| | pplication for Free and Re per household. Please use a pen (r | | | oved unless comp | Received Date: | is submitted. |
|--|--|---|--|--|---|--|
| STEP 1 List ALL Hou | usehold Members who are infants, o | children, and students | up to and including gr | ade 12 (if more spa | aces 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 Na | | Student? Yes No | anrograms: Food Assist | Foster Child Runaway Adda Fig. 8 Runaway |
| Write only one case number i space. Medicaid, Title XIX & E numbers are not acceptable. | es / No No, complete STEP 3. If you on this | answered Yes, write a ca | | STEP 4 (Do not co | omplete STEP 3). | ance, i ir, oi i britt: |
| 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. | me for ALL Household Members (S A. Child Income Sometimes children in the household earn inco B. All Adult Household Members (inc. List all Household Members not listed in STEF source in whole dollars only. If they do not rec. blank income fields will be processed as comp Name of Adult Household Members (First and Last) F. Total Household Members (Children and Adults) | come. Please include the TOT cluding yourself) 2 1 (including yourself) even beive income from any source clete. If more spaces are re C. Earnings from Work \$ \$ G. Last Four Digits of | AL gross income earned by a If they do not receive incom , write '0'. If you enter '0' or le quired for additional names | ne. For each Househo ave any fields blank, attach the supplem D. Public Assistance/ Child Support/Alimony | Id Member listed, if they do receive you are certifying (promising) that wental worksheet. How often? Weekly Bi-Weekly 2x Month Monthly | |
| STEP 4 Contact Inform | mation and Adult Signature | | | | | |
| | rmation on this application is true and that ware that if I purposely give false information Apt. # | | | | | |
| Printed name of adult comple | iting the form TE BELOW THIS LINE. FOR ADMIN | | dult completing the form | | | Today's date |
| Annual income conversion Household Income: 4 Application Approved: Eligibility Determinatio | n: Weekly x 52; Bi-Weekly x 26; \$ Weekly Income Foster Child FI n: Free Reduced Fre | 2 Times per Month x Bi-Weekly TIP/Food Assistance ee Milk Application De | 24; Monthly x 12 wice Monthly ☐ Mo ☐ Head Start (documents nied: ☐ Incomplete | ation required) [Over income I | ☐ Homeless/Migrant/Runa imits | way-Local Official Documentation Required |
| Determining Official | Effective | e Date Confirmi | ng 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 ethnic your children's eligibility for free or reduced price meals. | city. This information is important and helps to make sure we | e are fully serving our community. Responding to this section is optional and does not affect |
| Ethnicity (check one): Hispanic or Latino Not His | panic or Latino | |
| schools to share your free and reduced price meal eligibility organizations may choose to share this information. Specific children who may be eligible for free or low-cost health insurant purpose or to share it with any other entity or program. You | information with Medicaid & <i>hawk-i</i> , the State's me cally, we will give them your child's name, your name ance and contact you. They are not allowed to use are not required to allow us to share this information or <i>hawk-i</i> , you must tell us by completing the it or <i>hawk-i</i> , please sign below. This will avoid anoth | |
| Parent/Guardian Name (Printed) | Signature | Date |
| Race (check one or more): American Indian or Alaskan | Native Asian Black or African American | n Native Hawaiian or Other Pacific Islander White |
| cannot approve your child for free or reduced price meals. You r security number is not required when you apply on behalf of a fo Reservations (FDPIR) case number or other FDPIR identifier for We will use your information to determine if your child is eligible | must include the last four digits of the social security oster child or you list a Food Assistance (FA), Family ryour child or when you indicate that the adult house for free or reduced price meals, and for administration | to give the information, but if you do not submit all needed information, we number of the adult household member who signs the application. The social Investment Program (FIP) or Food Distribution Program on Indian ehold member signing the application does not have a social security number. on and enforcement of the lunch and breakfast programs. We may share your ts for their programs, auditors for program reviews, and law enforcement |
| | inistering USDA programs are prohibited from disc | ulture (USDA) civil rights regulations and policies, the USDA, its Agencies, criminating based on race, color, national origin, sex, disability, age, or |
| | | rge print, audiotape, American Sign Language, etc.), should contact the |

Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (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.

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 lowa 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/."

Translated applications are available in 34 languages at:

http://www.fns.usda.gov/school-meals/family-friendly-application-translations

Student?

Foster Migrant, Child Runaway

2016-2017 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet Additional Children in Your Household

| Additional Children in Y | ou | r Housenoia | | | | | | |
|--|-------|--------------------------------|--|-------------------------------------|-----------------------------|-----------------------------------|----------------|-------------------------------------|
| Child's First Name | МІ | Child's Last Name | | Child's School | Grade | | | |
| | | | | | | | | |
| | | | | | | | Áldc | |
| | _ | | | | | | all that apply | |
| | | | | | | | X all t | |
| | | | | | | | Chec | |
| | | | | | | | L | |
| Additional Adults in You | ır F | Household | | | | | | |
| | | | | | | | | |
| | | | How often? | | How often? | | | How often? |
| | | | | Public Assistance/ Child Support | | Pensions/Retir All Other Incom | | |
| Name of Adult Household Members (First and Last) | | Earnings from Work | | /Alimony | | | | |
| | | s | | \$ | | s | | Wegkty Ni-Weekly 2x Month Monthly |
| | _ | | | | | ٠ | | |
| | | | | \$ _ _ | | \$ | | |
| | | ¢ | $\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$ | | \bigcirc | | | |
| | | 7 | | • | | • | | |
| | | \$ | | \$ | | \$ | | |
| | | | Self-Employme | ent Income Calculations | | | | |
| This guidance will assist you in calc | | ing the amount to report if | vou angaga in farming, are a | solf ampleyed or have in | oomo from other cours | | | |
| Self-employed persons may use incom | | | | | | | me prov | rides a more accurate measure. |
| Report income derived from the busine | ess v | renture less operating costs i | ncurred in the generation of that | at income. Deductions for | personal expenses such | as interest on | home p | payments, medical expenses, and |
| other similar non-business deductions lost from your business venture. For e | | | | | | | | |
| free meals would be the income from the | | | | | | | | |
| report a negative income from any bus | ines | s venture. The least income | possible is zero (no income). | The necessary information | n for arriving at allowable | income from p | rivate b | usiness operation may be taken from |

your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

The computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income.

| WAIVER STATEMENT | | | | | | | |
|---|------|--|--|--|--|--|--|
| If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is (book fees, preschool tuition, drivers education). you sign this waiver, your child(ren) will be <u>considered</u> for a full or partial waiver of (book fees, preschool tuition, drivers education). 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). I give up my rights to confidentiality for waiver of school fees ONLY. | . If | | | | | | |
| I certify that I am the parent/guardian of the child(ren) for whom application is being made. | | | | | | | |
| Signature of Parent/guardianDate | | | | | | | |
| YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS. | | | | | | | |