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related. Children in Foster care and children who meet the definition of Homeless Micrant	Name		Name		Birth :	Yes	N ₀	and Grade		Check all that apply	at apply	Hispanic or Latino	Non- Hispanic/ Latino	PHNS II	A=Asian W=White I=American Indian/Alaskan Native B=Black/African American B=Native Hawaiian/Cyther Pacific Islander	A=Asian W=White ican Indian/Alaskan N slack/African America awaifan/Other Pacific	lative n Islander
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This information is important																	
fully serving our community.		-17-	·													i.	
Do any Household Members (including you) currently participate in one or more of the following or FDPIR? If No. go to STEP 3: If you answered Yes, write a case number here then go to STEP 4 only one case number in this space. Medicaid and EBT card numbers are NOT acceptable.	embers (includ to STEP 3. If yo er in this space	ing you) u answe Medica	currently par red Yes, write id and EBT ca	rticipate i e a case i ard numt	n one or number h sers are b	more of tere then	the foll	owing assist	assistance programs: SNAP, FIP 4 (Do not complete STEP 3). Write	grams: lete STE	SNAP, FI P3). Writ		Case Number:	ber:			1
STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STE	ALL Househo	old Men	bers (Skip t	his step	if you an	swered	Yes' to	STEP 2)		Appl	y onlin	e: http	s://act	online	Apply online: https://act.onlinejmc.com/Parent/)m/Par	ent/
A. Total Number of All Household Members (Children + Adults)	Members (C	ildren +	Adults)		,		Digits			, ⊿i∽ite Numbei) . XX	-xx-xxx			C. Check No SSN (adult):	No No	
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 additional names, attach the supplemental worksheet. The sources of income for section will help you with the adult income on the next page. Report each income separately and in whole dollar amounts before deductions or taxes. For a household with income from wages and self-employment, each amount must be listed separately.	lude yourself): re certifying (pro lental workshee hold with income	List all Homising) to	ousehold Mem		(SSN)	st Four) of Adul	it House		ecurity i er (last	4 aigis	ŀ						
Names of All Adult Household Members	Gross	Earnings	hat there is no ources of incor	bers not income to me for second	(SSN) (SSN) isted in Soreport. A stion will h int, each a	B. Last Four Digits of So (SSN) of Adult Household of Adult Household in STEP 1 even if they do port. Applications with blank or will help you with the adult it each amount must be listed to	It House ven if th yen with yns with with the must be i	ey do not re blank income adult income isted separat	Member (tast 4 digits) Member (tast 4 digits) not receive income. If the income fields will be proce ncome on the next page. F separately.	ome. If the process page.	ney do no essed as Report ea	ot receive complete ach incor	income fi . If more ne separa	rom any s spaces ately and	source, wr are requir in whole d	ite '0'. If y red for lollar amo	option [
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Low-Cost Health Insurance for Children

will avoid another contact. 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 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 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 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 lowyour 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
	Date

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 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 a foster child do not need to list a 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 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

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 or 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:

U.S. Department of Agriculture fax: (833) 256-1665 or (202) 690-7442; or

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410; or This institution is an equal opportunity provider.

program.intake@usda.gov

email:

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

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

lowa 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 lowa 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 lowa 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 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

	g	Allowances for off-based housing, food and dothing	pay, FSSA or privatized housing allowances)	Basic pay and cash bonuses (do not include combat	ir you are in the U.S. Military		• Net income from self-employments (farm or business)		 Salary, wages, cash bonuses, tips or commissions 	Earning from Work	Sources and Examples of Income
Surke benefits	OCT 1 G	Veteranc henefits	 Child support payments 	Alimony payments	 Cash assistance from state or local government 	Supplemental Security Income (SSI)	Workers' compensation	Similar Substantia	•	Public Assistance/Alimony/Child Support Pensions/Refirement/	For additional information on income, please refer to the instructions that accor
 Regular cash payments from outside the household 	• Renizi income	Postol Issuer	Eamed Interest	Investment Income	 Annuities 	 Income from trusts or estates 	 Private Pensions or disability benefits 	 social security/Disability (including railroad retirement and black lung benefits) 	Control Country (Control Country Count	Pensions/Retirement/All office solutions of Income	he instructions that accompany this application
A child is disabled and receives Social Security benefits	A friend or extended family member regularly gives a child spending money	Coorse Operat Decarity Delicities	receives Social Security benefits	A parent is disabled, retired or deceased and their child	annuity or trust	A child received income from a private pension fund		 A child has full or part-time job where a salary/wages are earned 	Examples of income for children		

Optional Supplemental Worksheet 2025-2026 Iowa Application for Free and Reduced Price School Meals/Milk

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

Any incon						Child's First Name		
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Any income earned by the above listed children should be included under						Child's Last Name		i
dran eho					Birth	약	Date	
۱ کا ام					YES		Student	
7					NO		dent	
מסמ וושמה					School	Childs	Printer in the second s	
						Grade	-	
25.46.				Check all		Child		
				Check all that apply	Kullaway	Migrant,	Homeless,	
Oton 3 II on the first name of the second				Hispanic/Latino P=Native Hawaiian/Other Pacific Islander	H=Hispanic or A=Asian W=White Latino I=American Indian/Alaskan Native N=Non-B=Black/African American	Ethnicity Race	Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.	OPTIONAL

Ciliden should be included under step 3 E on the first page of the application.

Additional Adults in Your Household (Not listed on page 1)

												temporarily away at school or in college.	First and I act Names Include children who are			Names of All Adult Household Members
	4	•	€.	€	Ð	€/1		4	•	ď	•					Gross
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Self-Employment Income Calculations

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 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 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 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 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 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.

Farm Income or (Loss) Schedule 1 Part 1, LINE 6 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5 Other Gains or (Losses) Schedule 1 Part 1, LINE 4 Business Income or (Loss) Schedule 1 Part 1, LINE 3 Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7 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 TOTAL \$

Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$_ For a household with income wages and self-employment, each amount must be listed separately _Gross Annual Income ÷ 12)