

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.

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, attach the supplemental worksheet.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Date of Birth	Student? Yes No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway
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.									

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDIPIR?

Circle one: Yes / No. 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.

Case Number: _____

To Apply On-Line go to: (delete if NA)

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

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 Child Income \$ _____

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 gross 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.

Name of Adult Household Members (First and Last)	C. Earnings from Work	D. Public Assistance/Child Support/Alimony	E. Pensions/Retirement/All Other Income	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
	Weekly Bi-Weekly 2x Monthly Annually	Weekly Bi-Weekly 2x Monthly Monthly	Weekly Bi-Weekly 2x Monthly Monthly		

How often? How often? How often?

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.

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

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's date _____

DO NOT WRITE BELOW THIS LINE FOR ADMINISTRATIVE USE ONLY

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12
Household Income: \$ _____
Application Approved: Income Foster Child FIP/SNAP Head Start (documentation required) Monthly Annually Household Size: _____
Eligibility Determination: Free Reduced Free Milk Application Denied: Incomplete Over Income limits Homeless/Migrant/Runaway-Local Official Documentation Required

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 Native Hawaiian or Other Pacific Islander White
- 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 price meals 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, 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:

- (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