

# 2019-2020 Iowa Application for Free & Reduced Price School Meals/Milk Return completed form to:

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

Child's First Name	MI	Child's Last Name	Date of Birth	Student? Yes No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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

Are you unsure what income to include here?

Please read How to Apply for Free and Reduced Price School Meals for more information.

The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

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

Weekly	Bi-Weekly	2x Monthly	Monthly	How often?
\$				<input type="radio"/>
				<input type="radio"/>
				<input type="radio"/>

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 Member (First and Last)	How often?				E. Pensions/Retirement/ All Other Income
	Weekly	Bi-Weekly	2x Monthly	Monthly	
\$					\$
\$					\$
\$					\$

D. Public Assistance/ child Support/Alimony

	How often?			
	Weekly	Bi-Weekly	2x Monthly	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

Check if no SSN

## 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/Food Assistance  Head Start (documentation required)  Homeless/Migrant/Runaway-Local Official Documentation Required

Eligibility Determination:  Free  Reduced  Free Milk Application Denied:  Incomplete  Over income limits

Determining Official \_\_\_\_\_ Effective Date \_\_\_\_\_ Confirming Official \_\_\_\_\_ Date \_\_\_\_\_ Follow-up Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received by SFA: \_\_\_\_\_

# 2019-2020 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

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

Child's First Name	MI	Child's Last Name	Student? Yes No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway
			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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)

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income							
	Weekly	B/W Weekly	2x Month	Monthly	Annually	Weekly	B/W Weekly	2x Month	Monthly					
	\$													
	\$													
	\$													

### 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, including Schedule 1. Add together the amounts reported on the following lines:

LINE 12 \$ \_\_\_\_\_ Business Income or (Loss)

LINE 13 \$ \_\_\_\_\_ Capital Gain or (Loss)

LINE 14 \$ \_\_\_\_\_ Other Gains or (Losses)

LINE 17 \$ \_\_\_\_\_ Rental real estate, royalties, partnerships, S corporations, trusts, etc.

LINE 18 \$ \_\_\_\_\_ Farm Income or (Loss)

TOTAL \$ \_\_\_\_\_  
 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.

## WAIVER STATEMENT

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 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.

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**