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 Application for Free and Reduced Price School Meals" for more information on completing this application.

☐ Incomplete ☐ Over Income Limits	nied □ lncc	Application Denied	- 1		Mik	□ Free Milk		☐ Reduced		- 1	Eligibility Determination
Homeless/Migrant/Runaway-Local Official confirmation Required	ant/Runawav-	less/Miar	□ Home	☐ Head Start (confirmation required)	nfirmatio	d Start (co		d - FIP/SN/	☐ Foster Child ☐ FIP/SNAP	□ Income □	Application
Signature and Date of Verification Follow-1 In	ature and Date	Sign		<u>a</u>		f Confirmir	and Date of	Signature and Date of Confirming Official	Official	Determining (Signature and Effective Date of Determining Official
ERROR PRONE APPLICATION	□ ERR			\$	***	Yearly	Monthly	2x Month	Bi-Weekly	Weekly	Household Size:
me: Application #: Date Received:	Application #:	Appli	me.				x19	<u>م</u>	χχε	x52	Annual Income Conversion
300 Orchard St. BO Boy 08 Albert City IA 50540	v-Truesdale CSD	Albert Cit	form to:		eturn c	7	Æ USE O	MINISTRATIV	CHOOL ADI	LINE. FOR S	DO NOTWRITE BELOW THIS LINE FOR SCHOOL ADMINISTRATIVE USE ONLY
Email (optional)		(optiona	ne Phone (optional)	Daytim	Zį	State		City	Apt. #	-	Street Address (if available)
Today's Date	m T	g the for	ompletin	Printed name of adult completing the form	ed nam	Print				the torm	signature or adult completing the torm
											2
"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."	ction with the re	ı in conne ıe prosecu	ion is giver ınd I may b	t this informat eal benefits, a	tand that y lose me	ed. I unders children ma	ne is reporte mation, my o	d that all incor	ation is true ar	am aware that	may verify (check) the information. I
PAGE TWO CONTAINS MORE INFORMATION	CONTAINS MO	E TWO	PAG		********		re .	ilt Signatui	on and Adu	Contact Information and Adult Signature	STEP 4 Conta
The investor of the investor of					₩.		ne.	ed in 3 ler e Child Incon	you with the	ection will help	sources of income for children section will help you with the Child Income.
How Often? (mark "X" in box) Blaweekly 2x Month Monthly Yearly	Weekly	l Childrer	eived by All Children	Total Income Rece	Total I	lease	income. F	m or receive	nousehold ea II Children lis	nildren in the h	E. Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STED 1 hars. The
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	\$!		÷					49	
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Weekly Bi- 2x Monthly Weekly weekly Monthly	Monthly	Month	Bi- weekly	Weekly		y Yearly	th Monthly	Bi- 2x weekly Month	Weekly	vho age.	First and Last Names. Include children who are temporarily away at school or in college.
How Often? (mark "X" in box)	box)	mark "X" in	How Often? (mark "X" in box)	Τ,		3	rk "X" in box)	How Often? (mark "X" in box)			INGILIDOIS
Gross Pension/Retirement	Ω.	ance/Chil ony	blic Assistance pport/Alimony	<u>Gross</u> Put Sur		ome	Il Other Inc	from Work/A	Gross Earnings from Work/All Other Income	<u>।</u>	Names of All Adult Household
D. 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 adultional names, attach the supplemental worksheet. The sources of income for adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes.	hey do not rece xessed as comp încome in whole	icome. If t vill be proc Report all	receive in me fields w It income. I	f they do not ith blank inco u with the adu	1 even it ations w help you	ed in STEP sport. Applic section will	pers not liste income to re	usehold Memi at there is no i urces of incom	elf): List all Ho (promising) th sheet. The so	(include yours	D. All Adult Household Members (include yourself): List all Household Members not listed in STEP 1 even if they do not receive income. If the 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 proceadditional names, attach the supplemental worksheet. The sources of income for adults section will help you with the adult income. Report all in
C. Check No SSN (adult):	;) xxx-xx-	/ Numbe t 4 digits	l Security mber (las	B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits)	our Digi Idult Ho	B. Last Fo (SSN) of £		\dults)	s (Children + /	hold Member	A. Total Number of All Household Members (Children + Adults)
Apply Online: www.albertct.k12.ia.us	Online: www.		STEP 2)	ered Yes to	iu answ	s step⊹if₃yc	s (Skip thi	old Member	ALL Househ	Report Income for ALL Household Members (Skip this step if you answered 'Yes to STEP 2)	STEP 3 Repor
	Case Number:	Case				acceptable	s are NOT a	card number	caid and EBT	is space. Medi	Write only one case number in this space. Medicaid and EBT card numbers are NOT acceptable.
lowing/assistance programs: SNAP.FIP or FDPIR? not complete STEP 3).	rograms: SNAI 3).	istance p ete STEP	owing ass not compl	re of the foll STEP 4 (Do.)	ne or mo en go to	ipate in or enhere the	ently partic	ling you) curi Yes, write a	mbers (includ	Do any Household Members (including you) currently participate in one or more of the following assistance prog 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).	STEP 2
						į					and helps to make sure we are fully serving our community.
											children's race and ethnicity. This information is important
											or Runaway are eligible for free meals. We are required to ask
A=A Ino J=American B=Black P=Native Hawa	Check all that apply	Check al		School	No	Birth Yes		Name		Name	related." Children in Foster care and children who meet the definition of Homeless, Migrant
Ethnicity Race			Grade	Child's		Γ		Child's Last	st	Child's First	and expenses, even if not
OPTIONAL Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.	Homeless, Migrant,	Foster		! !	Student	Date S		! !) : :	Definition of Household Member: "Anyone who is living with you and shares income
more spaces are required for additional names, attach the supplemental worksheet)	ired for addition	s are requ	nore space	grade 12 (if n	lents up	n, and stuc	ints, childre	who are inta	old Member	List ALL Household Members who are infants, children, and students up grade 12 (if	
	s application	ting thi	comple	mation on	e infor	for mor	ol Meals'	rice Scho	Reduced	or Free and	THOW TO Apply

Low-Cost Health Insurance for Children

share this information. Specifically, we will give them your child's name, your name and address. Medicaid and 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 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 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. 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 will avoid another contact. your free and reduced price meal eligibility information with Medicaid and Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to 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

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

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 look into violations of 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 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 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

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.

communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible the Federal Relay Service at (800) 877-8339. state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through Program information may be made available in languages other than English. Persons with disabilities who require alternative means of

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-0508-0002-508letter must be submitted to USDA by: the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform 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

* mail:

Office of the Assistant Secretary for Civil Rights U.S. Department of Agriculture Washington, D.C. 20250-9410; or 1400 Independence Avenue, SW

to this address, only

*Do not mail applications

website: https://icrc.iowa.gov/." Return completed form to:

number 515- 281-4121, 800-457-4416; St. Des Moines, IA 50319-1004; phone Grimes State Office building, 400 E. 14th contact the Iowa Civil Rights Commission policy by this CNP Provider, please grievances related to compliance with this lowa Code section 216.6, 216.7, and

216.9. If you have questions or

religion in its programs, activities, or identity, national origin, disability, age, or color, sex, sexual orientation, gender discriminate on the basis of race, creed, is the policy of this CNP provider not to

lowa Non-Discrimination Statement: "It

employment practices as required by the

discrimination complaints of

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(833) 256-1665 or (202) 690-7442; or

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program.intake@u<u>sda.gov</u>

This institution is an equal opportunity provider.

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

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). I give up my rights to confidentiality for waiver of school fees ONLY. 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 Waiver Information If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial

Signature of Parent/guardian

Sources of Child Income

Eamings from work

- Income from person outside the household

Social Security (disability payments and survivor's

If you are in the U.S. Military:

a. Basic pay and cash bonuses (do NOT include combat

Allowances for off-base housing, food and clothing pay, FSSA or privatized housing allowances)

- Income from any other source
- Net income from self-employment (farm or business) Salary, wages, cash bonuses (before deductions or taxes) Earnings from Work (Adult Income Sources) Support (Adult Income Sources)
 Cash Assistance from State/local government Supplemental Security Income Public Assistance/Alimony/Child
- Veteran's benefits Alimony or child support payments

Strike benefits

Unemployment benefits

Worker's compensation

Disability benefits

Social Security

All Other Income (Adult Income Sources)

- Investment income
- Regular income from trusts or estates
- 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)

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	4												
									!				
P=Native Hawaiian/Other Pacific Islander	Hispanic/Latino	Check all that apply	Check a										
A=Asian W=White I=American Indian/Alaskan Native B=Black/African American	H=Hispanic or Latino N=Non-	Nullaway			School	NO _	Birth YES						
Race	Ethnicity	Migrant,	Child	Grade	Child's		<u>o</u> ,		ıst Name	Child's Last Name	≅	Child's First Name	
Responding to this section is optional and does not affect your children's eligibility for freefreduced price meals.	Responding to this children's e	Homeless,	T) : :	Student							
OPTIONAL													

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)

						First and Last Names. Include children who are temporarily away at school or in college.		Names of All Adult Household Members
↔	↔	4	49	49	\$	We		Gross Earr
						Weekly Bi- weekly	How Of	Gross Earnings from Work/All Other Income
						2x Month	How Often? (mark "X" in box)	Vork/All
						Bi- 2x weekly Month Monthly Yearly	X" in box)	Other Inc
						Yearly		ome
\$	↔	₩	ક્ક	49	49			Gro
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				45	40	Nonthly)	<u>а</u>
\$	₩		\$		₩	We		Gr
						Weekly we	How Of	oss Pens
	_					Bi- 2 ekly Mo	How Often? (mark "X" in box)	Gross Pension/Retirement
						Bi- 2x weekly Month Monthly	₹" in box)	ement

Self-Employment Income Calculations

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 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 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: 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 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 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 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 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 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.

Gross Annual Income + 12)	\ll Other Income (Computed Monthly Income \$	Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$Gross Annual Income ÷ 12)	TOTAL \$
	8	arm Income or (Loss) Schedule 1 Part 1, LINE 6	arm Income or (
	69	tental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5	ental real estate
	φ	Other Gains or (Losses) Schedule 1 Part 1, LINE 4	ther Gains or (L
	6	usiness Income or (Loss) Schedule 1 Part 1, LINE 3	usiness Income
	€9	apital Gain or (Loss) Form 1040 or 1040-SR,LINE 7	apital Gain or (L

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