HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household, even if your children attend more than one school in Trinity Lutheran School. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. Completed applications should be mailed or returned to Trinity Lutheran Scool,1361 7th Ave SW Cedar Rapids,lowa 52404. If at any time you are not sure what to do next, please contact Trinity Lutheran School Cedar Rapids,(319) 362-6952.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include all members in your household who are:

Children age 18 or under and are supported with the household's income;

In your care under a foster arrangement or qualify as homeless, migrant or runaway

youth;

Students attending Trinity Lutheran School, regardless of age.

- A) List each child's name and date of birth. Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.
- B) Is the child a student? Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend Trinity Lutheran School. If you marked 'Yes' write where the child attends school and write the grade level of the student in the "Grade" column to the right.
- C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to "STEP 4".

 Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- D) Are any children homeless, migrant or runaway? If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.
- E) Share children's racial and ethnic identities (optional). Next to each child's name, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN the Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

The Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in

lowa)

The Family Investment Program (FIP)

eligibility for free or reduced price school meals.

- If 'NO', go to STEP 3. (Leave the rest of STEP 2 blank)
- If 'YES,' provide a case number for SNAP, FIP, or FDPIR. You only need to write one case number. Case numbers are located on your Notice of Decision. Go to STEP 4.

Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes.

Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums or any other amounts taken from your pay.

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be investigated.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- B) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided.
- C) 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 SSN."

FOR EACH ADULT HOUSEHOLD MEMBER:

D) List all adult household member's name. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1.

Who should I list here?

When filling out this section, please include all adult members in your household who are:

Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

Do not include:

People who live with you but are not supported by your household's income AND do not contribute income to your household.

Children and students already listed in Step 1.

Report earnings from work. Refer to the chart below titled "Sources of Income for Adults" and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are self-employed or farm owner, you will report your net income. Adults who have both income from work and are self-employed should report each income source separately. If you need assistance with this, ask your children's school for the Supplemental Worksheet which has self-employment calculations.

What if I am self-employed?

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask your school for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

Report income from public assistance/child support/alimony. Refer to the chart below titled "Sources of Income for Adults" and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

Report income from pensions/retirement/all other income. Refer to Table 2 below titled "Sources of Income for Adults" and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

Table 1. Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Salary, wages, cash bonuses Net income from self- employment (farm or business) If you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing	 Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	 Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Regular Income from trusts or estates Annuities Investment Income Earned interest Regular cash payments from outside household

E) Report all income earned or received by children. Refer to the table below titled "Sources of Income for Children" and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them with the rest of your household (income from a part-time job or from any funds provided to the child for the child's personal use). It is optional for the household to list foster children living with them as part of the household on an application

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

for non-foster children.

Table 2. Sources of Income for Children

Sources of Child Income	Example(s)
Earnings from work	 A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)
 Social Security Disability Payments Survivor's Benefits 	 A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and their child receives social security benefits.
Income from person <i>outside</i> the household	 A friend or extended family member regularly gives a child spending money.
Income from any other source	 A child receives regular income from a private pension fund, annuity, or trust.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

- A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) Print and sign your name and write today's date. Print the name of the adult signing the application and sign in the box labeled "Signature of adult completing the form."
- C) Mail or return completed form to: Trinity Lutheran School 1361 7th Ave SW Cedar Rapids lowa,52404. Please do not mail completed form to the Department of Agriculture as this will delay processing.
- D) Decline having your information released to Hawki. If you do not want your household information shared with Hawki, print, sign and date in the box provided.
- **E) Obtaining translated applications**. If you need a translated application with instructions, they can be found in 49 languages at: https://www.fns.usda.gov/school-meals/translated-applications.

USDA Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- 1. mail:
 - U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, DC 20250-9410; or
- 2. fax: (833) 256-1665 or (202) 690-7442; or
- 3. email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

lowa Non-Discrimination Statement: (revised 7-1-25) It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the Iowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: https://icrc.iowa.gov/.

Please read "How to Apply for Free and Reduced Price School Meals" for more information on completing this application. 2025-2026 lowa Application for Free and Reduced Price School Meals/Milk Complete one application per household. Use a pen (not a pencil).

☐ Over Income Limits	☐ Incomplete	ı	Application Denied		☐ Free Milk		☐ Reduced		☐ Free	Eligibility Determination
nfirmation Required	Homeless/Migrant/Runaway-Local Official confirmation Required	/Migrant/Runav		☐ Head Start (confirmation required)	rt (confirma	☐ Head Sta	d FIP/SNAP	☐ Foster Child	□ Income	Application
Now-Up	Signature and Date of Verification Follow-Up	ignature and D	S	cial	firming Offi	Date of Con	Signature and Date of Confirming Official	Official	of Determining	Signature and Effective Date of Determining Official
							ŀ			
PLICATION	ERROR PRONE APPLICATION			\$	rearry	<	2x Month M	Bi-Weekly	Weekly	Household Size:
Date Received:	Date F	Application #:		Total Income:	1	x12	x24	x26	x52	Annual Income Conversion
			orm to:	Return completed form to:	Return	JSE ONLY	MINISTRATIVE I	SCHOOL ADI	S LINE. FOR	DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY
	Email (optional)	onal)	Phone (optional)	Daytime	e Zip	State	City	Apt. #		Street Address (if available)
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Today's Date		form	mpleting the	Printed name of adult completing the form	rinted nai				a the form	Signature of adult completing the form
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ts, and that school officials	e receipt of Federal fund	nnection with the	on is given in co	at this information	nderstand th	reported. I u	nd that all income is	cation is true ar	tion on this appl	"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
ON	PAGE TWO CONTAINS MORE INFORMATION	O CONTAINS	PAGE TW				Contact Information and Adult Signature	tion and Adı	tact Informat	STEP 4 Conf
					\$		e Child Income.	on Comments the	section will he	sources of income for children section will help you with the Child Income.
onth Monthly Yearly	How Often? (mark "X" in box) Bi-weekly 2x Month Month!	dren Weekly	ed by All Chilo	Total Income Received by All Children		ome. Please ere. The	irn or receive incited in STEP 1 he	household ea	children in the	E. Child Income : Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here. The
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weekly Month Monthly	Weekly	th Monthly	weekly Month	Weekly	Yearly	Monthly Y	BI- 2x weekly Month	Weekly	n who bllege.	First and Last Names, Include children who are temporarily away at school or in college
(mark	Hov	(" in box)	How Often? (mark "X" in box)	Но		in box))ften? (ı			Members
Pension/Retirement	Gross Pens	niia	Gross Public Assistance/Child Support/Alimony	Gross Publ		her Income	Gross Earnings from Work/All Other Income	iross Earnings		Names of All Adult Household
ore deductions or taxes.	nole dollar amounts befo	all income in wh	income. Report	ou with the adult	n will help yo	adults section	urces of income for	ksheet. The so	pplemental wor	additional names, attach the supplemental worksheet. The sources of income for adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes
source, write '0'. If you are required for	eceive income from any	. If they do not re	eceive income. e fields will be r	if they do not r	TEP 1 even	not listed in S	usehold Members	self): List all Ho	s (include your	D. All Adult Household Members (include yourself): List all Household Members not listed in STEP 1 even if they do not receive income. If they do not receive income from any source, write '0'. If you not receive income from any source, write '0'. If you not receive income from any source, write '0'. If you not receive income from any source, write '0'. If you not receive income. If they do not receive income from any source, write '0'. If you
C. Check No SSN (adult):	α- 	iber gits) XXX-XX-	Security Num ber (last 4 dig	B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits)	st Four Dig of Adult H	B. Las (SSN)	\dults)	rs (Children + /	ehold Membe	A. Total Number of All Household Members (Children + Adults)
-		Apply Online:	150	vered 'Yes' to	if you answ	kip this step	Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	ALL Househ	rt Income for	STEP 3 Repo
1		Case Number:			<u>able</u> .	NOT accept	card numbers are	icaid and EBT	his space. Med	Write only one case number in this space. Medicaid and EBT card numbers are <u>NOT acceptable</u> .
	ing assistance programs: SNAP, FIP or FDPIR? complete STEP 3).	e programs: SN EP 3).		ore of the follow STEP 4 (Do no	In one or m e then go to	participate number her	Do any Household Members (including you) currently participate in one or more of the follow if No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not	embers (includ f you answered	y Household M go to STEP 3. I	STEP 2 Do an
										ully serving our community.
										This information is important
										or information about your hildren's race and ethnicity
										or Runaway are eligible for free meals. We are required to ask
A-Asian W-White =American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander	l lo	Check all that apply		School	Yes No	Birth	Name		Name	elated." Children in Foster are and children who meet the tefnition of Homeless, Migrant
Race	Ethnicity	Runaway	Grade			of S	Child's Last	rst MI	Child's First	vith you and snares income
OP HONAL Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.	Responding to this section is children's eligibility for	-	Foster Child		Student	Date				Definition of Household Member: "Anyone who is living
List ALL Household Members who are infants, children, and students up grade 12 (if more spaces are required for additional names, attach the supplemental worksneet)	onal names, attach the s	equired for addition	ore spaces are re	grade 12 (if mo	students up	children, and	who are infants, o	hold Members	List ALL House	STEP 1

Low-Cost Health Insurance for Children

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 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 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 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. 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 will avoid another contact. 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

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

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children quality for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway. make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one

(including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex USDA Nondiscrimination Statement: (revised 2-15-23) In accordance with federal civil rights law and U.S. Department of Agriculture

USDA through the Federal Relay Service at (800) 877-8339. responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the Program information may be made available in languages other than English. Persons with disabilities who require alternative means of

about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW U.S. Department of Agriculture Washington, D.C. 20250-9410; or

> complaints of to this address, only *Do not mail applications

discrimination

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(833) 256-1665 or (202) 690-7442; or

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<u>program.intake@usda.gov</u>

This institution is an equal opportunity provider.

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

Waiver Information

Sources of Child Income

- Earnings from work
- Social Security (disability payments and survivor's benefits)
- Income from any other source Income from person outside the household
- Net inco Salary,

Earn

- If you a
- a. Basic pay, F Allowa

section 216.6, 216.7, and 216.9. If you have national origin, disability, age, or religion in provider not to discriminate on the basis of Provider, please contact the lowa Civil compliance with this policy by this CNP questions or grievances related to practices as required by the lowa Code its programs, activities, or employment (revised 7-1-25) "It is the policy of this CNP Rights Commission, 6200 Park Ave, Suite race, creed, color, sex, sexual orientation, 100, Des Moines, IA 50321; phone number

lowa Non-Discrimination Statement:

Return completed form to: lttps://icrc.iowa.gov/ 515- 281-4121, 800-457-4416; website:

nings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Support (Adult Income Sources)	All Other Income (Adult Income Sources)
/, wages, cash bonuses (before deductions or taxes)	Cash Assistance from State/local government	Social Security
come from self-employment (farm or business)	 Supplemental Security Income 	 Disability benefits
are in the U.S. Military:	 Unemployment benefits 	 Regular income from trusts or estates
c pay and cash bonuses (do NOT include combat	 Worker's compensation 	 Annuities
FSSA or privatized housing allowances)	 Alimony or child support payments 	 Investment income
wances for off-base housing, food and clothing	 Veteran's benefits 	Rental income
	Strike benefits	Regular cash payments from outside household

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Optional Supplemental Worksheet 2025-2026 lowa Application for Free and Reduced Price School Meals/Milk

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

	Child's Circt Name	<u> </u>	Oh: Id's 35	Z	Date	Student	ent	Child's	Grade	Grade Foster		Foster Child
	Child's First Name		Child's Last Name	st Name	Birth	YES	S O	School	 Grade		Child	Child Runaway
										Check a	Check all that apply	Ŧ
- 1												

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)

						First and Last Names. Include children who are temporarily away at school or in college.		Names of All Adult Household Members			
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						Bi- 2x weekly Month Monthly	(" in box)	ement			

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.

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 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 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 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 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. For a household with income wages and selfpurposes 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 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 employment, each amount must be listed separately. Add together the amounts reported on the following lines:

Gross Annual Income ÷ 12	VII Other Income (Computed Monthly Income \$_	TOTAL \$ Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$Gross Annual Income ÷ 12)
	\$	Farm Income or (Loss) Schedule 1 Part 1, LINE 6
	€9	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5
	φ 	Other Gains or (Losses) Schedule 1 Part 1, LINE 4
	\$	Business Income or (Loss) Schedule 1 Part 1, LINE 3
	69	Capital Gain or (Loss) Form 1040 or 1040-SR,LINE 7
		emprofitions, cast amount mast be have separately that regener are amounted to person on the foresting most

Public Release for Schools Operating the National School Lunch and Breakfast Program

The lowa Department of Education, Bureau of Nutrition and Health Services, has finalized its policy for free and reduced price meals for students unable to pay the full price of meals served under the National School Lunch Program, School Breakfast Program, Special Milk 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 7-1-2025)

		100ML LL						-		
Household Size	Free Me	eals				Reduced	d Price Me	eals	X PL PL	
	Yearly	Monthly	Twice a Month	Every two weeks	Weekly	Yearly	Monthly	Twice a Month	Every two weeks	Weeki y
1	20,345	1,696	848	783	392	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	79,828	6,653	3,327	3,071	1,536
7	63,245	5,271	2,636	2,433	1,217	90,003	7,501	3,751	3,462	1,731
8	70,395	5,867	2,934	2,708	1,354	100,178	8,349	4,175	3,853	1,927
For each additional family member add:	7,150	596	298	275	138	10,175	848	424	392	196

Households may be eligible for free or reduced-price meal benefits one of four ways

- 1. Households whose income is at or below the levels shown are eligible for reduced price meals or free meals, if they complete an application for free and reduced price school meals/milk. Households may complete one application listing all children and return it to your student's school. When completing an application, only the last four digits of the social security number of the household's primary wage earner or another adult household member is needed.
- 2. Supplemental Nutrition Assistance Program (SNAP) households, students receiving benefits under the Family Investment Program (FIP) and students in a few specific Medicaid programs are eligible for free or reduced price meals. Most students from SNAP and FIP households will be qualified for free meals automatically. These households will receive a letter from their student's schools notifying them of their benefits. Households that receive a letter from the school need to do nothing more for their student(s) to receive free or reduced price meals. No further application is necessary. If any students were not listed on the notice of eligibility, the household should contact the school to have free or reduced price meal benefits extended to them. If you feel you would qualify for free meal benefits and received notification qualifying for reduced price benefits, complete an application for free and reduced price meals. Households must contact the school if they choose to decline meal benefits.
- 3. Some SNAP and FIP households will receive a letter from the lowa Department of Health and Human Services (lowa HHS) which will qualify the children listed on the letter for free meals. Parents must take this letter to the student's school to receive free meals.
- 4. SNAP or FIP households receiving benefits that do not receive a letter from Iowa HHS must complete an application with the abbreviated information as indicated on the application and instructions, for their students to receive free meals. When the application lists an assistance program's case number for any household member, eligibility for free benefits is extended to all students in a household.

Eligibility from the previous year will continue within the same school for up to 30 operating days into the new school year. When the carryover period ends, unless the household is notified that their students are directly certified or the household submits an application that is approved, the students must pay full price for school

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meals and the school will not send a reminder or a notice of expired eligibility. An application cannot be approved unless complete eligibility information is submitted. 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. Households notified of their student's eligibility must contact the school if the household chooses to decline the free meal benefits.

Foster children are eligible for free meal benefits. Some foster students will be qualified for free meals automatically through the state direct certification process. Their host family will receive notification of these benefits. Families that receive this notification from the school need to do nothing more for their foster students to receive free meals. If a family has foster students living with them and does not receive notification and wishes to apply for such meals, instructions for making application for such students are contained on the application form. A foster student may be included as a member of the foster family if the foster family chooses to also apply for benefits for other students. Including students in foster care as household members may help other students in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, it does not prevent a foster student from receiving benefits. 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.

When known by the school, households will be notified of any child eligible for free meals if the children are enrolled in the Head Start/Even Start program or are considered homeless, migrant or runaway. If any children are not listed on the notice of eligibility, contact the school for assistance in receiving benefits. If households are dissatisfied with the application approval done by 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.

There will be no discrimination against individuals with Limited English Proficiency (LEP) in the school meal programs.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992,

or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, DC 20250-9410; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or

3. email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

lowa Non-Discrimination Statement: (revised 7-1-25) It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the lowa Code 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the lowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: https://icrc.iowa.gov/.

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