### 2022-2023 Iowa Application for Free & Reduced Price School Meals/Milk Return completed form to: Eileen Buiter

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

STEP 1 List A	LL Househ	old Memb	ers who are infants,	children, and stu	idents up gra	de 12 (if mor	e spaces are rec	uired for a	dditional	names,	attach	the supplem	ental wo	rksheet)		
Definition of Househo	old Member	:	· · · · · · · · · · · · · · · · · · ·				1	Stu	Ident	1	ild's			Foster	Homeless,	
"Anyone who is living shares income and ex		d	Child's First Name	MI	Child's L	ast Name	Date of Bir	Yes	No		hool	Grade		Child	Migrant, Runaway	
even if not related." C													Check			
Foster care and child													- All			
meet the definition of Migrant or Runaway													that			
for free meals. Read I	How to												t apply			
Apply for Free and R													- V			
Price School Meals f information.	ormore															
STEP 2 Do any	v Househo	old Membe	ers (including you) c	urrently particin	ate in one or	more of the	following as	sistance	progra	ms: Sl	NAP. F	FIP. or FDF	PIR?			
	-		No, go to STEP 3. If you				_									
Write only one case Medicaid, Title XIX & El			acceptable.	Case Numbe	r:	-										
			usehold Members (S				? 2)									
			d Members (Children +				Social Securi	ity Numb	er				C. Che	ck No SS	N	
			Υ.	,			ehold Membe						(adult):			
Are you unsure what income to include	D. C	hild Incom	e: Sometimes children in					otal Incom	e Recei	ved			How Often	?		
here? Please read			TOTAL	gross earned inco	me by all Childr	en listed in ST	EP 1 here.	by All Children			Weekly	Bi- weekly	2x Month	Monthly	Yearly	
How to Apply for	E. All Adu	It Househo	ld Members (include yo	ourself): List all Ho	usehold Membe	ers not listed in	STEP 1 \$									
Free and Reduced Price School Meals	even if the	ey do not re	ceive income. If they do	not receive incom	e from any sou	rce, write '0'. If	you enter '0' or	r leave any	fields bla	ank, you	i are ce	ertifying (pro	mising) th	at there i	s no	
for more information.			cations with blank incom				· · · · · · · · · · · · · · · · · · ·					ch the supp	lemental	workshe	et.	
The Sources of		dult Household	Gross Earnings from Work/All Gross Other Income				ss Public Assistance/Child				Gross Pension/Retirement					
Income for Children section will help		Wen	IDEI S	How Often?				Support/Alimony How Often?				How Often?				
you with the <b>Child</b>				Report income be	fore		Report incom	ne				Report incom	e			
Income question.			Include children who are	deductions or ta in whole dollar	xes 3⊡ s ≷ €	2× Mo	before deductions	or 🍯	3i-we	2×M	Mo	before deductions o	or ≨	3i-we	Mo 2x M	
The Sources of Income for Adults	tempo	orarily away at	school or in college.		<b>xes</b> Weekly s	Yearly Monthly 2x Month	taxes in who dollars	or Weekly	Bi-weekly	2x Month	Monthly	taxes in whole dollars	Weekly	Bi-weekly	Monthly 2x Month	
section will help you				¢					<u> </u>							
with the All Adult				\$			] <b>\$</b>				□ \$					
Household Members section.				\$			- <b>•</b>									
Members Scotion.				\$ \$			] <b>\$</b>				□ \$ □ \$					
				\$			2				<b>□</b> ] ⊅					
			Adult Signature		and a large dama	a se al 41a a 4 41a 1 a 1 a	Comparison in all					( <b>F</b> a da na l ( u			-   - (('- '-  -	
			application is true and the e that if I purposely give f												of officials	
				,												
Signature of adult	completin	ng the forr	n		Printe	ed name of a	dult complet	ing the fo	orm				T	oday's E	Date	
Street Address (if			Apt. # Ci		State	Zip	Daytime Pl	hone (opt	ional)		Er	nail (optio	nal)			
DO NO	OT WRITE	<b>BELOW T</b>	HIS LINE. FOR ADM	INISTRATIVE U	SE ONLY	-	Application #	ŧ:		_	Dat	te Receive	d by SF	A:		
Annual Income Conv	/ersion		Weekly x52	🗆 Bi-We	ekly x26	🗆 Twic	e Monthly x24	ļ.		Monthly	/ x12			Yearly	y	
Household Size: Annual Household Income: \$																
Application A	pproval	Income	Foster Child	□ FIP/SNAP	□ Head Star	rt (documentati	ion required)	🗆 Hom	eless/Mi	grant/R	unaway	/-Local Offic	ial Docur	nentation	Required	
Eligibility Determir	nation	□ Free	□ Reduced	Free M	ilk	Application De	enied: 🗆	Incomplete		Over li	ncome	Limits				
		Determinir		Signature & D							· -	llow-Up				

OPTIONAL Children's Racial and Ethnic Identities			
We are required to ask for information about your children's race and ethnic	ity. This information is important and helps	o make sure we are fully serving our community.	Responding to
this section is optional and does not affect your children's eligibility for free c	or reduced price meals. If you do not select	race or ethnicity, one will be selected for you base	ed on visual
observation.			
Ethnicity (check one):	Latino		
Race (check one or more):	Asian D 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 p your free and reduced price meal eligibility information with Medicaid & Hawki, the St this information. Specifically, we will give them your child's name, your name & addre insurance and contact you. They are not allowed to use the information from your free required to allow us to share this information, it will not affect your child's eligibility for us by completing the information below. If you want further information, you may a nother contact. My signature below indicates I DO NOT want school officials to share information from	ate's medical insurance program for children. Pri ess. Medicaid & Hawki can only use the information e and reduced meal application for any other pur r free or reduced price meals. <b>If you do NOT war</b> call Hawki at 1-800-257-8563. Also, if you are alr	vate schools, RCCIs and childcare organizations may conto identify children who may be eligible for free or low bose or to share it with any other entity or program. You <b>nt your information shared with Medicaid or Hawki,</b> eady receiving Medicaid or Hawki, please sign below. T	hoose to share v-cost health u are not <b>you must tell</b>
Parent/Guardian Name (Printed)	Signature	Date_	
The <b>Richard B. Russell National School Lunch Act</b> requires the informati information, we cannot approve your child for free or reduced price meals. Y	ou must include the last four digits of the so	cial security number of the adult household mem	ber 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), 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.

Subject to the United States Constitution, and all applicable state and federal laws, SCCS does not discriminate in its employment or admissions practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact the school's Equity Coordinator, Josh Bowar, Head of School, 630 First Avenue SE, Sioux Center, IA, 51250, 712.722.0777, jbowar@siouxcenterchristian.com. SCCS reserves the right to institute hiring and enrollment practices based on the school's mission statement and philosophies.

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

Return completed form to: Eileen Buiter Sioux Center Christian School 630 First Ave SE Sioux Center, IA 51250

# 2022-2023 Iowa Application for Free and Reduced Price School Meals/Milk Optional Supplemental Worksheet Additional Children in Your Household (not listed on page 1)

Child's First Name	мі	Child's Last Name	Date of Birth	Stu	dent	Child's	Grade	all	Foster	Homeless, Migrant,
				Yes	No	School	0.00	he	Child	Runaway
								at X		

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)

	Names of All Adult Household Members	Gross Earnings from Work/All Other Income How Often?					Gross Public Assistance/Child Support/Alimony How Often?				Gross Pension/Retirement How Often?						
-	First and Last Names. Include children who are temporarily away at school or in college.	Report income <b>before</b> <b>deductions or taxes</b> in whole dollars	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Report income before deductions or taxes in whole dollars	Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars	Weekly	Bi-weekly	2x Month	Monthly
Γ		\$						\$					\$				
		\$						\$					\$				
ſ		\$						\$					\$				
		\$						\$					\$				

#### 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 or 1040-SR and Schedule 1. Add together the amounts reported on the following lines: Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7 \$

Business Income or (Loss) Schedule 1 Part 1, LINE 3	\$
Other Gains or (Losses) Schedule 1 Part 1, LINE 4	\$
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5	\$
Farm Income or (Loss) Schedule 1 Part 1, LINE 6	\$

TOTAL \$ Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$ Gross Annual Income ÷ 12)

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