

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

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

<b>STEP 1 List ALL Household Members who are infants, children, and students up grade 12</b> (if more spaces are required for additional names, attach the supplemental worksheet)												
Definition of <b>Household Member</b> : "Anyone who is living with you and shares income and expenses, even if not related." Children in <b>Foster care</b> and children who meet the definition of <b>Homeless, Migrant or Runaway</b> are eligible for free meals. Read <b>How to Apply for Free and Reduced Price School Meals</b> for more information.	<b>Child's First Name</b>	<b>MI</b>	<b>Child's Last Name</b>	<b>Date of Birth</b>	<b>Student</b>		<b>Child's School</b>	<b>Grade</b>	Check all that apply	<b>Foster Child</b>	<b>Homeless, Migrant, Runaway</b>	
	Yes	No										

**STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP, or FDIPIR?**  
 Check one:  Yes/ No If 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: \_\_\_\_\_

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

<b>A. Total Number of All Household Members</b> (Children + Adults) _____	<b>B. Last Four Digits of Social Security Number (SSN)</b> of <u>Adult</u> Household Member: XXX-XX-____-____	<b>C. Check No SSN (adult):</b> <input type="checkbox"/>												
Are you unsure what income to include here? Please read <b>How to Apply for Free and Reduced Price School Meals</b> for more information. The <b>Sources of Income for Children</b> section will help you with the <b>Child Income</b> question. The <b>Sources of Income for Adults</b> section will help you with the <b>All Adult Household Members</b> section.	<b>D. Child Income:</b> Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here.		<b>Total Income Received by All Children</b>		How Often?									
			Weekly	Bi-weekly	2x Month	Monthly	Yearly							
	<b>E. All Adult Household Members (include yourself):</b> List all Household Members not listed in STEP 1		\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<b>even if they do not receive income.</b> 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. <b>If more spaces are required for additional names, attach the supplemental worksheet.</b>													
	<b>Names of All Adult Household Members</b>	<b>Gross Earnings from Work/All Other Income</b>				<b>Gross Public Assistance/Child Support/Alimony</b>				<b>Gross Pension/Retirement</b>				
First and Last Names. Include children who are temporarily away at school or in college.	Report income <b>before deductions or taxes</b> in whole dollars				Report income <b>before deductions or taxes</b> in whole dollars				Report income <b>before deductions or taxes</b> in whole dollars					
	How Often?				How Often?				How Often?					
	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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."

Signature of adult completing the form	Printed name of adult completing the form	Today's Date
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Street Address (if available)	Apt. #	City	State	Zip	Daytime Phone (optional)	Email (optional)
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**DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY**

Application #:		Date Received by SFA:	
Annual Income Conversion	<input type="checkbox"/> Weekly x52	<input type="checkbox"/> Bi-Weekly x26	<input type="checkbox"/> Twice Monthly x24
	<input type="checkbox"/> Monthly x12	<input type="checkbox"/> Yearly	
<b>Household Size:</b> _____		<b>Annual Household Income:</b> \$ _____	
Application Approval	<input type="checkbox"/> Income	<input type="checkbox"/> Foster Child	<input type="checkbox"/> FIP/SNAP
Eligibility Determination	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Free Milk
Application Denied:		<input type="checkbox"/> Incomplete	<input type="checkbox"/> Over Income Limits

Signature & Effective Date of Determining Official	Signature & Date of Confirming Official	Signature & Date of Follow-Up
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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						Gross Public Assistance/Child Support/Alimony						Gross Pension/Retirement					
	How Often?						How Often?						How Often?					
First and Last Names. Include children who are temporarily away at school or in college.	Report income before deductions or taxes in whole dollars						Report income before deductions or taxes in whole dollars						Report income before deductions or taxes in whole dollars					
	Weekly	Bi-weekly	2x Month	Monthly	Yearly		Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	2x Month	Monthly			
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**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 style="list-style-type: none"> <li>• Earnings from work</li> <li>• Social Security(disability payments and survivor's benefits)</li> <li>• Income from person outside the household</li> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses (before deductions or taxes)</li> <li>• Net income from self-employment (farm or business)</li> <li>• If you are in the U.S. Military:               <ul style="list-style-type: none"> <li>a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>b. Allowances for off-base housing, food and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Cash Assistance from State/local government</li> <li>• Supplemental Security Income</li> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Alimony or child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security</li> <li>• Disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>