

## Instructions for Completing Iowa Eligibility Application

**Complete both sides of an application for each 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 receives **FIP or FOOD ASSISTANCE/SNAP**, 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 or the Food Assistance case number for each child. Take these case numbers from the Notice of Decision. Eligibility based on Head Start or Even Start is available only if your child is enrolled in Federally funded low income slot. **NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable.** Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

**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, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

**Part 3.** Complete this section only if the child receives money for personal use or has other regular personal income. If the child has no income, check the box indicating no income. A Social Security Number is not required. DO NOT include the stipend received by the foster family to provide care to the child.

**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, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

**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 Payments or 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 on the back of the application 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. If you do not provide your Social Security number or mark the box, your application cannot be processed.

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

# Iowa Eligibility Application

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

**FFY 09-10**  
**School Year 09-10**

**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

Last Name	First Name	Middle Name or Initial	Check box for FOSTER child	Date of Birth	Grade	RACE		Name of School/Head Start/Child Care Center	FIP Case Number (1 per child) NOTE: REFER TO NOTICE OF DECISION FOR CASE NUMBER.	Food Assistance Case Number (1 per child) NOTE: REFER TO NOTICE OF DECISION FOR CASE NUMBER.
						ETHNICITY	OPTIONAL			
1			<input type="checkbox"/>							
2										
3										
4										
5										

**Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE 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 reverse 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. For FOSTER children, include only money available for child's personal use or child's own income.					Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income Received.		
Last Name	First Name	Age	Income NO	Check if	Gross amount received weekly	Gross amount received every 2 weeks	Gross amount received twice a month	Gross amount received monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA	All other income
1			<input type="checkbox"/>	<input type="checkbox"/>							
2			<input type="checkbox"/>	<input type="checkbox"/>							
3			<input type="checkbox"/>	<input type="checkbox"/>							
4			<input type="checkbox"/>	<input type="checkbox"/>							
5			<input type="checkbox"/>	<input type="checkbox"/>							
6			<input type="checkbox"/>	<input type="checkbox"/>							
7			<input type="checkbox"/>	<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:      | <input type="checkbox"/> Income   | <input type="checkbox"/> Foster Child (income) | <input type="checkbox"/> FIP/Food Assistance/Head Start    | <input type="checkbox"/> Homeless/Migrant (Schools only) |
| Eligibility Determination: | <input type="checkbox"/> Temporary Approval (zero income) expires in 45 days on (Mo.) _____ (Day) _____ | <input type="checkbox"/> Free Meals            | <input type="checkbox"/> Reduced Price Meals               | <input type="checkbox"/> Free Milk                       |
| Application Denied:        | <input type="checkbox"/> Incomplete   | <input type="checkbox"/> Over income limits    | <input type="checkbox"/> Tier 1 Area (CACFP HP only)       | <input type="checkbox"/> Tier 1 Income (CACFP HP only)   |
|                            |   |  | <input type="checkbox"/> Tier 1 Eligible (CACFP HP parent) |  |

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 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 this eligibility 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, are self employed or have income from other sources.**

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons 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. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. **The least self employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

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).**

**Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.**

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		\$ _____
Total +12 =		_____

Enter amount in the "All Other Income Last Month" column in Part 3 on the front of the Iowa Eligibility Application. **The least income possible is zero (no income).**

## Public Release

The Iowa Department of Education, Bureau of Nutrition, Health and Transportation 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 and 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 7-1-2009 to 6-30-2010

<u>Household Size</u>	<u>Free Meals</u>					<u>Reduced Price Meals</u>				
	<u>Yearly</u>	<u>Monthly</u>	<u>Twice a Month</u>	<u>Every two weeks</u>	<u>Weekly</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Twice a Month</u>	<u>Every two weeks</u>	<u>Weekly</u>
1	14,079	1,174	587	542	271	20,036	1,670	835	771	386
2	18,941	1,579	790	729	365	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	47,712	3,976	1,988	1,836	918
6	38,389	3,200	1,600	1,477	739	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	68,469	5,706	2,853	2,634	1,317
For each additional family member add:	4,862	406	203	187	94	6,919	577	289	267	134

Households whose income is at or below the levels shown are eligible for free meals or for reduced price meals.

Households will complete one application listing all children and return it to your child's school. Food Assistance households and children receiving benefits under the Family Investment Program (FIP) are eligible for free 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.

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. Food Assistance or FIP households receiving benefits that do not receive a letter from DHS must complete an application for their children to receive free meals.

Only complete applications will be approved by the school. 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.

In certain cases, foster children are also eligible for these benefits. If a family has foster children living with them and wishes to apply for such meals for them, instructions for making application for such children are contained on the application form. 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.

Households with children who are enrolled in the Head Start/Even Start Program or the Migrant Education Program or who are considered homeless or runaway by the school district's homeless liaison should contact the school for assistance in receiving benefits. If households are dissatisfied with the ruling of 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.

**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.