

Dear Parent/Guardian:

Children need healthy meals to learn. College Community Schools offers healthy meals every school day. Breakfast costs \$1.05; lunch costs for K – 5 is \$1.80, and lunch costs for 6 – 12 is \$1.95. 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?** No. Complete the Iowa Eligibility Application for your household with all children (except foster children) listed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Julie Hauser, 401-76<sup>th</sup> Ave. SW, (319) 848-5215.**
2. **Is a foster child considered a household of one?** Yes. A foster child is considered a household of one and is not to be included in the foster parents' household application. Each foster child needs its own application.
3. **Who can get free meals?** Children in households getting Food Assistance or FIP and most foster children can get free meals regardless of household income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
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 that 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 College Community School at (319) 848-5228 to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
6. **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.
7. **I currently receive Food Assistance or Family Investment Program (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 your child(ren) are identified during this process they will be directly certified as eligible to receive free meal benefits and you will be notified of their eligibility by the school. Some eligible children may not be identified in this process. If you receive notice that only SOME of your children are eligible because of electronic direct certification, contact the school. You may need to complete an application for the children who were not identified.
8. **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.
9. **Will the information I give be checked?** Yes, we may ask you to send written proof.
10. **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.
11. **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: Jim Rotter, Dir. of Business Services (319) 848-5221.

12. **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 a U.S. citizen to qualify for free or reduced price meals.
13. **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) that share income and expenses. You must include yourself and all children who live with you.
14. **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.
15. **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>.
16. **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.
17. **Can children with disabilities get food substitutions?** If a child has a disability, as determined by a licensed physician, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed physician. 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.

If you have other questions or need help, call Julie Hauser at (319) 484-5215

Household Size	Federal Income Chart				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	18,889	1,575	788	727	364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,222	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,129	1,965	983
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
For each additional person:	+6,438	+537	+269	+248	+124

Households: Your children may qualify for free or reduced 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 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 if you list a Food Assistance number, or Family Investment Program number, 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.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## Instructions for Completing Iowa Eligibility Application

**Complete both sides of one application per household. Each foster child is a household of one.**

**Part 1. All applicants should complete this part.** This application may be used to apply for benefits in school meals or milk programs, children's care centers and home based care for children. Check all boxes that apply to your family. You may make copies of a completed application for each program in which your child participates.

If your household gets **FIP or FOOD ASSISTANCE**, or your child is in **Head Start or Even Start**, follow these instructions.

**Part 2.** List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. List the FIP number for each child or the Food Assistance case number for the family. Take these numbers from the notice of decision. Provide ethnic and racial information if you choose. Eligibility based on Head Start or Even Start is available only if your child is enrolled in Federally funded low income slot. **NOTE: Medicaid and Title XIX numbers are not acceptable.**

**Part 3.** Skip this section.

**Part 4.** Read the certification and fill in all the blanks in this section.

If you are applying for a **FOSTER CHILD**, follow these instructions. A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court, and is considered a household of one.

**Part 1. Check the box for foster child.**

**Part 2.** List the child's name, date of birth, grade (if applicable), name of school/Head Start/child care center attended. Use one application for each foster child. Provide ethnic and racial information if you choose.

**Part 3.** Complete this section only if the child receives money for personal use. A Social Security Number is not required.

**Part 4.** Read the certification and fill in all the blanks in this section.

**ALL OTHER HOUSEHOLDS**, including WIC households, follow these instructions.

**Part 2.** List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose.

**Part 3.** Follow these instructions to report total household income from last month.

**Name:** List the last and first names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.

**Age:** List the age of each household member.

**Check if No Income:** Put a mark in the box if the household member **does not** have an income.

**Gross Income last month and how it was received:** Report the amount of income received in the appropriate Gross Income column (weekly, every 2 weeks, twice monthly, or monthly). List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income.

**Other Monthly Income:** List the amount each person got last month from welfare, child support, alimony, adoption subsidies, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income Last Month** column, include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME**. Use the Self-Employment Income Worksheet to calculate net income for self-owned businesses, farm, or rental income and report in the All Other Income Last Month column. **Do not report:** Scholarships, educational benefits, lump sum payments, children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Social Security Number:** If the application is being made on the basis of income, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box.

**Part 4.** Read the certification and fill in all the blanks in this section.

# Instructions for School Officials, Special Milk Programs, Home Sponsors, Child Care and Head Start Centers

## IMPORTANT NOTE

The application for free and reduced meal and milk benefits has been modified to achieve uniformity between participating programs. We are encouraging parents to complete one application and provide copies of the same application to all Child Nutrition Programs in which their children participate.

APPLICANTS ARE RESPONSIBLE FOR COMPLETING THEIR OWN APPLICATIONS. While schools, home sponsors and centers are expected to provide support and assistance, the applicants themselves should complete as much of the application as they are able.

Note that not all check boxes in Part 5 are applicable to all programs.

Child Nutrition Programs may share eligibility information among themselves. We encourage programs to develop cooperative relationships among other Child Nutrition Programs to maximize the number of eligible children receiving benefits.

## **YEARLONG ELIGIBILITY**

Households no longer are required to report changes in income, household size or eligibility for Food Assistance or FIP. Once properly approved for free or reduced price benefits, a household will remain eligible for the entire year. For Home Sponsors, Child Care and Head Start Centers, the year ends on September 30. For schools, the year is the current school year plus the first 30 operating days of the following year. Households may apply at any time. Yearlong eligibility does not apply to households given temporary approval. See below regarding temporary approvals.

The **Determining Official** will review Parts 1-4 of the application and then complete Part 5. Use these guidelines to make decisions for Part 5.

**Income:** The Determining Official will fill in this portion of Part 5 when a household completes Part 3 – Total Household Gross Income. The Determining Official will record the total amount of income, income frequency and household size.

- If household income is reported with only one frequency (such as all weekly or all monthly), compare the sum of the incomes to the income eligibility chart for that frequency. Check the appropriate box and fill in the blank with the sum of the incomes.
- If a household reports income in more than one frequency (such as one income weekly and another monthly), convert all income to annual by using the conversion factors. **DO NOT ROUND THE CONVERSIONS.** Compare the sum of the annualized incomes to the income eligibility chart for annual income. Check the “annually” box and fill in the blank with the sum of the annualized incomes.
- Check the appropriate box under Application Approved (“income”) or Application Denied (“over income limits”). If the household qualifies, check the appropriate box under Eligibility Determination, sign and date the application.

**Tier 1 Income:** NOTE: THIS APPLIES TO HOME SPONSORS ONLY. Documentation must be provided to demonstrate Tier 1 income eligibility.

**FIP or Food Assistance:** The Determining Official will mark the FIP/Food Assistance checkbox when a household completes Part 2 with a FIP or Food Assistance case number. **NOTE: IN MOST CASES, THE NUMBER ON THE EBT/DEBIT CARD IS NOT THE CASE NUMBER.** The case number is on the Notice of Decision. Contact the local office of the Department of Human Services (DHS) for assistance. In many situations, the household can get the case number by calling the DHS office or permitting the Determining Official to call. Households making application based on participation in FIP or Food Assistance programs but failing to provide a valid case number must be denied and the check box “incomplete” marked. The Determining Official will check the FIP/Food Assistance box, check the appropriate Eligibility Determination box, sign and date the application.

**Head Start or Even Start:** Eligibility is restricted to children in Federally funded low income slots only.

**Foster Child Household:** The adult completing the application will mark the checkbox for a foster child in Part 1. Each foster child is considered a household of one and should be on a separate application. Money available to foster children for their own use, including income earned by the child and funds specifically provided for the child's personal use, must be reported as income. In very rare circumstances a foster child may have income too high to qualify. Stipends provided to foster families for the care of foster children are NOT income and are not reported on either the foster child's application or the foster household's application. Foster children may not be counted in the household of the foster family. Determining Official will mark the "foster" checkbox when a child is in a foster placement and qualifies based on household income. The Determining Official will complete the Approval and Eligibility Determination, sign and date the application.

**Temporary Approval:** When a household reports zero income or a temporary reduction in income, eligibility must be determined based on the present rate of income rather than on regular annual income. The Determining Official will mark the Temporary Approval checkbox and record the date the temporary approval will expire. USDA suggests a maximum of 45 days for a temporary approval time limit. At the end of each approval period, the school/center/home sponsor should contact the household to determine if the household's circumstances have changed. A new application must be collected **ONLY IF THE HOUSEHOLD'S CIRCUMSTANCES HAVE CHANGED AND THEY NOW RECEIVE FIP OR FOOD ASSISTANCE OR HAVE AN INCOME.** If the household continues without income, the temporary approval period may be extended. See page 22 of the Eligibility Guidance for School Meals Manual, Eligibility Guidance for Family Day Care Homes, or the CACFP *Steps to Success* manual for additional information. If the Temporary Approval expires without an extension or the completion of another application, the children must be changed to paid status.

**Homeless/Migrant/Runaway Child:** NOTE: THIS APPLIES TO SCHOOLS ONLY. Students determined to be homeless, migrant or runaway by the appropriate officials are not required to complete an application. Documentation of homeless, migrant or runaway status may be a letter or list of all students meeting criteria. If an application is completed, the Determining Official will mark the Homeless/Migrant checkbox. The Determining Official will complete the Approval and Eligibility Determination, sign and date the application. Retain information to document homeless/migrant/runaway status.

**Determining Official Signature Line:** The Determining Official makes the initial eligibility determination and will sign and date the application.

**Confirming Official Signature Line:** NOTE: THIS APPLIES TO SCHOOLS ONLY. The Confirming Official reviews all applications selected for verification prior to conducting any other verification activity and checks the accuracy of the initial eligibility determination. The Determining Official and the Confirming Official cannot be the same person. Once the confirming reviews are completed, the Local Education Agency (LEA) will proceed with verification if the initial determination was correct. If the initial determination was incorrect, but the household is still eligible for benefits, the LEA must proceed with verification. If the initial determination was incorrect, and the household is no longer eligible or changed from free to reduced price, the LEA must correct the household's status and notify the household of the change.

**Follow-up Official Signature Line:** NOTE: THIS APPLIES TO SCHOOLS ONLY. There is a formal follow-up requirement for households that fail to respond to the initial request for verification. The Follow-up Official may be the same person as the Determining Official or the Confirming Official. The Follow-up Official must make at least one attempt to obtain the necessary verification from the household. The attempt may be made through the mail, by telephone, by e-mail, or personal contact. The LEA must document any attempts and the results, if any. If the LEA is unable to verify the household's eligibility status after the follow-up attempt(s), the household's benefits must be terminated. The LEA may contract with a third party to assist with the required follow-up activity. Any third party is subject to the confidentiality requirements outlined in the current regulations. Refer to instructions for verification for more information.

# Iowa Eligibility Application

Complete one application per household. Each foster child is a household of one.

**FFY 07-08**  
**School Year 07-08**

**Part 1. Check all applicable boxes:**

<input type="checkbox"/> school meals	<input type="checkbox"/> children in center	<input type="checkbox"/> children in home child care (HP)
<input type="checkbox"/> special milk (restrictions apply)	<input type="checkbox"/> tier I home provider (HP)	Provider name: _____
<input type="checkbox"/> foster child (ONE APPLICATION PER CHILD)	<input type="checkbox"/> Head Start/Even Start	

**Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS. If applicable, list FIP or Food Assistance Case Numbers.**

List name(s) of all enrolled child(ren) in your household. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code).

**Ethnicity:** H=Hispanic or Latino, N=Non Hispanic or Latino      **Race:** A=Asian, B=Black or African American, I=American Indian or Alaska Native, P=Native Hawaiian or other Pacific Islander, W=White, O=Other

Last Name	First Name	Middle Name or Initial	Date of Birth	Grade	ETHNICITY	RACE	Name of School/ Head Start/ Child Care Center	FIP Case Number (1 per child)	Food Assistance Case Number (1 per family)
					OPTIONAL				
1									
2									
3									
4									
5									

**NOTE: REFER TO NOTICES OF DECISION FOR CASE NUMBERS.**

**Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASISTANCE NUMBER IN PART 2.**

Report the gross income received by EACH household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reserve side.

List the names of <u>everyone</u> living in your household, including the children listed in Part 2. Attach a separate page if more space is needed.					Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income		
					Amount paid weekly	Amount paid every 2 weeks	Amount paid twice a month	Amount paid monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA	All other income
Last Name	First Name	Age	Check if NO Income								
1			<input type="checkbox"/>								
2			<input type="checkbox"/>								
3			<input type="checkbox"/>								
4			<input type="checkbox"/>								
5			<input type="checkbox"/>								
6			<input type="checkbox"/>								
7			<input type="checkbox"/>								

My Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_       I do not have a Social Security Number.

If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. Foster parents completing this application for a foster child are not required to provide their Social Security Numbers. For all other applicants, providing Social Security Numbers is voluntary. **See Privacy Act Statement in the parent letter.**

**Part 4. Certification and Signature. REQUIRED OF ALL APPLICANTS.**

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted.

Signature of Adult Completing Form \_\_\_\_\_ Printed Name of Adult Completing Form \_\_\_\_\_ Date Signed \_\_\_\_\_

Address of Adult Completing Form \_\_\_\_\_ Town \_\_\_\_\_ ZIP \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Part 5. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.**

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12  
Household Income: \$ \_\_\_\_\_  Weekly  Every 2 Weeks  Twice Monthly  Monthly  Annually Household Size \_\_\_\_\_

Application Approved:  Income  FIP/Food Assistance  Foster  Homeless/Migrant (Schools only)  Tier 1 Area (CACFP HP only)  
 Temporary Approval (zero income) expires in 45 days on \_\_\_\_\_  Automatic Eligibility (CACFP HP only)

Eligibility Determination:  Free Meals  Reduced Price Meals  Free Milk  Tier 1 Income (CACFP HP only)

Application Denied:  Incomplete  Over income limits

Determining Official Signature _____ Effective Date _____	Confirming Official Signature (Schools only) _____ Date _____ Follow-Up Official Signature (Schools only) _____ Date _____
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**hawk-i /Medicaid Information Form**

Read this information and **sign if you decide you do not want** your name released to **hawk-i** or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now requires schools to share your free and reduced price meal eligibility information with Medicaid and **hawk-i**, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and **hawk-i** can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the **hawk-i** program. It will not affect your children's eligibility for free and 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 at the time you complete your free/reduced application. If you want further information, you may call **hawk-i** at 1-800-257-8563.

**I DO NOT** want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or **hawk-i**. Also, if you are already receiving Medicaid or **hawk-i**, please sign below. This will avoid another contact.

Child's Name: _____	School/Child Care/Head Start Center: _____
Child's Name: _____	School/Child Care/Head Start Center: _____
Child's Name: _____	School/Child Care/Head Start Center: _____
Parent/Guardian Name (Printed) _____	Signature _____ Date _____

**Self-Employment Income Worksheet**

**This worksheet will assist you in calculating the amount to report if you engage in farming, a proprietorship or have income from other sources.**

Persons engaged in farming or who operate other types of private businesses where cash flow varies throughout the year, making it impossible to predict monthly income with any accuracy, may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. For example, if you operated a business at a net loss but held additional employment for which you received a salary, your income for purposes of applying for free or reduced price meals would be the value of the income from your salary only, since the loss from the business cannot be deducted from the amount of the income earned in the additional employment. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 3 of the application. **The least income possible is zero (no income).**

The necessary and appropriate information for arriving at allowable income from private business operation is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040 in the following manner. Lines 13 and 14 should only be used once if you are engaged in two or more types of business activities.

**Farming Income** - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capitol gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
Line 18 - Farm income or (loss)	\$ _____
	Total A \$ _____*

**Proprietorship Income** - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 12 - Business income or (loss)	\$ _____
Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
	Total B \$ _____*

**Income from Other Sources** - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capitol gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$ _____
	Total C \$ _____*

\*Total A + Total B + Total C = \_\_\_\_\_ +12 = \_\_\_\_\_

Enter amount in the "All Other Income Last Month" column in Part 3 on the front of the Iowa Eligibility Application.