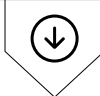


Dubuque Community School District students may be eligible to receive free or reduced-price meals (**breakfast and lunch**) in accordance with guidelines set forth by the National School Lunch and School Breakfast Programs.

**If you receive the Food Assistance letter from Human Services Department during the first week of August,** send that form to any school or to the district food and nutrition services department and disregard the Free and Reduced-Price Meals Application in this packet.

NOTE: Students attending Audubon, Fulton, Lincoln, Marshall and Prescott Elementary Schools, and Jefferson Middle School, DO NOT need to complete this form. These schools now participate in the Community Eligibility Provision (CEP), which provides no-cost meals to ALL students in those schools. Students in CEP schools should complete the appropriate forms, available at CEP schools, online at [www.dbqschools.org/forms](http://www.dbqschools.org/forms) or by calling 563/552-3237.



**THIS PACKET INCLUDES:**


- » **A PARENT LETTER**  
Addresses frequently asked questions about the Free and Reduced-Price Meals Application and the process for applying.
- » **APPLICATION INSTRUCTIONS**  
Outlines how to complete the application.
- » **THE APPLICATION**  
Please complete only one (1) form per household. *Be sure to complete both sides of this application.*
- » **A SUPPLEMENTAL WORKSHEET (IF NEEDED)**  
See instructions for when to use this.
- » **THE FEE WAIVER BENEFITS FORM**  
Those who qualify for free and reduced-price meals may be eligible for a waiver of student fees. *To apply for a fee waiver, you must also complete this form.*

**ARE YOU ELIGIBLE?**

Find out by reviewing the income chart on **PAGE 3** of this application packet.

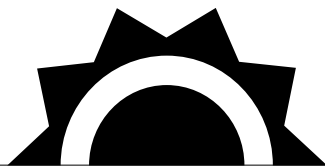
»» **OTHER IMPORTANT NOTES**

- » **A new application must be completed each and every school year** unless you receive Direct Certification from DHS.
- » **All applications must be completed in full** to be considered for eligibility.
- » **All applications must be signed by an adult member of the household.** Be sure to print the name of the adult, include a complete address and SIGN the application.



**RETURN COMPLETED AND SIGNED FORMS BY:**

- » Mail to the Dubuque Community School District Food and Nutrition Services Department using the return envelope enclosed in the summer registration mailing
- » OR deliver to any Dubuque Community School



*The most important meals of the day...*

Did you know that the Dubuque Community School District serves both **BREAKFAST** and **LUNCH**?  
*Take advantage of both healthy school meals!*

FOR ADDITIONAL INFORMATION CONTACT the food and nutrition services department at 563/552-3237.  
For fee waiver questions, contact the Board of Education Secretary at 563/552-3037.

The Dubuque Community School District will not tolerate bullying/harassment based upon a trait or characteristic of a student or staff member including, but not limited to, age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status or familial status. This institution is an Equal Opportunity Provider and Employer.



## Frequently Asked Questions About Free And Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **Dubuque Community School District** offers healthy meals every school day. Breakfast cost **\$1.55 (elementary school) and \$1.60 (middle and high school)**; lunch costs **\$2.55 (elementary school), \$2.70 (middle school), and \$2.85 (high School)**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

### 1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from **Food Assistance, or the Family Investment Program (FIP)**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines below. (Requires submitting an Application for Free and Reduced-Price Meals.)

FEDERAL INCOME ELIGIBILITY GUIDELINES For School Year 2016-2017

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each additional person:	7,696	642	321	296	148

2. **WHO CAN GET FREE MILK?** If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, they are not eligible to receive free milk.
3. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call Shirley Horstman at 563-552-3083 or **e-mail [food@dbqschools.org](mailto:food@dbqschools.org)** .
4. **What IF WE HAVE FOSTER CHILDREN?** Households with foster and non-foster children may choose to include the foster child as a household member, as this may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
5. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Joann Franck, Food & Nutrition Manager, 2300 Chaney Road, Dubuque, IA 52001-3095.**
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact: **Joann Franck, 2300 Chaney Road, Dubuque, IA 52001-3095 or call 563-552-3225** immediately as eligibility for free meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from DHS, submit this letter to your children's school. You may add any students living in your household who are not listed.

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7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **September 30, 2016**. You must send in a new application unless the school told you that your child is eligible for the new school year. When the carry-over period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals.
8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced-price meals if the household income drops below the income limit, if your household size goes up, or if you start getting Food Assistance, FIP or other benefits.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Joann Franck, Food and Nutrition Manager, 2300 Chaney Road, Dubuque IA 52001-3095 or 563/552-3225**.
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. There are currently no active Military Housing Projects in Iowa as found on [Active Military Housing Projects](#). Any additional combat pay resulting from deployment is also excluded from income.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a Supplemental Worksheet, which is included in this packet, and attach it to your [application](#). Contact **Food & Nutrition Office at 563-552-3237 or e-mail [food@dbqschools.org](mailto:food@dbqschools.org)** if you need additional assistance.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Food Assistance or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for **hawk-i** (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for **hawk-i** information. A school waiver form is available from your school.
18. CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS? If a child has a disability, as determined by a licensed medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.

If you have other questions or need help, call **563/552-3237**.

Sincerely,

*Joann Franck*

## HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

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 **Dubuque Community School District**. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Dubuque Community School District's Food and Nutrition Department at 563-552-3237 or e-mail [food@dbqschools.org](mailto:food@dbqschools.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 **Dubuque Community Schools** *regardless of age*.

- A) **List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. If there are more children present than lines on the application fill out the addition Supplemental Worksheet attached to the end of the application, with all required information for the additional children.
- B) **Is the child a student at Dubuque Community School District?** Mark 'Yes' or 'No' under the column titled "student." If 'Yes' print where the child attends school and identify their grade in school.
- 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. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to "STEP 4" of the application and these instructions.
- D) **Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

**STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: FOOD ASSISTANCE, FIP, OR FDPIR?**

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Food Assistance Program (FA)
- The Family Investment Program (FIP)
- The Food Distribution Program on Indian Reservations (FDPIR)

- A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- Circle ‘NO’ and skip to STEP 3 on these instructions and STEP 3 on your application.
  - Leave STEP 2 blank.
- B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- Circle ‘YES’ and provide a case number for FA, FIP, or FDPIR and the name of the household member with the case number. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, it is located on your Notice of Decision. **You must provide a case number on your application if you circled “YES”.**

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

- A) Report all income earned by children.** Refer to the chart 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 “Total 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.

**Table 1. Sources of Income for Children**

<b>What is Child Income?</b>	
Child income is money received from outside your household that is paid <b>directly</b> 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.	
<b>Sources of Child Income</b>	<b>Example(s)</b>
<ul style="list-style-type: none"> <li>• Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>• A child has a 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> </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 persons <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 income from a private pension fund, annuity, or trust.</li> </ul>

**FOR EACH ADULT HOUSEHOLD MEMBER:**

- B) List 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.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**Who should I list here?**

When filling out this section, please include **all** 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.*

**How do I fill in the income amount and source?****FOR EACH TYPE OF INCOME:**

- *Use the chart on page 4 to determine if your household has income to report.*
- *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 or deductions.*
  - *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 be counted as zeroes. 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 verified for cause.*
- *Mark how often each type of income is received using the check boxes to the right of each field.*

- C) Report earnings from work.** Refer to the chart titled "Sources of Income for Adults" in these instructions on page 4 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 business 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.

- D) Report income from Public Assistance/Child Support/Alimony.** Refer to the chart titled "Sources of Income for Adults" in these instructions on page 4 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 **court-ordered** payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.
- E) Report income from Pensions/Retirement/All other income.** Refer to Table 2 below titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

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

<b>Earnings from Work</b>	<b>Public Assistance/ Alimony/Child Support</b>	<b>Pensions/Retirement/All Other Income</b>
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• <b>Net</b> income from self-employment (farm or business)</li> <li>• Strike benefits</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> <li>• Allowances for off-base housing, food and clothing</li> </ul>	<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> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability</li> <li>• 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>

- F) 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 determines your income cutoff for free and reduced price meals.
- G) Provide the last four digits of your Social Security Number.** The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. **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."

#### 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.** Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."
- C) Write Today's Date.** In the space provided, write today's date in the box.
- D) On the back of the application, share children's Racial and Ethnic Identities (optional).** This field is optional and does not affect your children's eligibility for free or reduced-price school meals.
- E) If you do not want your household information shared with *hawk-i*, print, sign and date in the box provided.**
- F) If you need a translated application with instructions, they can be found in 34 languages at:**  
[Translated Family Friendly-Application-Translations.](#)



# 2016-2017 Iowa Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted. Received Date: \_\_\_\_\_

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach the supplemental worksheet.)

Child's First Name	MI	Child's Last Name	Student? Yes No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, FIP, or FDPIR? Circle one: Yes / No No, complete 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, Title XIX & EBT card numbers are not acceptable. Case Number: \_\_\_\_\_

Name of Household Member with Case Number: \_\_\_\_\_

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here.

Total Child Income	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income for each source in whole dollars only. 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.

Name of Adult Household Members (First and Last)	How often?				How often?
	Weekly	Bi-weekly	2x Month	Monthly	
C. Earnings from Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly
D. Public Assistance/Child Support/Alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly
E. Pensions/Retirement/All Other Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly

F. Total Household Members (Children and Adults) \_\_\_\_\_

G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:         Check if no SSN

## STEP 4 Contact Information and Adult Signature

"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 purposefully give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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

Printed name of adult completing the form \_\_\_\_\_ Signature of adult completing the form \_\_\_\_\_ Today's date \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12  
Household Income: \$ \_\_\_\_\_  
Application Approved:  Income  Foster Child  FIP/Food Assistance  Head Start (documentation required)  Annually  Monthly  Household Size: \_\_\_\_\_  
Eligibility Determination:  Free  Reduced  Free Milk  Application Denied:  Incomplete  Over income limits

Determining Official \_\_\_\_\_ Effective Date \_\_\_\_\_ Confirming Official \_\_\_\_\_ Date \_\_\_\_\_ Follow-up Signature \_\_\_\_\_ Date \_\_\_\_\_

## OPTIONAL Children's Racial and Ethnic Identities

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. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

### 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 & **hawk-i**, 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 & **hawk-i** 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 meal application 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 hawk-i, you must tell us by completing the information below.** If you want further information, you may call **hawk-i** at 1-800-257-8563. Also, if you are already receiving Medicaid or **hawk-i**, 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 **hawk-i**.

**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 social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA), 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**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/>."

Translated applications are available in 34 languages at:

<http://www.fns.usda.gov/school-meals/family-friendly-application-translations>

# 2016-2017 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

## Additional Children in Your Household

Child's First Name	MI	Child's Last Name	Student? Yes No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## Additional Adults in Your Household

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/Child Support /Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
	\$ <input type="text"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>
	\$ <input type="text"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>
	\$ <input type="text"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	\$ <input type="text"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>

### 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. Add together the amounts reported on the following lines:

LINE 12 \$ \_\_\_\_\_ Business Income or (Loss)

LINE 13 \$ \_\_\_\_\_ Capital Gain or (Loss)

LINE 14 \$ \_\_\_\_\_ Other Gains or (Losses)

LINE 17 \$ \_\_\_\_\_ Rental real estate, royalties, partnerships, S corporations, trusts, etc.

LINE 18 \$ \_\_\_\_\_ Farm Income or (Loss)

TOTAL \$ \_\_\_\_\_ Gross Annual Income Before Any Deductions.  
**Computed Monthly Income** \$ \_\_\_\_\_ (Gross Annual Income ÷ 12 = Computed Monthly Income.)

The computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income.

### Optional Waiver Information





# FEE WAIVER BENEFITS

FOR 2016-2017

Your child(ren) may qualify for other benefits if your household meets federal income guidelines based on the National School Lunch Program (NSLP). You may choose to allow the district to determine eligibility for a waiver of school fees or transportation assistance. To do so, you must waive the confidentiality of free and reduced-price meal status or eligibility status given by the NSLP for this purpose by selecting the appropriate box below.

IMPORTANT: If you have questions, please call your child's school or the district food and nutrition services office at 563/552-3237.

## WAIVER SELECTION

YES, I WOULD LIKE TO BE CONSIDERED FOR A FEE WAIVER

Selecting this option means I would like to receive a school fee waiver for my child(ren). School personnel may release my child(ren)'s eligibilty status to Dubuque Community School District officials to determine eligibility for waivable fees including: district textbook, assignment notebook, cap and gown, instrument rental, and driver's education (one time only).

NO, I DECLINE THE SCHOOL FEE WAIVER

Selecting this option means that I have read and understand the waiver benefits outlined above and am selecting to decline the school fee waiver.

## STUDENT INFORMATION

NAME:	SCHOOL ATTENDING:
NAME:	SCHOOL ATTENDING:
NAME:	SCHOOL ATTENDING:
NAME:	SCHOOL ATTENDING:
NAME:	SCHOOL ATTENDING:

## PLEASE SIGN BELOW

By signing below, I certify that I am the parent/guardian of the child(ren) for whom the assistance is being requested. I agree to the terms of the option I have selected above and understand that, if approved, my eligibility status will be used in school fee waiver or transportation assistance decisions.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE