Eligibility Determination	Application	Signature and Effective Date of Determining Officia	Weekly (x52) Every 2 Weeks (x26)	Annual Income	DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY	Street Address (if available)	Signature of adult completing the form	may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I	"I certify (promise) that all information on this annification 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	4	section on the next page will help you with the Child Income.	E. Child Income: Sometimes children in the household earn or receive income. Please include the					First and Last Names. Include children who are temporarily away at school or in college.	Names of All Adult Housellow Members	Names of All Adult Househo	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 section will help you with the adult income on the next page. Report each income separately and in whole dollar amounts before deductions or taxes. For a household with income from wages and self-employment, each amount must be listed separately.	A. Total Number of All Household Members (Children + Adults)	STEP 3 Report Income	STEP 2 Or FDPIR? If No. only one case nu	fully serving our community.	This information is important	for information about your	or Runaway are eligible for free meals We are required to ask	related." Children in Foster care and children who meet the definition of Homeless, Migrant	Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not	2025-2026 Iowa Application for Free and Reduced Price School Meals/Milk Complete c "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
Free	🗆 Income 🔲 Fo	of Determining Of	 2x Month (x24) 	Annual Income Conversion (if needed)	LINE. FOR SCHO	~	the form	am aware that if I p	e) that all information on this application is true and that	nation and Adu	u with the Child Inco	en in the household	\$	\$	\$	\$				(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 ou 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 plemental worksheet. The sources of income for section will help you with the adult income on the next page. Report each income separately and in whole dollar amoun ousehold with income from wages and self-employment, each amount must be listed separately.	old Members (Cl	Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDPIR? 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. Medicald and EBT card numbers are NOT acceptable					Name	Child's First	ation for Free and Reduced Price School Meals/Milk Complete one application per household. Use a pen (not a pencil). Pleaseduced Price School Meals" for more information on completing this application List ALL Household Members who are infants, children, and students up grade 12 (if more spaces are required for additional names, attack the supplemental workshaet
	ster Chi	ficial		ed)	DOLAD	Apt. #		urposely	is true a	In Sign			٥	۵			Weekly	Earning		List all H mising) ti at. The so	hildren +	old Men	ling you) u answe . Medica						3	and F ol Meal Membe
Reduced	Foster Child FIP/SNAP		Monthly (x12)		MINISTRAT	City		give false info	nd that all inc	lature		or receive income. Please include the			_	0	Every 2 2 Weeks Mo	Gross Earnings from Work/All Other Income		ousehold Mer hat there is no purces of inco ages and self-	Adults)	thers (Skip	currently pa ired Yes, writ id and EBT c					Name	Child's Last	Reduced Is" for more irs who are in
<u>ام</u>	NAP	Signat	Size:		IVE US			ormation	ome is n			e. Please					Anth M	All Othe		nbers no o income ome for s employn		this step	irticipati le a cast ard nun					CD .	Last	Price inform nfants, e
[Head S	Signature and Date	e	Household	E ONLY	State		my childi	ported. I			e include t					Monthly 4	r Income		t listed in to report. ection will tent, each	B. L (SSt	o lif you a	h one o number ibers are					Birth	Date	Scho lation or hildren, a
Free Milk	tart (co)ate of		đ		te	Printe	en may	underst			he		D			Annual			STEP 1 Applica help yo	ast Foi V) of <u>A</u> c	nswere	r more here th NOT at		D			ŕs	Student	ol Me and stu
Milk	nfirmat	Confir				Zip	Printed name	lose me	and that	Retur	\$		\$	69	()	49				even if tions wi u with th t must t	ur Digi dult Ho	od Yes	of the f en go t ceptab			0		5	lent	eals/l
	Head Start (confirmation required)	of Confirming Official	\$	Total Income:		Daytime P	e of adult com	eal benefits, and	this information	Return completed form to:		Total Income Received Children					Weekly	Support/Alimony	Gross Puhli	they do not re th blank income ne adult income be listed separa	B. Last Four Digits of Social Security Number (SSN) of <u>Aduit</u> Household Member (last 4 digits)	to STEP 2)	ollowing assis o STEP 4 (Do J le						Child's Scho	Milk Comple this applicat p grade 12 (r m
Appli	Hon			<u>е</u> :	PAGE	Phone	mpletin	d I may t	n is aiver	form t		Receive		D	۵	0	Every 2 Weeks	Support/Alimony	r Assist	e fields w on the r tely.	Security ber (las	1.50	tance p not com					a a a a a a a a a a a a a a a a a a a	<u> </u>	ite one a ion Iore space
Application Denied	ieless/Mi			Appli	TWO CO	hone (optional)	pleting the form	e prosect) in conne			ed by All			D		2x Month	ony	ance/Chil	icome. If t ill be proc hext page.	curity Number er (last 4 digits)	App	ogramst piete STE					Check all that apply	Child I	applicatio s are regul
	Homeless/Migrant/Runaway-Local Official confirmation Required	Signa		Application #:	TWO CONTAINS MORE INFORMATION	u)	m	may be prosecuted under applicable State and Federal laws	ction with	Bolsing		We					Monthly	L C	2	hey do no essed as a Report ea		Apply online: https://grades.edge-cole.kt2.la.us/Parent/Login.aspr/RetumUrt=%2?Parent%2	SNAP, FI P 3), Writ					uat apply	Homeless Migrant Runaway	one application per household. Use a pen (not a pencil). Please read n spaces are required for additional names attack the supplemental worksheet)
Incomplete	naway-L	iture and			MORE I	Emai		applicabi	the receip	er 403		Weekly	\$	\$	\$	\$			_	t receive i complete. Ich incom	XXX-XX-	https://grainelinelinelinelinelinelinelinelinelinel						Hispanic or Latino	Respon	usehold. Honal nam
olete	ocal Offi	Signature and Date of Verification Follow-Up	ERROR PRONE APPLICATION		NFORM	Email (optional)		le State a	t of Fede	W Uni		Every 2 Weeks					<	Gros	,	income fr . If more : le separat		idas.edge-cale	Case Number:	D			D	Non- Hispanic/ Latino	OF california in this section caliform's slightling Ethnicity	Use a p es, attach i
	cial con	f Verifica	NE APP	Date Received:	ATION	าal)		nd Feder	ral funds	on St		2x Month			D		Weekly	Gross Pension/Retirement		om any s spaces a tely and i	4	ı.k12.la.us/Per	ег: 						OPTIC section is op pibility for fre	ien (not Ne supple
Over	firmatior	ation Fol	LICATIO	ceived			Today's	al laws."	, and that	Edgew							Every 2 Weeks	on/Retin	i	n whole c	C. Check No SSN (adult):	ent/Login.asp						A=Asien W=White (=American Indian/Alaskan Native B=Black/African American P=Native Hawalian/Other Pacific Islander	OPTIONAL lion is epitional and does not affect your lity for free/reduced price meals. Ry for free/reduced Price	a pencil mental we
Over Income Limits	ו Requi	low-Up					ay's Date		t school	nod l		Monthly	D				2x Month	ement		rite '0'. If red for iollar am	* No (ult):	x?Reเมm⊌r!=						in W=White Ilan/Alaskar rican Ameri VOther Pac	l does not affe d price meats Race). Pleas sksheet)
Limits	ë						Ē		officials	Barh Bolsinger 403 W Union St Edgewood IA 52042		Annual		0			Monthly			you ounts		%2fPerant%2f						n Native can fic Islander	ct your	e read

	 Allowances for off-based housing, food and clothing 	 basic pay and cash buildes (or not include contration pay, FSSA or privatized housing allowances) 			 Net income from self-employments (farm or business) 	 Salary, wages, cash bonuses, tips or commissions 	Signature of Parent/guardian Sources and Examples of Income	Return completed form to: Barb Bolsinger, 403 W Union St, Waiver Information If your child(ren) qualifies for free or reduced price meals, you may also be understand that I will be releasing information that will show that I applied for that I am the parent/guardian of the child(ren) for whom the application is b	lowa Non-Discrimination Statement: (revised 7-1-25) It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the lowa Civil Rights Commission, 6200 Park Ave, Sulte 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: https://crc.iowa.gov/ .	 mail: U.S. Department of Agriculture U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or Washington, D.C. 20250-9410; or This institution is an equal opportunity provider. Transitivation 	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/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter m 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 civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:	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.	USDA Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and pol basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.	The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.	Parent/Guardian Name (Printed)	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.	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 and 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 and address. Medicaid and 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 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 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
Strike benefits	 Veterans benefits 	Child support payments	Cash assistance from state or local government Alimony navments	Supplemental Security Income (SSI)	Workers' compensation	Public Assistance/Alimony/Child Support Unemployment benefits	Uate	orm to: Barb Bolsinger, 403 W Union St, Edgewood, IA 520 If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign understand that I will be releasing information that will show that I applied for free and reduced price school mea that I am the parent/guardian of the child(ren) for whom the application is being made. YOU DO NOT HAVE TO	5) It is the policy of this CNP provider not to discr tices as required by the lowa Code 216.6, 216.7 200 Park Ave, Suite 100, Des Moines, IA 50321	fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov Translated applications are available at: <u>http://www.fns.usda.gov/sch</u>	nant should complete a Form AD-3027, USDA P <u>/ad-3027.pdf</u> , from any USDA office, by calling (<i>i</i> of the alleged discriminatory action in sufficient of etter must be submitted to USDA by:	ages other than English. Persons with disabilities the responsible state or local agency that admining the responsible state or local agency that admining the responsible state or local agency that admining the responsible state of local agency the responsible state of local agency that admining the responsible state of local agency the responsible state of local agen	with federal civil rights law and U.S. Departmen der identity and sexual orientation), disability, ag	: requires that we use information from this a education, health, and nutrition programs to help Please be sure to provide the last four numbers of Please be sure to provide the last four numbers of Please for a foster child do not need to list a pplications for a foster child do not need to list a of r Needy Families (TANF) or Food Distribution ontact your school to get free meals for a foster c		I officials to share information from my free and I	families getting free or reduced price meals can on with Medicaid and Hawki, the State's medical n your child's name, your name and address. Me allowed to use the information from your free ar t allowed to use the information from your free or h, it will not affect your child's eligibility for free or h, it you want further information, you may call H
Regular cash payments from outside the household	Rental Income	Earned Interest	Annuties Investment Income		Private Pensions or disability benefits	 Social Security/Disability (including railroad retirement and black lung benefits) 	Uate re instructions that accompany this application	Edgewood, IA 52042 aligible for other benefits. If you sign this waiver, your child(ren) ir free and reduced price school meals for my child(ren). I give ing made. YOU DO NOT HAVE TO COMPLETE THIS WAIVE	iminate on the basis of race, creed, color, sex, sexi, and 216.9. If you have questions or grievances re phone number 515-281-4121 or 800-457-4416; we	ool-meals/translatec	ogram Discrimination Complaint Form which can b 866) 632-9992, or by writing a letter addressed to U letail to inform the Assistant Secretary for Civil Righ	who require alternative means of communication to sters the program or USDA's TARGET Center at (2)	of Agriculture (USDA) civil rights regulations and p e, or reprisal or retaliation for prior civil rights activit	plication to see who qualifies for free or reduct them deliver program benefits to your household. I of the Social Security number of the adult household Social Security number. Applications for children in Program on Indian Reservations (FDPIR) do not n Program on Indian Reservations (FDPIR) do not n hild, and children who are homeless, migrant, or ru	Signature	educed price meal application with Medicaid or Ha	also get free or low-cost health insurance for their or insurance program for children. Private schools, R dicaid and Hawki can only use the information to c id reduced meal application for any other purpose or reduced price meals. If you do NOT want your in awki at 1-800-257-8563. Also, if you are already rei
A child is disabled and receives Social Security benefits	 A friend or extended family member regularly gives a child spending money 	receives Social Security benefits	A parent is disabled, retired or deceased and their child	 A child received income from a private pension fund, appuly or trust 		 A child has full or part-time job where a salary/wages are samed 		orm to: Barb Bolsinger, 403 W Union St, Edgewood, IA 52042 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 <u>considered</u> 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. Next, I certify that I am the parent/guardian of the child(ren) for whom the application is being made. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.	lal orientation, national origin, disability, age. or ated to compliance with this policy by this CNP bsite: https://lcrc.iowa.gov/.	*Do not mail applications to this address, only complaints of discrimination. - <u>applications</u>	plaint Form which can be obtained online a letter addressed to USDA. The letter must contain the complainant's name, Secretary for Civil Rights (ASCR) about the nature and date of an alleged	obtain program information (e.g., Braille, large print, 02) 720-2600 (voice and TTY) or contact USDA	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 or basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.	d price meals. We can only approve complete rspectors and law enforcement may also use your I member who signs the application. If the adult does households receiving Supplemental Nutrition sed to list a Social Security number. Some children naway.	Date	nki.	alth insurance for their children. The law requires public schools to share bren. Private schools, RCCIs and childcare organizations may choose to use the information to identify children who may be eligible for free or low- for any other purpose or to share it with any other entity or program. You do NOT want your information shared with Medicaid or Hawki, you so, if you are already receiving Medicaid or Hawki, please sign below. This

Additional Children in Your Household (not listed on page 1)	Children in Your Household (not listed on page 1)	age 1)	- 14 Ja								
		5	Student				Homeless.	Responding to V	OPT(his section is o seligibility for th	OPTIONAL Ion is optional and dos	OPTIONAL Responding to this section is optional and does not affect your children's sligbility for free/netuced price means.
Child's First Name MI	Child's Last Name	of Birth YES	S NO	Child's School	Grade	Foster Child	Migrant, Runaway	Ethnicity H=Hispanic or Latino	-	Race A=Asian W=V arican Indan/Ala	Race A=Asian (W=VN)ia I=American Indian/Alaskan Native B=Black/Arican American
Any income e	Any income earned by the above listed children should be included under Step	vildren should	be inclu	ided unde	ω	E on the	first pag	on the first page of the application.	plication	F	
Additional Adults in Your Household (Not listed on page 1)	ousehold (Not listed on page	je 1)									
Names of All Adult Household Members	ers Gross Earnings from Work/All Other Income	Nork/All Other I	ncome	Gross	<u>ss</u> Public Suppo	Public Assistance/Child Support/Alimony	ce/Child ly	<u>_</u>	Gross Pension/Retirement	nsion/Ret	irement
Einst and Last Names Include children who are		How Often? (mark "X" in box) BI- 2x			How	How Often? (mark "X" in box) Bi- 2x M	("X" in box) 2x Monthly	thic	How	How Often? (mark "X" in box) Bi- 2x M	("X" in box) 2x Monthly
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	•	Self-Employment Income Calculations	it Income	Calculation	3		-	-	-		
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 the 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	ulating the amount to report if a e tax records for the preceding ca e derived from the business ventu expenses, and other similar non- arate and apart from the income g ry was received, the income for p	<i>rou</i> engage in fi lendar year as a re less the oper- business deduc- business deduc- lenerated or lost urposes of apply	arming, a base to p ating costs tions are p from your from your ing for rec	re self-emp project the c s incurred in not allowed r business w duced price	loyed or I urrent year the gener in reducing enture. Fo or free me	nave inco r's net inco ation of th g gross bu g gross bu r example als would	me from one ome, unles at income siness inc siness inc , if you ope be the inc	other source so the current Deductions ome. Addition prated a busin ome from the	s. t monthly i for persor nat income ness at a ness at a salary or	ncome pri nal expens ∍ from oth net loss, b lly. The lo	ovides a ies such er kinds ut held ss from
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	ssible is zero (no income). The ne (<u>Return - Form 1040 or 1040-SR</u> 40-SR,LINE 7	cessary informa and Schedule 1	. Add toge	riving at allo sther the am \$.	wable inco ounts repo	orted on th	private bus le following	siness operat g lines:	tion may b	e taken fr	om your
Business Income or (Loss) Schedule 1 Part 1, LINE 3	Part 1, LINE 3			, ⇔							
Other Gains or (Losses) Schedule 1 Part 1, LINE 4	rt 1, LINE 4			جە							
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE	os, S corporations, trusts, etc. Scl	nedule 1 Part 1,	LINE 5								
Farm Income or (Loss) Schedule 1 Part 1, LINE 6	t1, LINE 6			÷							
TOTAL \$Gross Ar	Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$ For a household with income wages and self-employment, each amount must be listed separately	ons. Report in S wages and self	tep 3 und Femploym	er All Other ìent, each a	Income (C mount mu	computed	Monthly d separate	Income \$ ly	Gross .	Annual Inc	Gross Annual Income + 12)