

# 2014-2015 Iowa Eligibility Application (Free and Reduced Price Meal Application)

To apply for free and reduced price meals for your children, complete this form and return it to the school office or the Food and Nutrition Office.

If you need help or have questions, please contact the Food and Nutrition Office. (see back of this form for instructions).

## Part 1 - Check if any child is Homeless, Migrant, or a Runaway and call your child's School

Run away     Migrant     Homeless

## PART 2 - List All Children

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

List Case Number \_\_\_\_\_

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

## PART 3 - Monthly Income

Report the gross income received by EACH household member one time in the correct column. Gross income is the amount earned before taxes and other deductions, not take home pay.

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

Last four digits of my Social Security Number: XXX-XX-\_\_\_\_ \_

I do not have a Social Security Number.

If Part 3 is completed, the adult signing the form must provide the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

## 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 information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

\_\_\_\_\_ printed name of adult completing form      \_\_\_\_\_ signature of adult completing form      \_\_\_\_\_ date signed

\_\_\_\_\_ address of adult completing form

\_\_\_\_\_ home and/or cell phone      \_\_\_\_\_ work phone      \_\_\_\_\_ E-Mail of Adult Completing Form

## PART 5 -Waiver Benefits

Program descriptions are on the back of this form.

### Health Insurance

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

Waived School Fees     Transportation Assistance (if applicable)

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

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

\_\_\_\_\_ signature of parent or guardian      \_\_\_\_\_ date      \_\_\_\_\_ signature of parent or guardian      \_\_\_\_\_ date

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

Food Assistance or FIP     Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year

Household size \_\_\_\_\_  Categorical Eligibility (Foster Child/Migrant Child/Homeless Child/Head Start Program)

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

_____ Determining Official's Signature	_____ Effective Date	_____ Confirming Official Signature	_____ Date
		_____ Follow-up Official Signature	_____ Date

## INSTRUCTIONS – PLEASE READ CAREFULLY

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

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

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

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

- Part 2:** List all children's names, date of birth, and if applicable the school/center, and grade. (List names as registered at school/center) FIP or Food Assistance Eligible: Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. Take these numbers from the Notice of Decision. **Note: Medicaid, Title XIX, and EBT card numbers are not acceptable.**
- Part 3:** Do not fill out this section.
- Part 4:** An adult household member must sign the application. A social security number is not required
- Part 5:** If desired, complete and sign the waiver benefits section. See the **hawk-i** and Medicaid section and sign if you DO NOT want the information shared with **hawk-i** and Medicaid.

Return to school or Food and Nutrition Office immediately.

### OPTION 3 - Do you think you may qualify by your income?

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

- Part 2:** List all children's names, date of birth, and if applicable the school/center, and grade. (List names as registered at school/center)
- Part 3:**
- List all adults living in the household and anyone earning income: report their age and list their gross income- this is not the same as take home pay. If no income, check the box. **Persons who are self-employed or engaged in farming must request the "Self-Employed and Farming Income" form from the school.**
  - List the last 4 digits of social security number of the adult household member signing the application or indicate that this household member does not have a social security number by checking the box.
- Part 4:** An adult household member must sign the application. Fill in the date you sign the form.
- Part 5:** If desired, complete and sign the waiver benefits section. See the **hawk-i** and Medicaid section and sign if you DO NOT want the information shared with **hawk-i** and Medicaid.

Return to school or Food and Nutrition Office immediately.

### OPTION 4 - Are you applying for a Foster Child?

- Part 2:** List all children's names, date of birth, and if applicable the school/center, and grade. (List names as registered at school/center)  
**Check the box indicating Foster Child**  
List the child's personal use monthly income, if any, where indicated.
- Part 3:** Do not fill out this section.
- Part 4:** Complete Part 4. Sign form.
- Part 5:** If desired, complete and sign the waiver benefits section. See the **hawk-i** and Medicaid section and sign if you DO NOT want the information shared with **hawk-i** and Medicaid.

### Part 5 - What are Waiver Benefits?

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

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

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

School Fee Waiver  means I would like to receive a school fee waiver for my child(ren). School personnel may release my child(ren)'s free and reduced price meal eligibility status to Cedar Rapids Community School District officials to determine eligibility for: Consumable materials, Driver's education, AP testing, Activity pass, and Fine Arts.

Transportation Assistance  means I will allow school officials to release my child(ren)'s free and reduced price meal eligibility status to determine eligibility for school bus transportation assistance where it applies.

Health Insurance If you do not sign in the health insurance box your name will be released to **hawk-i** or Medicaid. The law now requires us to share your free and reduced price meal eligibility information with Medicaid and **hawk-i** (State's medical insurance program for children). Specifically, we will give them your child's name and your name and address. Medicaid and **hawk-i** can only use the information to identify children who may be eligible for free or low cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose. However, if you do **NOT** want your information shared with Medicaid or **hawk-i**, you must sign the health insurance section on the front of this form. It will not affect your children's eligibility for free and reduced price meals. If you want further information, you may call **hawk-i** at 1-800-257-8563.