

Lamoni Community School District

Dear Parent/Guardian:

Children need healthy meals to learn. Lamoni Community School District offers healthy meals every school day. Breakfast costs **\$1.40**; lunch costs **\$2.05 Pk-5 and \$2.15 6-12**. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast, **\$.40** for lunch.

- 1. Do I need to fill out an application for each child each year?** Complete the Iowa Eligibility Application for your household with all children listed. Your application is only good for one school year and for the first few days of this school year. When the carry-over period ends, unless you are notified that your child(ren) are directly certified or you submit an application that is approved, the child(ren) must pay full price for school meals. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application: Stacy Jones at Lamoni School 202 N Walnut, Lamoni, Iowa 50140 or call 641-784-3351 with questions.**
- 2. Who can get free meals?** Children in households getting Food Assistance or Family Investment Program (FIP) can get free meals regardless of household income. Children enrolled in Head Start/Even Start can get free meals regardless of income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 4. Who can get free milk?** If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they have an afternoon milk break are not eligible to receive free milk.
- 5. Can homeless, runaway and migrant children get free meals?** Yes. Please call the **school** to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
- 6. Someone in our household receives Food Assistance or FIP, are all school age household members eligible for free meals?** Yes. Eligibility for free meals is extended to all school age children in a household.
- 7. Who can get reduced price meals?** Your child(ren) can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart on the back of this page.
- 8. I currently receive Food Assistance or FIP benefits; do I need to fill out an application?** Perhaps. School enrollment records have been compared to records from the Department of Human Services to identify children who are members of households receiving Food Assistance or FIP benefits. If ANY of your child(ren) are identified during this process all your children will be directly certified as eligible to receive free meal benefits and you will be notified of their eligibility by the school. Parents need to do nothing more for their children to receive free meal benefits. Some eligible children may not be identified in this process. Households with children who were not identified should receive a Free Lunch Notice from DHS. Children on these letters will receive free meal benefits only if parents provide the letter to the school. Instructions to parents are included on the letter. You may add any students living in your household who are not listed. Households with any member who is currently certified to receive Assistance Program benefits may submit an application for these children with the abbreviated information as indicated on the application.
- 9. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but do not include overtime if you get it only sometimes.
- 10. Will the information I give be checked?** Yes, we may ask you to send written proof. You are not required to provide proof with your application.
- 11. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Assistance, FIP, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 12. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Chris Coffelt, 202 N Walnut, Lamoni, Iowa 50140.
- 13. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
- 14. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all children who live with you. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
- 15. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 16. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income. There are currently no active Military Housing Projects in Iowa. For a listing of the Military Housing Projects by state visit the following web site: <http://www.acq.osd.mil/housing/mhpi.htm>.
- 17. What other benefits might I be eligible for?** Your child may be eligible for other benefits including **hawk-i** (children's health insurance) or for a waiver of school fees. Read the information on the back of the Iowa Eligibility Application for **hawk-i** information. A school fee waiver form is available from your school.

18. **Can children with disabilities get food substitutions?** If a child has a disability, as determined by a medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
19. **Do I have to provide my Social Security Number?** The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SS#".
20. **Income Guidelines effective July 1, 2015 – June 30, 2016.**
If you have other questions or need help, call **641-784-3351**.

Household Size	Federal Income Chart				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional person:	7,696	642	321	296	148

Households: Your children may qualify for reduced or free price meals if your household income falls within the limits on this chart.

Privacy Act Statement: This explains how we will use the information you give us.

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, 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), Temporary Assistance for Needy Families (TANF) Program 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or email at program.intake@usda.gov. *Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339; or 800-845-6136 (Spanish).* USDA is an equal opportunity provider and employer.

Iowa Non-discrimination 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/>."

Received Date: _____ **Iowa Eligibility Application** **FFY 15-16**
Complete one application per household. School Year 2015-2016

Part 1. Check all applicable boxes: school meals children in child care center children in child care home (HP)
 special milk (restrictions apply) Tier I home provider (HP) Provider name: _____
 Head Start/Even Start

Part 2. FIP or Food Assistance Eligible: Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable. Skip part 5.

Name of household member with Case Number _____ List Case Number _____ - - -

Part 3. Check if any child is Homeless, Migrant, or a Runaway and call your child's school. Run away Migrant Homeless

Part 4. Children enrolled. REQUIRED OF ALL APPLICANTS.

List name(s) of all enrolled child(ren) in your household.

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	OPTIONAL		Name of School/Head Start/Child Care Center/Home
						ETHNICITY	RACE	
1.			<input type="checkbox"/>					
2.			<input type="checkbox"/>					
3.			<input type="checkbox"/>					
4.			<input type="checkbox"/>					

Part 5. Total Household Gross Income. DO NOT COMPLETE PART 5 IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2. Report the gross income received by EACH household member one time 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 of this application. If a household member does not receive income from any source, check "No income" or leave cells blank. If you check "no income" or leave any cells blank, you are certifying (promising) that there is no income to report.

List the names of everyone living in your household, including the children listed in Part 4. 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.

Last Name	First Name	Age	Check if NO Income	Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income Received.		
				Gross amount earned weekly	Gross amount earned every 2 weeks	Gross amount earned twice a month	Gross amount earned monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA benefits	All other income
1.			<input type="checkbox"/>							
2.			<input type="checkbox"/>							
3.			<input type="checkbox"/>							
4.			<input type="checkbox"/>							
5.			<input type="checkbox"/>							

Last four digits of my Social Security Number: XXX - XX - ____ - ____ I do not have a Social Security Number. If Part 5 is completed, the adult signing the form must provide the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. For further information refer to the Privacy Act Statement in the parent letter.

Part 6. 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. Email of Adult Completing Form _____

Signature of Adult Completing Form _____ Printed Name of Adult Completing Form _____ Date Signed _____

Address of Adult Completing Form _____ Town _____ ZIP Code _____ Work Phone _____ Home Phone _____ Cell Phone _____

Part 7. 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: Income Foster Child FIP/Food Assistance
 Head Start DOCUMENTATION REQUIRED Tier 1
 Homeless/Migrant/Runaway (Schools only) -Local Official Documentation Required

Eligibility Determination: Free Meals Reduced Price Meals Free Milk
 Application Denied: Incomplete Over income limits

_____ **Confirming Official Signature (Schools only)** _____ **Date** _____

Determining Official Signature _____ **Effective Date** _____ **Follow-Up Official Signature (Schools only)** _____ **Date** _____

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, many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law 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 food and reduced meal application for any other purpose.

Childcare organizations may share this information at their option.

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 5 of the application.

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 \$ _____

The least income possible is zero (a negative number cannot be reported) Total +12* = _____

*Enter amount in the "All Other Income Last Month" column in Part 5 on the front of the Iowa Eligibility Application.

WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is book fees and drivers education. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of book fees and drivers education. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees **ONLY**.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of Parent/guardian _____ Date _____

YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.