2023-2024 lowa Application for Free and Reduced Price School Meals/Milk Complete one application per household. Use a pen (not a pencil). Please read "How to Apply for Free and Reduced Price School Meals" for more information on completing this application.

STEP 1	List ALL Household	d Membe	ers who ar	re infants,	children, and	d stude	nts up	grade 12 (it	more spa	ces ar	e require	ed for addit	ional names,	attach tł	ne supplemen	tal works	heet)		
Definition of Household													OPTIONAL						
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	Child's First		Chi		Date	Stu	dent	Child's			oster Child	Homeless, Migrant, Runaway	Responding childr	to this sec en's eligibi	tion is optional an lity for free/reduce	d does not a ed price mea	affect your als.		
	Name	MI		ild's Last Name	of Birth			School	Grade	9			Ethnici	ty	ı	Race			
of Homeless, Migrant or Runaway are eligible for free meals. We are required to ask for information about your						Yes	No				Check all	that apply	H=Hispanic or N=Non-Hispa Latino	anic/	I=American Ir	African Amer	n Native ican		
children's race and ethnicity. This information is important and																			
helps to make sure we are fully serving our community.																			
	Household Memb												NAP, FIP or I	FDPIR?					
If No, go to 31EF 3. If you answered res, write a case number here then go to 31EF 4 (bo not complete 31EF 3).																			
Write only one case number in th	number in this space. Medicaid and EBT card numbers are NOT acceptable. Case Number:																		
Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Apply Online:																			
A. Total Number of All Household Members (Children + Adults) B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits) C. Check No SSN (adult):																			
D. All Adult Household Members enter '0' or leave any fields blank, yo additional names, attach the supp	ou are certifying (pr	omising)	that there	is no inco	me to report.	Applicat	tions w	ith blank ind	come fields	s will l	be proce	essed as co	mplete. If me	ore spa	ces are requ	ired for	·		
Names of All Adult Househo	Id Gross Earnings from Work/All Other Income Gross Public Assistance Alimon								Child Su	ipport/	Gross Pension/Retirement								
Members		How Often? (mark "X" in box) How Often? (en? (m	nark "X" in	box)	How Often? (mark "X" in box)							
First and Last Names. Include children v are temporarily away at school or in colle		Weekly	Bi-weekly	2x Month	Monthly	Yearly		We	ekly wee		2x Month	Monthly		Week	Bi-weekly	2x Month	Month ly		
	\$						\$						\$						
	\$						\$						\$						
	\$						\$						\$						
	\$						\$						\$						
E Child Income: Cometimes a	hildren in the h	uoob el el	oorn or	200112 12 -	omo Disse				1				How	Often?	(mark "X" in	box)			
E. Child Income: Sometimes of include the TOTAL gross earned							Tota	I Income R	eceived b	y All	Childre	n Wee	kly Bi-wee	kly 2	x Month Mo	onthly	Yearly		

of income for children section	n will help you v	with the Child	Income.		\$							
STEP 4 Con	tact Informat	tion and Ac	dult Signatu	PAGE TWO CONTAINS MORE INFORMATION								
"I certify (promise) that all inform may verify (check) the information												ol officials
Signature of adult completing the form Printed name of adult completing the form Today's Date											ate	
Street Address (if available	State	Zip	Daytime Phone (o	ptional)	Email (option	onal)						
DO NOT WRITE BELOW TH	IIS LINE. FOR	SCHOOL A	DMINISTRAT	IVE USE	ONLY	Return co	mpleted form to:					
Annual Income Conversion	n x52	x26	x24	x12	Voorly	Total Income:		otal Income: Application #:		Date Recei	Received:	
Household Size:	. Weekly	Bi-Weekly	2x Month	Monthly	Yearly	9	S	☐ ERROR PRONE APPLICAT				1
						·						
Signature and Effective Date	of Confirming	firming Official Signature and Date of Verification Follow-Up										
Application 🗆 Income 🗀 Foster Child 🗆 FIP/SNAP 🗆 Head Start (confirmation required) 🗆 Homeless/Migrant/Runaway-Local Official confirmation Required										red		
Eligibility Determination ☐ Free ☐ Reduced ☐ Free Milk Application Denied ☐ Incomplete ☐ Over Incomplete							Over Incon	ne Limits				
Low-Cost Health Insurance of the second seco	alth insurance, meal eligibility informally, we will give tact you. They are share this information to DO NOT want se	rmation with M them your chil e not allowed t ation, it will no below. If you w	edicaid and Ha d's name, your o use the inforr t affect your ch rant further info	awki, the Sta name and mation from ild's eligibili rmation, yo	ate's medical in address. Med address. Med a your free and ty for free or run may call Ha	insurance prodicaid and Had reduced mereduced price white at 1-800-	ogram for children. Priva wki can only use the inf eal application for any of meals. If you do NOT 257-8563. Also, if you a	ate schools, RCCIs formation to identify ther purpose or to s want your informate already receiving	and childcare of the children who restance it with any ation shared w	organizations i may be eligible by other entity o with Medicaid Hawki, please	may choose e for free or or program. or Hawki, y	e to low- You you

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:

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

email:

program.intake@usda.gov

This institution is an equal opportunity provider.

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

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 lowa 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/.'

Return completed form to:

Sources of Child Income

Earnings from Work (Adult Income Sources)

Public Assistance/Alimony/Child Support (Adult Income Sources) All Other Income (Adult Income Sources)

- Earnings from work
- Social Security (disability payments and survivor's benefits)
- Income from person outside the household
- Income from any other source
 Salary, wages, cash bonuses (before deductions or taxes)
- Net income from self-employment (farm or business)
- If you are in the U.S. Military:
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
- Allowances for off-base housing, food and clothing
 Cash Assistance from State/local government
- Supplemental Security Income
- Unemployment benefits
- Worker's compensation
- Alimony or child support payments
- Veteran's benefits
- Strike benefits Social Security
- Disability benefits
- Regular income from trusts or estates
- Annuities
- · Investment income
- Rental income
- Regular cash payments from outside household

Optional Supplemental Worksheet 2023-2024 Iowa Application for Free and Reduced Price School Meals/Milk

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

OPTIONAL

			Studen Date		lent	Child's		Foster Child	Homeless, Migrant.	Responding to this section is optional and does not affect yo children's eligibility for free/reduced price meals.			
Child's First Name	MI	Child's Last Name	Of Dirth			School	Grade		Migrant, Runaway	Ethnicity	Race		
			DITUI	Birth YES						H=Hispanic or Latino N=Non-Hispanic/	A=Asian W=White I=American Indian/Alaskan Native B=Black/African American		
								Check all that apply		Latino	P=Native Hawaiian/Other Pacific Islander		

Any income earned by the above listed children should be included under Step 3 D 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				
			How Ofte	n? (mark "	X" in box)			Ho	w Often? (n	nark "X" in	box)		Но	w Often? (n	nark "X" in	box)	
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		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 the 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	er Income (Computed Monthly Income \$Gross Annual Income ÷ 12)