

## 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 **Whiting Community 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 Whiting Community School 606 West St. Whiting, IA 51063.** If at any time you are not sure what to do next, please contact Tracy Bell @ 712-455-2468 or email [tbell@whitingcsd.org](mailto:tbell@whitingcsd.org).

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 **Whiting Community 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 Whiting Community 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 eligibility for free or reduced price school meals.

### 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 Iowa)  
 The Family Investment Program (FIP)  
 The Food Distribution Program on Indian Reservations (FDPIR)

- 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.**

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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.

- 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. 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
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li><b>Net</b> income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> </ul> <p><b>Allowances for off-base housing, food and clothing</b></p>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Regular Income from trusts or estates</li> <li>Annuities</li> <li>Investment Income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**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 for non-foster children.

**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.

**Table 2. Sources of Income for Children**

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> <li>Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>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.)</li> </ul>
<ul style="list-style-type: none"> <li>Social Security <ul style="list-style-type: none"> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits.</li> <li>A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
<ul style="list-style-type: none"> <li>Income from person <i>outside</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
<ul style="list-style-type: none"> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity, or trust.</li> </ul>

**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: Whiting Community School 606 West St. Whiting, IA 51063. 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>.



**Low-Cost Health Insurance for Children**

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 your free and reduced price meal eligibility information with Medicaid & Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name & address. Medicaid & Hawki can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced price meals for any other purpose or to share it with any other entity or program. You 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 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 will avoid another contact.

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 \_\_\_\_\_

Date \_\_\_\_\_

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 submit all needed information, 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), Family Investment Program (FIP) 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.

**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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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, D.C. 20250-9410; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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

**Waiver Information**

See Attached Waiver Statement

**Iowa Non-Discrimination Statement:** "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. 14<sup>th</sup> St. Des Moines, IA 50319-1004; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

**Return completed form to:**

Whiting Community School  
606 West St.  
Whiting, IA 51063

Sources of Child Income
<ul style="list-style-type: none"> <li>Earnings from work</li> <li>Social Security(disability payments and survivor's benefits)</li> <li>Income from person outside the household</li> <li>Income from any other source</li> </ul>

Earnings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Support (Adult Income Sources)	All Other Income (Adult Income Sources)
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses (before deductions or taxes)</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military:                             <ol style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Cash Assistance from State/local government</li> <li>Supplemental Security Income</li> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Alimony or child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security</li> <li>Disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**WAIVER STATEMENT**

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. 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. **YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_







