

Purpose: The attached Iowa Eligibility Application is used to determine eligibility for free and reduced price meal reimbursement. The instructions for completion are on the back of this letter.

Dear Parent or Guardian:

This center participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture (USDA). Enrolled participants may buy lunch and supper for \$ 2.65, breakfasts for \$ \$1.65, and snacks for no cost. Enrolled participants from families whose income is at or below the level shown on the chart below are eligible for either free meals, or reduced price meals that no more than cost \$.40 for lunch/supper, \$.30 for breakfast, and \$.15 for snacks.

To apply for free or reduced price meals, please fill out this application as soon as possible, sign it and return it to the center. An application, which does not contain all required information, cannot be used by the center. If required information is missing, meal benefits will be denied. Call your center if you need help with the form. The information reported on this form will be filed and treated as confidential.

A foster child, who is the legal responsibility of a welfare agency or court, may be certified as eligible for free meals regardless of your household income. See instructions on the back for more information.

If you do not qualify now to receive free or reduced price meals, you may apply for benefits at any time during the year. If you have a decrease in household income, have an increase in family size, or have enrolled children that become eligible for SNAP or FIP, you may fill out an application at that time.

You will be notified of the approval or denial of this application. If you do not agree with the center's decision about your application, you may wish to discuss it with them. You also have a right to a fair hearing. This can be done by calling or writing the following official:

(Name, Address, and Telephone of Hearing Official)

**Income Eligibility Guidelines for Reduced Price Meals
Effective 7-1-2021 to 6-30-2022**

| Household Size | Reduced Price Meals | | | | |
|----------------------------------------|---------------------|---------|-----------------|-----------------|---------|
| | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1 | \$23,828 | \$1,986 | \$993 | \$917 | \$459 |
| 2 | \$32,227 | \$2,666 | \$1,343 | \$1,240 | \$620 |
| 3 | \$40,626 | \$3,386 | \$1,693 | \$1,563 | \$782 |
| 4 | \$49,025 | \$4,086 | \$2,043 | \$1,886 | \$ 943 |
| 5 | \$57,424 | \$4,786 | \$2,393 | \$2,209 | \$1,105 |
| 6 | \$65,823 | \$5,486 | \$2,743 | \$2,532 | \$1,266 |
| 7 | \$74,222 | \$6,186 | \$3,093 | \$2,855 | \$1,428 |
| 8 | \$82,621 | \$6,886 | \$3,443 | \$3,178 | \$1,589 |
| For each additional family member add: | + \$8,399 | + \$700 | + \$350 | + \$324 | + \$162 |

Privacy Act Statement: This explains how we will use the information you give us.

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, we cannot approve your child for free or reduced price meals. The last four digits of the social security number of the adult household member who signs the application must be listed. The social security information is not required when you apply on behalf of a foster child or if you list a SNAP number, or Family Investment Program number, 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 CACFP. 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.

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household, even if your children attend more than one school in **Holy Family Catholic Schools**. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. **Completed applications should be mailed or returned to the school or early childhood office that child attends or to Holy Family Food Service, 2005 Kane Street, Dubuque, IA 52001 or email to mariemiller@holyfamilydbq.org.** If at any time you are not sure what to do next, please contact **Marie Miller, Director of Food Service, 563-582-5456, ext.244, email: mariemiller@holyfamilydbq.org.**

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Children age 18 or under **and** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Holy Family Catholic Schools and Early Childhood Centers**, *regardless of age.*

- A) List each child's name and date of birth.** Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.
- B) Is the child a student?** Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend **Name of Holy Family School or Early Childhood center**. If you marked 'Yes' write where the child attends school and write the grade level of the student in the "Grade" column to the right.
- C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are *ONLY* applying for foster children, after finishing STEP 1, go to "STEP 4". Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN the Supplemental Nutrition

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa)
- The Family Investment Program (FIP)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'NO' and go to STEP 3. (Leave the rest of STEP 2 blank)

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'YES' and provide a case number for SNAP, FIP, or FDPIR. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, it is located on your Notice of Decision. **You must provide a case number on your application if you circled "YES".**
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.

- Gross income is the total income received before taxes.
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

A) Report all income earned or received by children. Refer to the table below titled "Sources of Income for Children" and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them with the rest of your household (income from a part-time job or from any funds provided to the child for the child's personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

Table 1. Sources of Income for Children

| What is Child Income? | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. | |
| Sources of Child Income | Example(s) |
| <ul style="list-style-type: none"> • Earnings from work | <ul style="list-style-type: none"> • A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.) |
| <ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor's Benefits | <ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives social security benefits. |
| <ul style="list-style-type: none"> • Income from person <i>outside</i> the household | <ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money. |
| <ul style="list-style-type: none"> • Income from any other source | <ul style="list-style-type: none"> • A child receives regular income from a private pension fund, annuity, or trust. |

FOR EACH ADULT HOUSEHOLD MEMBER:

- B) List Adult Household member's name.** Print the name of each household member in the boxes marked "All Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.**
- C) Report earnings from work.** Refer to the chart below titled "Sources of Income for Adults" and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are self-employed business or farm owner, you will report your net income. If you need assistance with this, ask your children's school for the Supplemental Worksheet which has self-employment calculations.

Who should I list here?

When filling out this section, please include **all** adult members in your household who are:

- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

Do not include:

- People who live with you but are not supported by your household's income AND do not contribute income to your household.
- Children and students already listed in Step 1.

What if I am self-employed?

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask your school for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

- D) Report income from public assistance/child support/alimony.** Refer to the chart below titled "Sources of Income for Adults" and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
- E) Report income from pensions/retirement/all other income.** Refer to Table 2 below titled "Sources of Income for Adults" and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

Table 2. Sources of Income for Adults

| Earnings from Work | Public Assistance/ Alimony/Child Support | Pensions/Retirement/All Other Income |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) <p>Allowances for off-base housing, food and clothing</p> | <ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits | <ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Regular Income from trusts or estates • Annuities • Investment Income • Earned interest • Rental income • Regular cash payments from outside household |

- F) Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. **You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

- A) Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) Print and sign your name and write today’s date.** Print the name of the adult signing the application and sign in the box labeled “Signature of adult completing the form.”
- C) Mail or return completed form to: Holy Family Catholic Schools Food Service, 2005 Kane Street, Dubuque, IA 52001.** Please do not mail completed form to the Department of Agriculture as this will delay processing.
- D) Share children’s racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals. If you do not select race or ethnicity, one will be selected for you based on visual observation.
- E) Decline having your information released to Hawki.** If you do not want your household information shared with Hawki, **print, sign and date in the box provided.**
- F) Obtaining translated applications.** If you need a translated application with instructions, they can be found in 49 languages at: <https://www.fns.usda.gov/school-meals/translated-applications>.

2021-2022 Iowa Application for Free & Reduced Price School Meals/Milk Return completed form to:

Complete one application per household. 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, complete the page 3.)

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|--------------------------|------------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|
| <p>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.</p> | Child's First Name | MI | Child's Last Name | Date of Birth mm/dd/yyyy | 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"/> | <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 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP, or FDPIR? Check one: Yes No If No, go to STEP 3. If you answered Yes, type a 10 digit case number here then go to STEP 4 (Do not complete STEP 3).

| | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|
| <p>Write only one case number in this space. Medicaid, Title XIX & EBT card numbers are <u>not acceptable</u>.</p> | Case Number: <input style="width: 95%;" type="text"/> | To Apply On-Line Go To: <input style="width: 95%;" type="text"/> |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|

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

| | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------|-------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|----------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------|----------|
| <p>Are you unsure what income to include here? Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.</p> | 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 <u>Child</u> Income | | How often? <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Weekly</td> <td style="width: 15%;">Bi-Weekly</td> <td style="width: 15%;">2x Month</td> <td style="width: 15%;">Monthly</td> </tr> </table> | | | | Weekly | Bi-Weekly | 2x Month | Monthly | | | | | | |
| | Weekly | Bi-Weekly | 2x Month | 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 <u>gross</u> income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. 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. | | C. Earnings from Work | | D. Public Assistance/ Child Support/Alimony | | E. Pensions/Retirement/ All Other Income | | | | | | | | | |
| | Name of Adult Household Members (First and Last) | How often? <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Weekly</td> <td style="width: 15%;">Bi-Weekly</td> <td style="width: 15%;">2x Monthly</td> <td style="width: 15%;">Monthly</td> <td style="width: 15%;">Annually</td> </tr> </table> | Weekly | Bi-Weekly | 2x Monthly | Monthly | Annually | How often? <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Weekly</td> <td style="width: 15%;">Bi-Weekly</td> <td style="width: 15%;">2x Month</td> <td style="width: 15%;">Monthly</td> </tr> </table> | Weekly | Bi-Weekly | 2x Month | Monthly | How often? <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Weekly</td> <td style="width: 15%;">Bi-Weekly</td> <td style="width: 15%;">2x Month</td> <td style="width: 15%;">Monthly</td> </tr> </table> | Weekly | Bi-Weekly | 2x Month |
| Weekly | Bi-Weekly | 2x Monthly | Monthly | Annually | | | | | | | | | | | | |
| Weekly | Bi-Weekly | 2x Month | Monthly | | | | | | | | | | | | | |
| Weekly | Bi-Weekly | 2x Month | Monthly | | | | | | | | | | | | | |
| 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 | | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> | | | | | | | | | |

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."

| | | | | | | |
|--------------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Street Address (if available) | Apt. # | City | State | Zip | Daytime Phone (optional) | Email (optional) |
| <input style="width: 95%;" type="text"/> | | | <input style="width: 95%;" type="text"/> | | | <input style="width: 95%;" type="text"/> |
| Printed name of adult completing the form | | | Signature of adult completing the form. Print completed form and sign | | | 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/SNAP Head Start (documentation required) Homeless/Migrant/Runaway-Local Official Documentation Required
 Eligibility Determination: Free Reduced Free Milk Application Denied: Incomplete Over income limits

| | | | | | |
|----------------------|----------------|---------------------|------|---------------------|------|
| Determining Official | Effective 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. 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

Race (check one or more): 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 (print completed from and sign)** _____ **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 Supplemental Nutrition Assistance Program (SNAP), 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, audiotope, 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

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/>."

This institution is an equal opportunity provider.

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

Waiver Information

2021-2022 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? | | Child's School | Grade | Foster Child | Homeless, Migrant, Runaway |
|----------------------|----|-------------------|----------|----|----------------|-------|--------------|----------------------------|
| | | | Yes | No | | | | |
| 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 | How often? | | | | | Public Assistance/ Child Support /Alimony | How often? | | | | Pensions/Retirement/ All Other Income | |
|--------------------------------------------------|--------------------|------------|-----------|----------|---------|----------|-------------------------------------------------|------------|-----------|----------|---------|------------------------------------------|--|
| | | Weekly | Bi-Weekly | 2x Month | Monthly | Annually | | 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. Enter the amounts reported on the following lines (for losses type a negative (-) in front of the dollar value:

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

Computed Monthly Income

Gross Annual Income Before Any Deductions.

(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.