Public Release

The Iowa Department of Education, Bureau of Nutrition and Health Services, today announced its policy for free and reduced price meals for children unable to pay the full price of meals served under the National School Lunch Program, School Breakfast Program and the Afterschool Care Snack Program.

State and Local school officials have adopted the following family size and income criteria for determining eligibility:

INCOME ELIGIBILITY GUIDELINES
Effective 7-1-2019

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	16,237	1,354	677	625	313	23,107	1,926	963	889	445
2	21,983	1,832	916	846	423	31,284	2,607	1,304	1,204	602
3	27,729	2,311	1,156	1,067	534	39,461	3,289	1,645	1,518	759
4	33,475	2,790	1,395	1,288	644	47,638	3,970	1,985	1,833	917
5	39,221	3,269	1,635	1,509	755	55,815	4,652	2,326	2,147	1,074
6	44,967	3,748	1,874	1,730	865	63,992	5,333	2,667	2,462	1,231
7	50,713	4,227	2,114	1,951	976	72,169	6,015	3,008	2,776	1,388
8	56,459	4,705	2,353	2,172	1,086	80,346	6,696	3,348	3,091	1,546
For each additional family member add:	5,746	479	240	221	111	8,177	682	341	315	158

Households may be eligible for free or reduced price meal benefits one of four ways listed below.

1. Households whose income is at or below the levels shown are eligible for reduced price meals or free meals, if they complete an Application for Free and Reduced Price School Meals/Milk. Households may complete one application listing all children and return it to your child's school. When completing an application, only the last four digits of the social security number of the household's primary wage earner or another adult household member is needed.
2. Food Assistance households, children receiving benefits under the Family Investment Program (FIP) and children in a few specific Medicaid programs are eligible for free or reduced price meals. Most children from Food Assistance and FIP households will be qualified for free meals automatically. These households will receive a letter from their children's schools notifying them of their benefits. Households that receive a letter from the school need to do nothing more for their children to receive free meals. No further application is necessary. If any children were not listed on the notice of eligibility, the household should contact the school to have free meal benefits extended to them. Households must contact the school if they choose to decline meal benefits.
3. Some Food Assistance and FIP households will receive a letter from the Department of Human Services (DHS) which will qualify the children listed on the letter for free meals. Parents must take this letter to the child's school to receive free meals.
4. Food Assistance or FIP households receiving benefits that do not receive a letter from DHS must complete an application with the abbreviated information as indicated on the application and instructions, for their children to receive free meals. When the application lists an Assistance Program's case number for any household member, eligibility for free benefits is extended to all children in a household.

Eligibility from the previous year will continue within the same school for up to 30 operating days into the new school year. When the carry-over period ends, unless the household is notified that their children are directly certified or the household submits an application that is approved, the children must pay full price for school meals and the school will not send a reminder or a notice of expired eligibility. An application cannot be approved unless complete eligibility information is submitted. Applications may be submitted at any time during the year. If a family member becomes unemployed the family should contact the school to complete an application. Households notified of their children's eligibility must contact the school if the household chooses to decline the free meal benefits.

Foster children are eligible for free meal benefits. Some foster children will be qualified for free meals automatically through the State Direct Certification process. Their host family will receive notification of these benefits. Families that receive this notification from the school need to do nothing more for their foster children to receive free meals. If a family has foster children living with them and does not receive notification and wishes to apply for such meals, instructions for making application for such children are contained on the application form. A foster child may be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, it does not prevent a foster child from receiving benefits. Special Supplement Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced price meals based on a completed application.

When known by the school, households will be notified of any child eligible for free meals if the children are enrolled in the Head Start/Even Start Program or are considered homeless, migrant or runaway. If any children are not listed on the notice of eligibility, contact the school for assistance in receiving benefits. If households are dissatisfied with the application approval done by the officials, they may make a formal appeal either orally or in writing to the school's designated hearing official. The Policy Statement on file at the school contains an outline of the hearing procedure. School officials may verify the information in the application, and that deliberate misrepresentation of information may subject the applicant to prosecution under applicable State and Federal criminal statutes. Households should contact their local school for additional information.

There will be no discrimination against individuals with Limited English Proficiency (LEP) in the school meal programs.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

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 Nondiscrimination 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/."

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	Student? No	Child's School	Grade	Foster Child	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 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 $ ____ How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

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 Members (First and Last)	C. Earnings from Work	How often?	D. Public Assistance/ child Support/Alimony	How often?	E. Pensions/Retirement/ All Other Income	How often?
	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○ Annually ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	$	Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○
	$		$		$	
	$		$		$	

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 X X 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)

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.

Date Received by SFA: _____

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Household Income: $_____ ☐ Weekly ☐ Bi-Weekly ☐ Twice Monthly ☐ Monthly ☐ Annually Household Size: _____

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

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. If you do not select race or ethnicity, one will be selected for you based on visual observation.

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 last four digits of 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 (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.

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.

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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.

*only use this address if you are filing a complaint of discrimination

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

Waiver Information

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	Student? No	Child's School	Grade	Check all that apply: Foster Child	Check all that apply: Homeless, Migrant, Runaway

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	Weekly	Bi-Weekly	2x Month	Monthly	Annually	Public Assistance/ Child Support /Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-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 $_____ Gross Annual Income Before Any Deductions.

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.