2020-2021 Iowa Application for Free & Reduced Price School Meals/Milk Return completed form to:

<u>Complete one applicat</u>	ion per	household. Please u	<u>se a pen (not a p</u>	encil). This application (cannot be approved u	<u>nless com</u>	olete eligibility information is	submitted.
STEP 1 List ALL	House	ehold Members who a	re infants, child	en, and students up to	and including grade	12 (if more s	spaces are required for additional i	names, attach the supplemental worksheet.)
Definition of Household Member: "Anyone who is liv with you and shares income expenses, even if not related Children in Foster care and children who meet the definition of Homeless, Migrar or Runaway are eligible for fre meals. Read How to Apply for Free and Reduced Price Sch Meals for more information.	and d."	Child's First Name	MI	Child's Last Name	Date of Birth	Student? Yes No Image:	Child's School	Grade Foster Homeless, Child Migrant, Runaway
STEP 2 Do any H	ouseh	old Members (includi	ng you) currentl	y participate in one or	more of the following	j assistan	ce programs: Food Assista	nce, FIP, or FDPIR?
STEP 2 Circle one	e: Yes	/ No No, go to STEP	3. If you answered	Yes, write a case number	here then go to STEP 4	(Do not con	plete STEP 3).	
		s space. Medicaid, Title XIX a	&евт					
card numbers are not acce	eptable.		/ Case	e Number:				
STEP 3 Report I	ncome	ofor ALL Household I	Members (Skip th	is step if you answered 'Y	es' to STEP 2)		-	
income to include here?	Some B. All A List for e App	Adult Household Memb all Household Members not each source in whole dollars lications with blank income fi	bers (including you listed in STEP 1 (inclu (no cents) only. If the elds will be processed	p urself) Iding yourself) even if they do / do not receive income from a	not receive income. For e ny source, write '0'. If you e s are required for addition D. Public As	ach Househo nter '0' or lea al names, at sistance/	ve any fields blank, you are certifying tach the supplemental worksheet. Howoften?	How often? How often? How often? Weekly Bi-Weekly 2x Month Monthly ncome, report total gross income (before taxes) g (promising) that there is no income to report. Nsions/Retirement/ Other Income Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly Other Income
with the All Adult Household			\$+↓				$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $	
Members section.		otal Household Members ildren and Adults)		Last Four Digits of Social Se mary Wage Earner or Other A	,	x x x		heck if no SSN
	-							
		ation and Adult Signation on this application is true		is reported. I understand the	at this information is given	in connectio	n with the receipt of Federal funds	, and that school officials may verify (check)
				nay lose meal benefits, and I				
Street Address (if availab	le)	Apt. #	City		State Zip		Daytime Phone (optional)	Email (optional)
Printed name of adult completing the form Today's date								
DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY. Date Received by SFA:								
Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12 Household Income: \$ Weekly Bi-Weekly Twice Monthly Monthly Annually Household Size: Application Approved: Income Foster Child FIP/Food Assistance Head Start (documentation required) Homeless/Migrant/Runaway-Local Official Documentation Required Eligibility Determination: Free Reduced Free Milk Application Denied: Incomplete Over income limits								

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. If you do not select race or ethnicity, one will be selected for you based on visual observation.									
Ethnicity (c	Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino								
Race (cheo	ck one or more):	askan Native 🗌 Asian	Black or African American	□ Native Hawaiian or Other Pacific Islander	U White				
If your children free and reduc information. S and contact yo to share this in information b	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 & <i>Hawki</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 & <i>Hawki</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 <i>Hawki</i> , you must tell us by completing the information below. If you want further information, you may call <i>Hawki</i> at 1-800-257-8563. Also, if you are already receiving Medicaid or <i>Hawki</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 <i>Hawki</i> .								
Parent/Guardi	ian 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 <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) (2) (3)	mail: U.S. Department of Agriculture Office of the Assistant Secretary for Cir 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or 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 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 th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <u>https://icrc.iowa.gov/</u> ."
This institution is an equal opportunity provider.			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

									Homeless,
Child's First Name	MI	Child's Last Name	Yes	No	Child's School	Grade		Foster Child	Migrant, Runaway
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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)

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

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.