

# PARENT/GUARDIAN INFORMATION LETTER FOR FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION

## Frequently Asked Questions About Free and Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **East Marshall Community School** offers healthy meals every school day. Breakfast cost **\$1.90**; lunch costs **\***. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch. Return or mail the completed application to: **East Marshall Community School, 204 West Center Street, PO Box 159, Gilman, IA 50106.**

\$2.60 (PreK-5th)

\$2.65 (6th-8th)

\$2.70 (9<sup>th</sup> -12th)

Below are some common questions and answers to help you with the application process.

### 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines below and submit an application for free and reduced price meals/milk.

FEDERAL INCOME ELIGIBILITY GUIDELINES for School Year 2022-2023

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional family member:	8,732	728	364	336	168

2. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your notification, contact: **Allison Frost, 204 W Center St, PO Box 159, Gilman, IA 50106, 641-498-7481 or [afrost@e-marshall.k12.ia.us](mailto:afrost@e-marshall.k12.ia.us)** immediately as eligibility for free or reduced price meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from DHS, submit this letter to your children's school. You may add any students living in your household who are not listed on the letter. Also, if someone in your household receives food assistance and you did not receive either of these letters, you may complete an application listing the case number as this will qualify all school age children in your household for free meals. If you were informed that your children will get reduced price meals, see the income guidelines above and if you feel you would qualify for free meal benefits, complete an application for free and reduced price meals.
3. WHAT IF WE HAVE FOSTER CHILDREN? Households with foster and non-foster children may choose to include the foster child as a household member, as this may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
4. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact: **East Marshall CSD—Student Services Coordinator at 641-479-2785, 641-498-7481 or [tfovaljohnson@e-marshall.k12.ia.us](mailto:tfovaljohnson@e-marshall.k12.ia.us)**

5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No, complete the applications for free and reduced price school meals for all the students in your household. We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes, your child's application is only good for that school year and for the first few days of this school year, through **October 5, 2022**. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carryover period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please complete and send in an application.
8. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes, you, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to:  
  
Cathy DeBondt, Elem Principal ([cdebondt@e-marshall.k12.ia.us](mailto:cdebondt@e-marshall.k12.ia.us))  
Kim Tarbell, Middle School Principal ([ktarbell@e-marshall.k12.ia.us](mailto:ktarbell@e-marshall.k12.ia.us))  
Matt Rasmusson, High School Principal ([mrasmusson@e-marshall.k12.ia.us](mailto:mrasmusson@e-marshall.k12.ia.us))
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. DO I NEED TO PROVIDE MY SOCIAL SECURITY NUMBER? Only the last four digits of the Social Security Number of the household's primary wage earner or another adult household member (or an indication of "none") is needed.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a Supplemental Worksheet and attach it to your application. Contact **Allison Frost, 204 W Center St, PO Box 159, Gilman, IA 50106, 641-498-7481 or [afrost@e-marshall.k12.ia.us](mailto:afrost@e-marshall.k12.ia.us)** to receive a Supplemental Worksheet.
17. WHO CAN GET FREE MILK? If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, they are not eligible to receive free milk.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children

may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for Hawki information. A school waiver form is available from your school.

19. **CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS?** If a child has a disability, as determined by a licensed medical professional and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
20. **DO I NEED TO REPORT MY RACE AND ETHNICITY?** It is optional to complete the racial/ethnic portion of the application however if you do not select race or ethnicity, one will be selected for you based on visual observation.
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, call **641-498-7481** or [afrost@e-marshall.k12.ia.us](mailto:afrost@e-marshall.k12.ia.us)

*Sincerely,*

**Allison Frost**

**Administrative Assistant**

#### **USDA Nondiscrimination Statement:**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center 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](mailto: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: <https://icrc.iowa.gov/>."

#### **Information Statement**

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 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 programs rules.

## 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 **East Marshall Community School District**. 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 East Marshall CSD, PO Box 159, Gilman, IA, 50106.** If at any time you are not sure what to do next, please contact **Allison Frost 641-498-7481 or [afrost@e-marshall.k12.ia.us](mailto:afrost@e-marshall.k12.ia.us)**

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 **East Marshall CSD** *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 **East Marshall CSD** 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 Assistance Program (SNAP), Family Investment Program (FIP) OR FDPIR?

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 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.
- B) 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.
- C) 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."
- D) 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**

<b>What is Child Income?</b>	
Child income is money received from outside your household that is paid <b>directly</b> 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.	
<b>Sources of Child Income</b>	<b>Example(s)</b>
<ul style="list-style-type: none"> <li>• Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>• 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.)</li> </ul>
<ul style="list-style-type: none"> <li>• Social Security               <ul style="list-style-type: none"> <li>○ Disability Payments</li> <li>○ Survivor's Benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A child is blind or disabled and receives Social Security benefits.</li> <li>• A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from person <i>outside</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>• A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• A child receives regular income from a private pension fund, annuity, or trust.</li> </ul>

**FOR EACH ADULT HOUSEHOLD MEMBER:**

- E) List Adult Household member's name.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.**
- F) 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.

- G) 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.
- H) 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**

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

**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: **East Marshall CSD, PO Box 159, Gilman, IA, 50106.** 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>.

# 2022-2023 Iowa Application for Free & Reduced Price School Meals/Milk Return completed form to:

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

## 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 supplemental worksheet)

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	Grade	Foster Child	Homeless, Migrant, Runaway
					Yes	No				

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP, or FDIPIR? 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. Medicaid, Title XIX & EBT card numbers are not acceptable. **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)** \_\_\_\_\_ **C. Check No SSN (adult):** \_\_\_\_\_

**B. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-** \_\_\_\_\_ **How Often?**

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly	Yearly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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. \$ \_\_\_\_\_

**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 (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.

Names of All Adult Household Members	Gross Earnings from Work/All Other Income			Gross Public Assistance/Child Support/Alimony			Gross Pension/Retirement		
	Report income before deductions or taxes in whole dollars	How Often?	Report income before deductions or taxes in whole dollars	How Often?	Report income before deductions or taxes in whole dollars	How Often?	Report income before deductions or taxes in whole dollars	How Often?	
First and Last Names. Include children who are temporarily away at school or in college.	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"/>	\$

## 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."

**Signature of adult completing the form** \_\_\_\_\_ **Printed name of adult completing the form** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

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

**DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY** Application #: \_\_\_\_\_ Date Received by SFA: \_\_\_\_\_

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

**Household Size:** Annual Household Income: \$ \_\_\_\_\_

Application Approval  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

**Signature & Effective Date of Determining Official** \_\_\_\_\_ **Signature & Date of Confirming Official** \_\_\_\_\_ **Signature & Date of Follow-Up** \_\_\_\_\_



**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 \_\_\_\_\_ 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

- \* mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- fax:  
(833) 256-1665 or (202) 690-7442; or
- email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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

This institution is an equal opportunity provider.

**Waiver Information**

**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: <https://icrc.iowa.gov/>."

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

**Return completed form to:**

# 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	Check all that apply				
				Yes	No			Foster Child	Homeless, Migrant, Runaway			

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				Gross Pension/Retirement									
	Report income before deductions or taxes in whole dollars	How Often?	Yearly	Monthly	Bi-weekly	Weekly	Report income before deductions or taxes in whole dollars	How Often?	Yearly	Monthly	Bi-weekly	Weekly	Report income before deductions or taxes in whole dollars	How Often?	Yearly	Monthly	Bi-weekly	Weekly
First and Last Names. Include children who are temporarily away at school or in college.	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					

### 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	Earnings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Support (Adult Income Sources)	All Other Income (Adult Income Sources)
<ul style="list-style-type: none"> <li>• Earnings from work</li> <li>• Social Security (disability payments and survivor's benefits)</li> <li>• Income from person outside the household</li> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses (before deductions or taxes)</li> <li>• Net income from self-employment (farm or business)</li> <li>• If you are in the U.S. Military:                             <ul style="list-style-type: none"> <li>a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>b. Allowances for off-base housing, food and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Cash Assistance from State/local government</li> <li>• Supplemental Security Income</li> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Alimony or child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security</li> <li>• Disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>

STANDARD FEE WAIVER APPLICATION

Date \_\_\_\_\_

School year 2022-2023

All information provided in connection with this application will be kept confidential. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren).

Name of student: \_\_\_\_\_ Grade in school \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade in school \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade in school \_\_\_\_\_

Attendance Center/School: \_\_\_\_\_

Name of parent, guardian:  
or legal or actual custodian \_\_\_\_\_

Please check type of waiver desired :

Full waiver \_\_\_\_\_ Partial waiver \_\_\_\_\_ Temporary waiver \_\_\_\_\_

(If you wish to apply for a temporary waiver of school fees because of serious financial problems, please state the reason for the request)

\_\_\_\_\_  
\_\_\_\_\_

Signature of parent, guardian:  
or legal or actual custodian \_\_\_\_\_

I certify that I am the parent/guardian of the child(ren) for whom application is being made. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

**For Administrative Use Only**

Please check if the student or the student's family meets the financial eligibility criteria or is involved in one of the following programs:

Full waiver

- \_\_\_\_\_ Free meals offered under the Children Nutrition Program (CNP)
- \_\_\_\_\_ The Family Investment Program (FIP)
- \_\_\_\_\_ Transportation assistance under open enrollment
- \_\_\_\_\_ Foster care

Partial waiver

\_\_\_\_\_ Reduced priced meals offered under the Children Nutrition Program

Temporary waiver

\_\_\_\_\_

## Public Release for Schools Operating the National School Lunch and Breakfast Program

The Iowa Department of Education, Bureau of Nutrition and Health Services, has finalized its policy for free and reduced price meals for children unable to pay the full price of meals served under the National School Lunch Program, School Breakfast Program, Special Milk Program and the Afterschool Care Snack Program.

State and Local school officials have adopted the following family size and income criteria for determining eligibility:

### INCOME ELIGIBILITY GUIDELINES Effective 7-1-2022

Household Size	Free Meals					Reduced Price Meals				
	Yearly	Monthly	Twice a Month	Every two weeks	Weekly	Yearly	Monthly	Twice a Month	Every two weeks	Weekly
1	17,667	1,473	737	680	340	25,142	2,096	1,048	967	484
2	23,803	1,984	992	916	458	33,874	2,823	1,412	1,303	652
3	29,939	2,495	1,248	1,152	576	42,606	3,551	1,776	1,639	820
4	36,075	3,007	1,504	1,388	694	51,338	4,279	2,140	1,975	988
5	42,211	3,518	1,759	1,624	812	60,070	5,006	2,503	2,311	1,156
6	48,347	4,029	2,015	1,860	930	68,802	5,734	2,867	2,647	1,324
7	54,483	4,541	2,271	2,096	1,048	77,534	6,462	3,231	2,983	1,492
8	60,619	5,052	2,526	2,332	1,166	86,266	7,189	3,595	3,318	1,659
For each additional family member add:	6,136	512	256	236	118	8,732	728	364	336	168

Households may be eligible for free or reduced-price meal benefits one of four ways

- Households whose income is at or below the levels shown are eligible for reduced price meals or free meals, if they complete an application for free and reduced price school meals/milk. Households may complete one application listing all children and return it to your child's school. When completing an application, only the last four digits of the social security number of the household's primary wage earner or another adult household member is needed.
- Supplemental Nutrition Assistance Program (SNAP) households, children receiving benefits under the Family Investment Program (FIP) and children in a few specific Medicaid programs are eligible for free or reduced price meals. Most children from SNAP and FIP households will be qualified for free meals automatically. These households will receive a letter from their children's schools notifying them of their benefits. Households that receive a letter from the school need to do nothing more for their children to receive free or reduced price meals. No further application is necessary. If any children were not listed on the notice of eligibility, the household should contact the school to have free or reduced price meal benefits extended to them. If you feel you would qualify for free meal benefits and received notification qualifying for reduced price benefits, complete an application for free and reduced price meals. Households must contact the school if they choose to decline meal benefits.
- Some SNAP and FIP households will receive a letter from the Department of Human Services (DHS) which will qualify the children listed on the letter for free meals. Parents must take this letter to the child's school to receive free meals.
- SNAP or FIP households receiving benefits that do not receive a letter from DHS must complete an application with the abbreviated information as indicated on the application and instructions, for their children to receive free meals. When the application lists an assistance program's case number for any household member, eligibility for free benefits is extended to all children in a household.

Eligibility from the previous year will continue within the same school for up to 30 operating days into the new school year. When the carryover period ends, unless the household is notified that their children are directly certified or the household submits an application that is approved, the children must pay full price for school meals and the school will not send a reminder or a notice of expired eligibility. An application cannot be approved unless complete eligibility information is submitted. Applications may be submitted at any time during the year. If a family member becomes unemployed the family should contact the school to complete an application. Households notified of their children's eligibility must contact the school if the household chooses to decline the free meal benefits.

Foster children are eligible for free meal benefits. Some foster children will be qualified for free meals automatically through the state direct certification process. Their host family will receive notification of these benefits. Families that receive this notification from the school need to do nothing more for their foster children to receive free meals. If a family has foster children living with them and does not receive notification and wishes to apply for such meals, instructions for making application for such children are contained on the application form. A foster child may be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, it does not prevent a foster child from receiving benefits. Special Supplement Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced price meals based on a completed application.

When known by the school, households will be notified of any child eligible for free meals if the children are enrolled in the Head Start/Even Start program or are considered homeless, migrant or runaway. If any children are not listed on the notice of eligibility, contact the school for assistance in receiving benefits. If households are dissatisfied with the application approval done by the officials, they may make a formal appeal either orally or in writing to the school's designated hearing official. The policy statement on file at the school contains an outline of the hearing procedure. School officials may verify the information in the application, and that deliberate misrepresentation of information may subject the applicant to prosecution under applicable state and federal criminal statutes. Households should contact their local school for additional information.

There will be no discrimination against individuals with Limited English Proficiency (LEP) in the school meal programs.

**Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Declaración de no Discriminación del Departamento de Agricultura de los Estados Unidos

**Iowa Nondiscrimination Notice.** "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: <https://icrc.iowa.gov/>."