

STEP 1	List ALL Household Members who are infants, children, and students up 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. 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.	Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School and Grade	Foster Child	Homeless Migrant Runaway	OPTIONAL		
					Yes	No				Check all that apply		Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.
									Ethnicity Hispanic or Latino Non-Hispanic/Latino		Race A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander	
					<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"/>		

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
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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 and Hawki, 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 and address. Medicaid and Hawki 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 Hawki, you must tell us by completing the information below.** If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, 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 Hawki.

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 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, Paul Brenner, Head of School, 630 First Avenue SE, Sioux Center, IA, 51250, 712.722.0777, pbrenner@siouxcenterchristian.com. SCCS reserves the right to institute hiring and enrollment practices based on the school's mission statement and philosophies.

**Return completed form to:
Waiver Information**

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

Optional Supplemental Worksheet 2024-2025 Iowa Application for Free and Reduced Price School Meals/Milk

Additional Children in Your Household (not listed on page 1)

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL	
				YES	NO					Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.	
										Ethnicity	Race
				<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"/>		

Any income earned by the above listed children should be included under Step 3 D on the first page of the application.

Additional Adults in Your Household (Not listed on page 1)

Names of All Adult Household Members First and Last Names. Include children who are temporarily away at school or in college.	Gross Earnings from Work/All Other Income					Gross Public Assistance/Child Support/Alimony					Gross Pension/Retirement				
	How Often? (mark "X" in box)					How Often? (mark "X" in box)					How Often? (mark "X" in box)				
	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	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 the 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)