

2023-2024 Iowa Application for Free and Reduced Price School Meals/Milk Complete one application per household. Use a pen (not a pencil).
 Please read **How to Apply for Free and Reduced Price School Meals** for more information on completing this application.

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 Yes No		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.		
	Check all that apply										Ethnicity H=Hispanic or Latino N=Non-Hispanic/Latino	Race A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander	

STEP 2	Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDIPIR? 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 and 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)	Apply online:
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A. Total Number of All Household Members (Children + Adults)		B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits)	XXX-XX-	C. Check No SSN (adult):	
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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 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. **If more spaces are required for 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.

Names of All Adult Household Members	Gross Earnings from Work/All Other Income					Gross Public Assistance/Child Support/Alimony				Gross Pension/Retirement					
	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		
First and Last Names. Include children who are temporarily away at school or in college.	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

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 sources of income for children section will help you with the Child Income.	Total Income Received by All Children	How Often? (mark "X" in box)				
	\$	Weekly	Bi-weekly	2x Month	Monthly	Yearly

STEP 4 **Contact Information and Adult Signature** **PAGE TWO CONTAINS MORE INFORMATION**

"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
Street Address (if available)	Apt. #	City
	State	Zip
	Daytime Phone (optional)	Email (optional)

DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY | Return completed form to:

Annual Income Conversion	x52 Weekly	x26 Bi-Weekly	X24 2x Month	X12 Monthly	Yearly	Total Income: \$ _____	Application #:	Date Received:
Household Size: _____							<input type="checkbox"/> ERROR PRONE APPLICATION	
Signature & Effective Date of Determining Official			Signature & Date of Confirming Official			Signature & Date of Verification Follow-Up		
Application <input type="checkbox"/> Income <input type="checkbox"/> Foster Child <input type="checkbox"/> FIP/SNAP <input type="checkbox"/> Head Start (confirmation required) <input type="checkbox"/> Homeless/Migrant/Runaway-Local Official confirmation Required								
Eligibility Determination <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Free Milk <input type="checkbox"/> Application Denied <input type="checkbox"/> Incomplete <input type="checkbox"/> Over Income Limits								

Optional Supplemental Worksheet 2023-2024 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					Ethnicity	Race
											<small>Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.</small> Ethnicity H=Hispanic or Latino N=Non-Hispanic/Latino Race A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander

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	Gross Earnings from Work/All Other Income				Gross Public Assistance/Child Support/Alimony				Gross Pension/Retirement			
	Weekly	Bi-weekly	2x Monthly	Yearly	Weekly	Bi-weekly	2x Monthly	Monthly	Weekly	Bi-weekly	2x Monthly	Monthly
First and Last Names. Include children who are temporarily away at school or in college.												
	\$											\$
	\$											\$
	\$											\$
	\$											\$
	\$											\$

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)