



**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 and Hawki, the State's medical insurance program for children. Private schools, ROCIs and childcare organizations may choose to 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 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 that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms.** We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, "Check if no Social Security Number." Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**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 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/ad-3027.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:

**\* mail:**

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

fax: (833) 256-1665 or (202) 690-7442; or  
email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

**\*Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

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

**Iowa Non-Discrimination Statement:** (revised 7-1-25) It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the Iowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: <https://icrc.iowa.gov/>.

**Return completed form to: [kellrich@albertct.k12.ia.us](mailto:kellrich@albertct.k12.ia.us)**  
**Waiver Information**

If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school book fees. Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Sources and Examples of Income**

**Earning from Work**

- Salary, wages, cash bonuses, tips or commissions

- Net income from self-employments (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-based housing, food and clothing

For additional information on income, please refer to the instructions that accompany this application

**Public Assistance/Alimony/Child Support**

- Unemployment benefits

- Workers' compensation

- Supplemental Security Income (SSI)

- Cash assistance from state or local government

- Alimony payments

**Pensions/Retirement/All other sources of income**

- Social Security/Disability (including railroad retirement and black lung benefits)

- Private Pensions or disability benefits

- Income from trusts or estates

- Annuities

- Investment income

**Examples of income for Children**

- A child has full or part-time job where a salary/wages are earned

- A child received income from a private pension fund, annuity or trust

- A parent is disabled, retired or deceased and their child receives Social Security benefits

- A friend or extended family member regularly gives a child spending money

- A child is disabled and receives Social Security benefits

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

**Any income earned by the above listed children should be included under Step 3 E on the first page of the application.**

[illegible]

**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.

**Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7**

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Gross Annual Income ÷ 12)

For a household with income wages and self-employment, each amount must be listed separately