Iowa Eligibility Application

FFY 09-10
School Year 09-10

Complete one application per household. Each foster child is a household of one.

Part 1. Check all applicable boxes:

- ☐ school meals
- ☐ special milk (restrictions apply)
- ☐ foster child (ONE APPLICATION PER CHILD)
- ☐ children in center
- ☐ tier I home provider (HP)
- ☐ Head Start/Even Start
- ☐ children in home child care (HP)

Provider name:

Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS. If applicable, list FIP or Food Assistance Case Numbers.

List name(s) of all enrolled child(ren) in your household. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code).

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	ETHNICITY (OPTIONAL)	RACE (OPTIONAL)	Name of School/ Head Start/ Child Care Center	FIP Case Number (1 per child) NOTE: REFER TO NOTICE OF DECISION FOR CASE NUMBER.	Food Assistance Case Number (1 per child) NOTE: REFER TO NOTICE OF DECISION FOR CASE NUMBER.
1			☐							
2										
3										
4										
5										

Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2. Report the gross income received by EACH household member 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.

List the names of everyone living in your household, including the children listed in Part 2. 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. Gross amount received weekly	Gross amount received every 2 weeks	Gross amount received twice a month	Gross amount received monthly	Other Monthly Payments or Income Received. Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA	All other income
1			☐							
2			☐							
3			☐							
4			☐							
5			☐							
6			☐							
7			☐							

My Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___ ☐ I do not have a Social Security Number.

If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. Foster parents completing this application for a foster child are not required to provide their Social Security Numbers. For all other applicants, providing Social Security Numbers is voluntary. **See Privacy Act Statement in the parent letter.**

Part 4. 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.

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

Address of Adult Completing Form | Town | ZIP | Work Phone | Home Phone | Cell Phone

Part 5. 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 (income) ☐ FIP/Food Assistance/Head Start ☐ Homeless/Migrant (Schools only)
☐ Temporary Approval (zero income) expires in 45 days on (Mo.)_____(Day)_____ ☐ Tier 1 Area (CACFP HP only)

Eligibility Determination: ☐ Free Meals ☐ Reduced Price Meals ☐ Free Milk ☐ Tier 1 Income (CACFP HP only

Application Denied: ☐ Incomplete ☐ Over income limits ☐ Tier 1 Eligible (CACFP HP parent)

Determining Official Signature | Effective Date

Confirming Official Signature (Schools only) | Date

Follow-Up Official Signature (Schools only) | Date