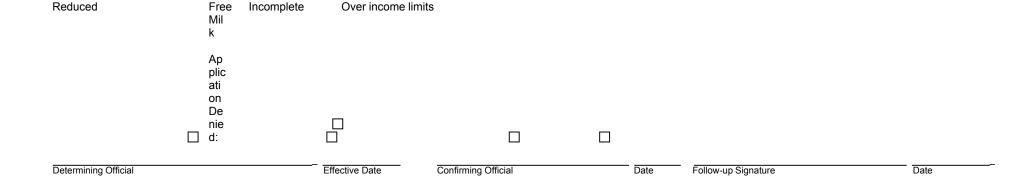
## 2021-2022 Iowa Application for Free & Reduced Price School Meals/Milk Return completed form to: Armstrong, Swea City, or Fenton Campus

Complete one application per household. Please use a pen (not a pencil). Application cannot be approved unless complete eligibility information submitted.

STED   ist /	ALL Household Membe	ers who are infants	children a	nd students un to an	d including ar	nde 12 (if more	enaces are required for addition:	al names attach the sunnl	
STEP 2 Circle or	s ss ven e ad Household Members ( ne: Yes / No No, go	to STEP 3. If you answ	rently partic	s Last Name cipate in one or more rite a case number here		Yes No	Child's School ce programs: SNAP, FIP, c plete STEP 3).	Grade	Child Migrant, Runaway
Write only one case number in this space. Medicaid, Title XIX & EBT card numbers are not acceptable.		Case Num	ber:	<u> </u>	· <u> </u>	To Apply On-Line go to: (	delete if NA)		
STEP 3 Report	Income for ALL Hous	sehold Members (S	kip this step	if you answered 'Yes' t	o STEP 2)				
STEP 3   Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)     Are you unsure whatincome to include here?   Are you unsure whatincome to include here?   Are you are certifying (promising) that the output of the you can be provided with the processed as complete. If more spont of the provided with blank income fields will be processed as complete. If more spont of the provided with the processed as complete with the									
OTED Contact Information and Adult Gignature									
"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."									
<b>`</b>	,	•				•			
Printed name of adult completing the form Signature of adult completing the form Today's date									
Annual income conve Household Incor	•	Bi-Weekly x 26;		r Month x 24; Mont	hly x 12	, <u> </u>	ally Household Size:		

Income	Foster	FIP/SNAP	Head Start	Homeless/Migrant/Runaway-Local
	Chil		(document	Official Documentation Required
	d		ation	
			required)	
				Eligibility Free
				Determi

nation:



OPTIONAL Children's Racial and Ethnic Identities						
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 usto 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.

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, 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:

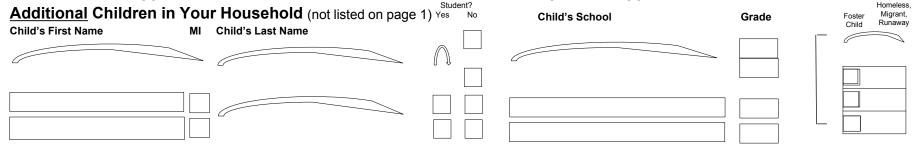
- mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
  fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.
- \*only use this address if you are filing a complaint of discrimination

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. 14th St. Des Moines, IA 50319-1004; phone

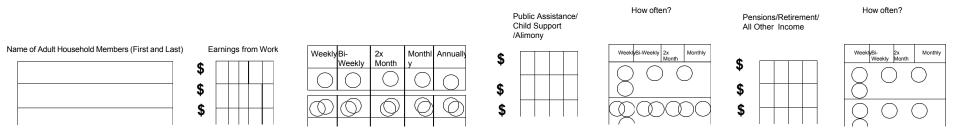
Waiver Information

# 2021-2022 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet



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)



#### 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.

Computed Monthly Income \$\_\_\_\_\_(Gross Annual Income ÷ 12 = Computed Monthly Income.)

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