incom blank, you are certifying (promising) that there is	
	blank income fields will be processed as com						The meetine to report. Applications with
section will help you with the <b>Child</b>	Name of Adult Household Members (First and Last)	C Fami		How often? Bi-Weekly 2x Month Monthly	D. Public Assistar		ions/Retirement/ How often? er Income Weekly Bi-Weekly 2x Month Monthly
Income question. The Sources of Income for	Name of Adult Household Members (First and Last)	\$	ngs from Work Weekly		Child Support/Ali	mony Weekly Bi-Weekly 2x Month Monthly All Othe	
Adults section will help		ې			? <u> </u>		
you with the All Adult Household Members		\$			\$		
section.		S			\$		
	F. Total Household Members (Children and Adults)						
	rmation and Adult Signature		,	Other Adult Household I			
"I certify (promise) that all inform		l income is hildren may	s reported. I underst y lose meal benefits	and that this information and I may be prosecut	is given in con ed under appli	nection with the receipt of Federal funds, and cable State and Federal laws."	that school officials may verify (check)
Street Address (if available)	Apt. #	City		State	Zip	Daytime Phone (optional) E	mail (optional)
Printed name of adult complete	ting the form		Signature of adu	It completing the form		Tod	lay's date
DO NOT WR	ITE BELOW THIS LINE. FOR ADM	INISTRA	TIVE USE ONL	Υ.			
Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12 Household Income: \$							
Determining Official	Effectiv	e Date	Confirming	Official	Date	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 (c	heck one): 🗌 Hispanic or Latino 🔄 Not Hispanic or Latino					
Race (chec	k one or more): 🗌 American Indian or Alaskan Native 🔲 Asian 🔲 Black or African American 🗌 Native Hawaiian or Other Pacific Islander 🗌 White					
If your childre schools to sho organizations children who	<b>lealth Insurance for Children</b> In 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 are your free and reduced price meal eligibility information with Medicaid & <i>hawk-i</i> , the State's medical insurance program for children. Private schools, RCCIs and childcare may choose to share this information. Specifically, we will give them your child's name, your name & address. Medicaid & <i>hawk-i</i> can only use the information to identify 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 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. <b>If</b>					

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

Parent/Guardian Name (Printed) Signature	Date
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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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <u>http://www.ascr.usda.gov/complaint\_filing\_cust.html</u>, 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.

This institution is an equal opportunity provider.

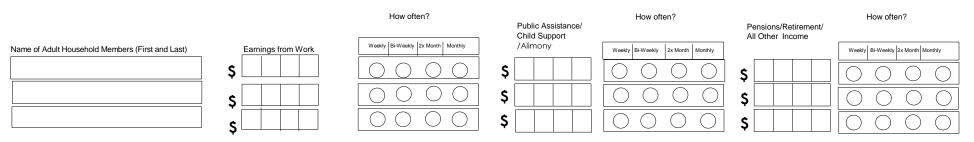
**Iowa Non-Discrimination Statement:** "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code 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. 14<sup>th</sup> St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <a href="https://icrc.iowa.gov/">https://icrc.iowa.gov/</a>."

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

# 2016-2017 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

Additional Children in	You	r Household	Stud	dent?					Homeless,
Child's First Name	MI	Child's Last Name	Yes	No	Child's School	Grade		Foster Child	Migrant, Runaway
							at apply		
							eck all th		
							C		

## 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:

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

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.

Optional Waiver Information