

Iowa Eligibility Application (Free and Reduced Price Meal Application)

To apply for free and reduced price meals for your children, complete this form and return it to the school office or the Food and Nutrition Office. If you need help or have questions, please contact the Food and Nutrition Office. (see back of this form for instructions).

PART 1 - List All Children

Names of <u>all</u> children living in the home			Name of School or Center Attending	Grade	Check if Foster Child *	Name of household member with Case Number
Last	First	Date of Birth				
1.					<input type="checkbox"/>	
2.					<input type="checkbox"/>	
3.					<input type="checkbox"/>	
4.					<input type="checkbox"/>	
5.					<input type="checkbox"/>	
6.					<input type="checkbox"/>	
7.					<input type="checkbox"/>	

List Case Number _____

* If Foster Child – list the designated amount of the child's personal use monthly income if any \$ _____.

PART 2 - Monthly Income

List all income received last month on the same line with the person who received it. You must list gross income (before taxes).

Names of <u>all</u> adults living in the home and anyone earning income		Check if No Income	Gross Wages (before taxes) I am paid this amount				Other Monthly Income Pension, Retirement, Child Support, Welfare
Name: Last, First	Age		Weekly	Every 2 Weeks	Twice per Month	Once per Month	
1.							
2.							
3.							
4.							

PART 3 – Certification and Signature

REQUIRED OF ALL APPLICANTS. (See Certification and Signature statement on the back before signing.)

printed name of adult completing form	signature of adult completing form	XXX-XX- ____ ____ ____
address of adult completing form		<input type="checkbox"/> I do not have a Social Security Number.
date signed	home and/or cell phone	work phone

PART 4 -Waiver Benefits

Program descriptions are on the back of this form.

If your child(ren) qualifies for Free/Reduced meals, they may also be eligible for other benefits. Please check the box beside the programs you would like your information released.

- Waived School Fees Scholarships Transportation Assistance (if applicable)

By signing this, I am waiving confidentiality of meal status for the above purposes.

signature of parent or guardian _____ date _____

Health Insurance

My signature indicates I **DO NOT** want school officials to share information from my free and reduced price meal application with Medicaid or the *hawk-i* program.

signature of parent or guardian _____

date _____

FOR FOOD AND NUTRITION OFFICE USE ONLY- do not write in this section

- Food Assistance or FIP Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
- Temporary Approval (zero income) Date expires (45 days) _____ Household size _____
- Categorical Eligibility (Foster Child/Migrant Child/Homeless Child/Head Start Program)

Eligibility Determination: Free Reduced Price Denied due to: Over income limits Incomplete

Determining Official's Signature _____ Date _____

Confirming Official's Signature _____ Date _____

Follow-up Official's Signature _____ Date _____

Effective Date _____

INSTRUCTIONS – PLEASE READ CAREFULLY

OPTION 1 - Did you receive a letter from the Food and Nutrition Office?

- If So:** Your child(ren) were identified by electronic direct certification which automatically qualifies your child(ren) for free meals. If not all the children in your household were listed in the letter you received from the Food and Nutrition Office, then complete a free and reduced application.
- If Not:** You need to complete a free and reduced application.
- Other:** If desired: complete and sign the waiver benefits form and *hawk-i* and Medicaid insurance information included with the letter from the Food and Nutrition Office.
- Upon Notification:** Only children listed on this letter will get free meals

OPTION 2 - Do you receive Food Assistance or FIP but did NOT receive a letter from the Food and Nutrition Office?

Fill out the following sections on the other side of this application.

- Part 1:** List all children's names as registered, date of birth, the school/center, and grade they will be attending. FIP or Food Assistance Eligible: Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. Take these numbers from the Notice of Decision. Note: Medicaid, Title XIX, and EBT card numbers are not acceptable.
- Part 2:** Do not fill out this section.
- Part 3:** An adult household member must sign the application. A social security number is not required
- Part 4:** If desired, complete and sign the waiver benefits section. See the *hawk-i* and Medicaid section.
- Return to school or Food and Nutrition Office immediately.

OPTION 3 - Do you receive WIC benefits or think you may qualify by your income?

Fill out the following sections on the other side of this application. WIC is not an automatic qualifier for free or reduced price school meal benefits.

- Part 1:** List all children, the school/center, date of birth, and grade they will be attending. (List names as registered at school/center)
- Part 2:** List all adults living in the household and anyone earning income: report their age and list their gross income-this is not the same as take home pay. If no income, check the box. **Persons engaged in farming or who operate other types of private businesses must request the "Farm or private income form" from the school.**
- Part 3:** a) An adult household member must sign the application. Fill in the date you sign the form.
b) List the last 4 digits of social security number of the adult household member signing the application or indicate that this household member does not have a social security number by checking the box.
- Part 4:** If desired, complete and sign the waiver benefits section. See the *hawk-i* and Medicaid section.

Return to school or Food and Nutrition Office immediately.

OPTION 4 - Are you applying for a Foster Child?

- Part 1:** List the child's name, date of birth, school/center, and grade.
Check the box indicating Foster Child
List the child's personal use monthly income, if any, where indicated.
- Part 2:** Do not fill out this section.
- Part 3:** Complete Part 3. Sign form.
- Part 4:** Complete for additional benefits.

Part 3 – Certification and Signature

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 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 benefits and I may be prosecuted.

Part 4 - What are Waiver Benefits?

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits.

Please check any of the boxes on the front if you would like to waive confidentiality to receive information on Scholarships or for the district to determine eligibility for a waiver of School Fees or Transportation Assistance.

Important: Before checking these boxes, you may call your school or The Food and Nutrition Office (558-2305) for more information.

- School Fee Waiver means I would like to receive a school fee waiver for my child(ren). School personnel may release my child(ren)'s free and reduced price meal eligibility status to Cedar Rapids Community School District officials to determine eligibility for fee waivers.
- Scholarships means School personnel may release my child(ren)'s free and reduced price meal eligibility status to Cedar Rapids Community School District officials for consideration of scholarships and/or additional school and community educational opportunities or programs through organizations such as Coe College, Kirkwood Community College, YWCA, YMCA, and the Ambroz Center.
- Transportation Assistance means I will allow school officials to release my child(ren)'s free and reduced price meal eligibility status to determine eligibility for transportation assistance where it applies.

- Health Insurance leaving blank means you want your name released to *hawk-i* or Medicaid. The law now requires us to share your free and reduced price meal eligibility information with Medicaid and *hawk-i* (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 free and reduced meal application for any other purpose. However, if you do **NOT** want your information shared with Medicaid or *hawk-i*, you must check the box and sign the health insurance section on the front of this form. It will not affect your children's eligibility for free and reduced price meals. If you want further information, you may call *hawk-i* at 1-800-257-8563.