2025-2026 lowa Application for Free and Reduced Price School Meals/Milk Complete one application per household. Use a pen (not a pencil).

x12 Yearly \$ Application #: Date Received: Date Official Signature and Date of Verification Follow-Up	Signature and Date of Verification Follow-Up	ure and D	oigi iai	Home	n required	nfirmatio	Start (or		d □ FID/SN/	Foster Child	☐ Income ☐ Eoster Child ☐ EID/SNAD	Application
Received:  APPLICATION  Follow-I In	late of Verification	The and F										
APPLICATION			0			official	Confirmir	nd Date of	Signature and Date of Confirming Official	official	Determining C	Signature and Effective Date of Determining Official
	ERROR PRONE APPLICATION	Application #: EF	Applic	me:	Total Income:		Yearly	x12 Monthly	x24 2x Month	x26 Bi-Weekly	x52 Weekly	Annual Income Conversion Household Size:
				form to:	Return completed form t	eturn co		/E USE ON	MINISTRATIV	CHOOL ADM	LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY	DO NOT WRITE BELOW THIS
	Email (optional)	$\left[ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	optional	Daytime Phone (optional)	Daytim	Zip	ଜ		City	Apt. #		Street Address (if available)
Today's Date			ing the form	ompleting	Printed name of adult complet	ed name	Print				the form	Signature of adult completing the form
unds, and that school officials ederal laws."	e receipt of Federal fι pplicable State and Fε	tion with the	in connect	ion is given nd I may be	this informat al benefits, a	stand that t y lose mea	d. I unders	ne is reporte nation, my ch	id that all incor	ation is true an f I purposely g	on on this applica I am aware that i	'l 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."
TION	GE TWO CONTAINS MORE INFORMATION	ONTAINS	TWO C	PAGE				e.	ılt Signatuı	on and Adu	<b>Contact Information and Adult Signature</b>	STEP 4 Conta
						\$		ie.	e Child Incon	you with the	section will help	sources of income for children section will help you with the Child Income.
How Often? (mark "X" in box)  weekly 2x Month Monthly Yearly	<u>B</u>	Weekly	All Children	ived by All	Total Income Received by	Total In	ease	income. PI	rn or receive	ousehold ea I Children list	hildren in the h d income by al	<b>E. Child Income:</b> Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here. The
	\$					49					49	
	<b>60</b>					€9 €					4	
	€					ø €					÷9 €	
y weekly Month Monthly	Weekly	Monthly	2x Month	weekly	Weekly	A	Yearly	th Monthly	weekly Month	Weekly	+	First and Last Names. Include children who are temporarily away at school or in college.
How Often? (mark "X" in box)		)XOX)	i? (mark "X" in box)	How Often? (n	_			rk "X" in box)	How Often? (mark "X" in box)	_		MICHIDOLO
Gross Pension/Retirement	Gross P		nce/Child )ny	Public Assistance/Child Support/Alimony	Gross Put Sup		me	Il Other Inco	Gross Earnings from Work/All Other Income	oss Earnings		Names of All Adult Household  Members
income. If they do not receive income from any source, write '0'. If you will be processed as complete. If more spaces are required for Report all income in whole dollar amounts before deductions or taxes.	eceive income from a mplete. If more space hole dollar amounts be	ey do not r ssed as co come in wl	come. If the libe proce leport all in	receive in me fields will income. F	they do not n blank inco with the adu	1 even if the sations with help you wanted	d in STEP port. Applic section will	pers not listed ncome to rep e for adults s	usehold Memt at there is no i urces of incom	If): List all Hor (promising) the sheet. The sou	(include yourse ou are certifying plemental works	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 adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes
C. Check No SSN (adult):	X.	xxx-xx-	Number 4 digits)	Security	B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits)	our Digit:	3. Last For SSN) of A	G III	\dults)	(Children + A	hold Members	A. Total Number of All Household Members (Children + Adults)
		Apply Online:		STEP 2)	red 'Yes' to	u answer	step if yo	s (Skip this	old Members	LL Househ	Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP	STEP 3 Report
-		Case Number:	Case				cceptable.	s are NOT a	card numbers	aid and EBT	is space. Medic	Write only one case number in this space. Medicaid and EBT card numbers are <u>NOT acceptable</u> .
	Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDPIR? 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).	ograms: SI ).	stance pro	owing assi	e of the follo	ne or more	ipate in or er here the	ently partici case numbe	ling you) curr I Yes, write a	mbers (includ you answered	Do any Household Members (including you) currently participate in one or more of the following a lf No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not com	STEP 2 Do any
												ully serving our community.
												This information is important and helps to make sure we are
												or information about your
												or <b>Runaway</b> are eligible for free
A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander	in	hat apply	Check all that apply		School	N <sub>O</sub>	Birth Yes		Name		Name	elated." Children in Foster care and children who meet the definition of Homeless, Migrant
Race	Ethnicity	Nullaway	_	Grade	Child's		으		Child's Last	M	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.	Responding to this section children's eligibilities	Homeless, Migrant,	Foster Child		2	Student	Date St		2		2	Definition of <b>Household Member</b> : "Anyone who is living with you and shares income
of Orange and Commenced and Commenced and Commenced and Commenced and Commenced and Company and Commenced and Comm												THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN

# Low-Cost Health Insurance for Children

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 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, RCCIs and childcare organizations may choose to 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 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 low-

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

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 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, 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 without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway (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 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

communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the Program information may be made available in languages other than English. Persons with disabilities who require alternative means of (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex **USDA Nondiscrimination Statement:** (revised 2-15-23) In accordance with federal civil rights law and U.S. Department of Agriculture

USDA through the Federal Relay Service at (800) 877-8339 responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact

about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number. Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint

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

to this address, only

\*Do not mail applications

discrimination. complaints of

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

email:

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program.intake@usda.gov

This institution is an equal opportunity provider.

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

### Waiver Information

## Sources of Child Income

- Social Security (disability payments and survivor's Earnings from work
- Income from person outside the household
- Income from any other source

- Z
- •

### Provider, please contact the lowa Civil compliance with this policy by this CNP Rights Commission, 6200 Park Ave, Suite questions or grievances related to section 216.6, 216.7, and 216.9. If you have practices as required by the lowa Code its programs, activities, or employment 515- 281-4121, 800-457-4416; website: national origin, disability, age, or religion in https://icrc.iowa.gov/ 100, Des Moines, IA 50321; phone number

(revised 7-1-25) "It is the policy of this CNP

lowa Non-Discrimination Statement:

provider not to discriminate on the basis of

race, creed, color, sex, sexual orientation,

Return completed form to:

Earnings from Work (Adult Income Sources)	Support (Adult Income Sources)	All Other Income (Adult Income Sources)
Salary, wages, cash bonuses (before deductions or taxes)	Cash Assistance from State/local government	Social Security
Net income from self-employment (farm or business)	<ul> <li>Supplemental Security Income</li> </ul>	Disability benefits
If you are in the U.S. Military:	<ul> <li>Unemployment benefits</li> </ul>	<ul> <li>Regular income from trusts or estates</li> </ul>
<ul> <li>Basic pay and cash bonuses (do NOT include combat</li> </ul>	<ul> <li>Worker's compensation</li> </ul>	Annuities
pay, FSSA or privatized housing allowances)	<ul> <li>Alimony or child support payments</li> </ul>	<ul> <li>Investment income</li> </ul>
<ul> <li>Allowances for off-base housing, food and clothing</li> </ul>	<ul> <li>Veteran's benefits</li> </ul>	Rental income
	Strike benefits	<ul> <li>Regular cash payments from outside household</li> </ul>

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

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

Child's First Name	<b>≤</b>	Child's Last Name	Date	Student	ent	Child's	Grade	Foster Child	Homeless, Migrant,	Responding to this s children's elig	OPTIONAL  Responding to this section is optional and does not affect your children's eligibility for freefreduced price meals.  Ethnicity  Race
			Birth	YES	O	School	5		Kunaway	H=Hispanic or Latino N=Non-	A=Asian W=White I=American Indian/Alaskan Native B=Black/African American
								Check a	Check all that apply	9	P=Native Hawaiian/Other Pacific Islander

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
\$	€9	↔	↔	↔	↔			Gros
						Weekly		Gross Earnings from Work/All Other Income
						Bi- weekly	How Ofte	s from W
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\$	49	4	4	4	₩			Gro
						Weekly	How	<u>ss</u> Publi Supp
						Bi- 2x weekly Month Monthly	How Often? (mark "X" in box)	Gross Public Assistance/Child Support/Alimony
L						2x Month	ark "X" in bo	ance/Chi ony
						Monthly	×	d
₩	49	₩	↔	₩	↔	_		<u> </u>
						Neekly	How	ross Pe
						Bi- weekly	Often? (ma	nsion/Re
						Weekly Bi- 2x Monthly weekly Month	How Often? (mark "X" in box)	Gross Pension/Retirement
						Monthly	×	ıŧ

# 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.

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 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 measure. Report income derived from the business venture less the operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, 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 employment, each amount must be listed separately. Add together the amounts reported on the following lines: income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040 or 1040-SR and Schedule 1. For a household with income wages and selfpurposes 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 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

Gross Annual Income + 12)	NI Other Income (Computed Monthly Income \$	TOTAL \$Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$Gross Annual Income ÷ 12)
	<del>\$</del>	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