

2016-2017 Iowa Application for Free and Reduced Price School Meals/Milk

Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted. Received Date: _____

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)

Child's First Name	MI	Child's Last Name	Student? Yes/No	Child's School	Grade	Foster Child Runaway	Homeless, Migrant Runaway

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 FDIPIR?
 Circle one: Yes / No. No, complete STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3).
 Case Number: _____ Name of Household Member with Case Number: _____

STEP 3 Report income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here:
 Total Child Income \$ _____

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 for each source in whole dollars 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.

Matrix of Adult Household Members (First and Last)	How often?		How often?		How often?	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly
C. Earnings from Work						
D. Public Assistance/Child Support/Alimony						
E. Pensions/Retirement All Other Income						

F. Total Household Members (Children and Adults)
 Primary Wage Earner or Other Adult Household Member: X X X
 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) _____
 Signature of adult completing the form _____ Today's date _____
 Confirmed Official _____ Date _____
 Follow-up Signature _____ 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

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

- Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 & *hawk-i*, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name & address. Medicaid & *hawk-i* 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 *hawk-i*, you must tell us by completing the information below. If you want further information, you may call *hawk-i* at 1-800-257-8563. Also, if you are already receiving Medicaid or *hawk-i*, 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 *hawk-i*.

Parent/Guardian Name (Printed) _____

Signature _____

Date _____

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 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 social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA), Family Investment Program (FIP) or Food Distribution Program on Indian Reservations (FPIR) case number or other FPIR 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 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 evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

USDA Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Iowa Non-Discrimination Statement: "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

Translated applications are available in 34 languages at:
<http://www.ihs.usda.gov/school-meals/family-friendly-application-translations>

2016-2017 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet Additional Children in Your Household

Child's First Name	MI	Child's Last Name	Student? Yes No	Child's School	Grade	Feeby Child	Homeless, Migrant, Runaway

Check all that apply

Additional Adults in Your Household

Name of Adult Household Members (First and Last)	Earnings from Work	How often?	Public Assistance/ Child Support /Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
	\$	Weekly Bi-weekly 3x-monthly Monthly	\$	Weekly Bi-weekly 3x-monthly Monthly	\$	Weekly Bi-weekly 3x-monthly Monthly
	\$	Weekly Bi-weekly 3x-monthly Monthly	\$	Weekly Bi-weekly 3x-monthly Monthly	\$	Weekly Bi-weekly 3x-monthly Monthly
	\$	Weekly Bi-weekly 3x-monthly Monthly	\$	Weekly Bi-weekly 3x-monthly Monthly	\$	Weekly Bi-weekly 3x-monthly 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. 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 \$ _____
Gross Annual Income Before Any Deductions.
(Gross Annual Income ÷ 12 = Computed Monthly Income.)

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.

Optional Waiver Information



Dallas Center - Grimes
Community School District
Administrative Office

1414 Walnut Street, Suite 200 • PO Box 512 • Dallas Center, Iowa 50063
515-992-3866 • Fax 515-992-3079

Scott Grimes, Superintendent • Michelle Wearmouth, Business Manager

Dear Parent/Guardian:

Children need healthy meals to learn. Dallas Center-Grimes offers healthy meals every school day. Breakfast costs \$1.70; lunch costs \$2.60 for K-5 and \$2.75 for 6-12. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

1. **Do I need to fill out an application for each child each year?** Complete the Iowa Eligibility Application for your household with all children listed. Your application is only good for one school year and for the first few days of this school year. When the carry-over period ends, unless you are notified that your child(ren) are directly certified or you submit an application that is approved, the child(ren) must pay full price for school meals. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application:** Dallas Center-Grimes CSD, PO Box 512, Dallas Center, IA 50063
2. **Who can get free meals?** Children in households getting Food Assistance or Family Investment Program (FIP) can get free meals regardless of household income. Children enrolled in Head Start/Even Start can get free meals regardless of income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **Who can get free milk?** If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they have an afternoon milk break are not eligible to receive free milk.
5. **Can homeless, runaway and migrant children get free meals?** Yes. Please call [school, homeless liaison, or migrant coordinator] to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
6. **Someone in our household receives Food Assistance or FIP, are all school age household members eligible for free meals?** Yes. Eligibility for free meals is extended to all school age children in a household.
7. **Who can get reduced price meals?** Your child(ren) can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart on the back of this page.
8. **I currently receive Food Assistance or FIP benefits; do I need to fill out an application?** Perhaps. School enrollment records have been compared to records from the Department of Human Services to identify children who are members of households receiving Food Assistance or FIP benefits. If ANY of your child(ren) are identified during this process all your children will be directly certified as eligible to receive free meal benefits and you will be notified of their eligibility by the school. Parents need to do nothing more for their children to receive free meal benefits. Some eligible children may not be identified in this process. Households with children who were not identified should receive a Free Lunch Notice from DHS. Children on these letters will receive free meal benefits only if parents provide the letter to the school. Instructions to parents are included on the letter. You may add any students living in your household who are not listed. Households with any member who is currently certified to receive Assistance Program benefits may submit an application for these children with the abbreviated information as indicated on the application.
9. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but do not include overtime if you get it only sometimes.
10. **Will the information I give be checked?** Yes, we may ask you to send written proof. You are not required to provide proof with your application.
11. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Assistance, FIP, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
12. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: [name, address, phone number].
13. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
14. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all children who live with you. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
15. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
16. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income. There are currently no active Military Housing Projects in Iowa. For a listing of the Military Housing Projects by state visit the following web site: <http://www.acq.osd.mil/housing/mhpi.htm>.
17. **What other benefits might I be eligible for?** Your child may be eligible for other benefits including *hawk-i* (children's health insurance) or for a waiver of school fees. Read the information on the back of the Iowa Eligibility Application for *hawk-i* information. A school fee waiver form is available from your school.

18. **Can children with disabilities get food substitutions?** If a child has a disability, as determined by a medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
19. **Do I have to provide my Social Security Number?** The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SS#".
20. **Income Guidelines effective July 1, 2016 – June 30, 2017.**
If you have other questions or need help, call 515-992-3866

Household Size	Free Meals					Reduced Price Meals				
	Yearly	Monthly	Twice a Month	Every two weeks	Weekly	Yearly	Monthly	Twice a Month	Every two weeks	Weekly
1	15,444	1,287	644	594	297	21,978	1,832	916	846	423
2	20,826	1,736	868	801	401	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
For each additional family member add:	5,408	451	226	208	104	7,696	642	321	296	148

Households: Your children may qualify for reduced or free price meals if your household income falls within the limits on this chart.

Privacy Act Statement: This explains how we will use the information you give us.

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, we cannot approve 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian 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 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 evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339; or 800-845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Iowa Non-discrimination Notice. "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

DALLAS CENTER-GRIMES COMMUNITY SCHOOL
2016-17 School Year Fee Waiver Application
Book Fees, Band Fees, Drivers Education
(Optional Form)



* Only One Form per Household

Complete only if you wish to apply for a fee waiver.

All information provided in connection with this application will be kept confidential.

Child(ren) Name(s): _____ Grade _____
 _____ Grade _____ Grade _____
 _____ Grade _____ Grade _____

Name of parent/guardian _____

Please check (✓) if the student or the student's family meets the financial eligibility criteria or is involved in one of the following programs:

Full or Partial Waiver

_____ The Family Investment Program (FIP)/Please list ID# _____
 _____ Supplemental Security Income (SSI)/Please list ID# _____
 _____ Income guidelines/Please list income \$ _____
 _____ Foster care _____

Temporary Waiver

If none of the above applies, but you wish to apply for a temporary waiver of school fees because of serious financial problems, please state the reason for the request:

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. Some of these benefits are book fees, band fees, drivers education. If you sign this waiver, your child(ren) will be considered for a full or partial waiver.

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 _____

NOTE: COMPLETION OF THIS FORM DOES NOT QUALIFY YOUR CHILD TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

Administration Signature _____ Approved: Full Waiver Partial Waiver Temp Waiver

Not Approved: _____

If not approved, please explain:

