

# MANSON NORTHWEST WEBSTER COMMUNITY SCHOOL

1227 16<sup>TH</sup> Street, Manson, IA 50563 ■ Phone (712)469-2202]

Dear Parent/Guardian:

Children need healthy meals to learn. Manson Northwest Webster Community School offers healthy meals every school day. Breakfast costs \$1.00 for K-6 and \$1.30 for 7-12; lunch costs \$1.80 for K-6 and \$2.00 for 7-12. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is 30¢ for breakfast, 40¢ for lunch.

1. **Do I need to fill out an application for each child?** No. Complete the Iowa Eligibility Application for your household with all children (except foster children) listed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Dodie Wood, 1227 16<sup>th</sup> St., Manson, IA 50563, 712-469-2202.**
2. **Is a foster child considered a household of one?** Yes. A foster child is considered a household of one and is not to be included in the foster parents' household application. Each foster child needs its own application.
3. **Who can get free meals?** Children in households getting Food Assistance or FIP and most foster children can get free meals regardless of household income. Children enrolled in Head Start can get free meals regardless of income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
4. **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 have an afternoon milk break are not eligible to receive free milk.
5. **Can homeless, runaway and migrant children get free meals?** Yes. Please call **Dodie Wood at 712-469-2202** to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
6. **Who can get reduced price meals?** Your child(ren) can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart on the back of this page.
7. **I currently receive Food Assistance or Family Investment Program (FIP) benefits; do I need to fill out an application?** Perhaps. School enrollment records have been compared to records from the Department of Human Services to identify children who are members of households receiving Food Assistance or FIP benefits. If ANY of your child(ren) are identified during this process all your children will be directly certified as eligible to receive free meal benefits and you will be notified of their eligibility by the school. Parents need to do nothing more for their children to receive free meal benefits.

Some eligible children may not be identified in this process. Households with children who were not identified should receive a letter of direct certification from DHS. Children on these letters will receive free meal benefits only if parents provide the letter to the school. Instructions to parents are included on the letter.

If you receive a notice from EITHER THE SCHOOL OR DHS that only SOME of your children are eligible because of direct certification, CONTACT THE SCHOOL. You may need to complete an application for the children who were not identified or provide additional information to the school.

8. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but do not include overtime if you get it only sometimes.
9. **Will the information I give be checked?** Yes, we may ask you to send written proof. 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 if your household size goes up, income goes down, or if you start getting Food Assistance, FIP, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
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: **Supt Mark Egli, 1227 16<sup>th</sup> Street, Manson, IA 50563.**
12. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

13. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all children who live with you. Foster children, however, should NOT be included in your household.
14. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
15. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income. There are currently no active Military Housing Projects in Iowa. For a listing of the Military Housing Projects by state visit the following web site: <http://www.acq.osd.mil/housing/mhpi.htm>.
16. **What other benefits might I be eligible for?** Your child may be eligible for other benefits including *hawk-i* (children's health insurance) or for a waiver of school fees. Read the information on the back of the Iowa Eligibility Application for *hawk-i* information. A school fee waiver form is available from your school.
17. **Can children with disabilities get food substitutions?** If a child has a disability, as determined by a licensed physician, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed physician. 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.
18. **Income Guidelines effective July 1, 2010.**

If you have other questions or need help, call **712-469-2202**.

Household Size	Federal Income Chart				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional person:	6,919	577	289	267	134

Households: Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

**Privacy Act Statement: This explains how we will use the information you give us.**

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, we cannot approve your child for free or reduced price meals. You must include 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 if you list a Food Assistance number, or Family Investment Program number, 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.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## Instructions for Completing Iowa Eligibility Application

**Complete both sides of an application for each household. Each foster child is a household of one.**

**Part 1. All applicants should complete this part.** This application may be used to apply for benefits in school meals or milk programs, children's care centers and home based care for children. Check all boxes that apply to your family. You may make copies of a completed application for each program in which your child participates.

If any household member receives **FIP or FOOD ASSISTANCE**, or your child is in **Head Start or Even Start**, follow these instructions.

**Part 2.** If **any** household member receives FIP or Food Assistance list the name of the household member and the FIP or Food Assistance **Case Number** in the area provided. List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. List one FIP or Food Assistance Case Number per household. **Use the Case Number listed in the Notice of Decision.** Eligibility based on Head Start or Even Start is available only if your child is enrolled in Head Start and documentation from the Head Start agency is provided. **NOTE: Medicaid, Title XIX, FIP card number and EBT card numbers are not acceptable.** Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

**Part 3.** Skip this section.

**Part 4.** Read the certification and fill in all the blanks in this section.

If applying for a **FOSTER CHILD**, follow these instructions. A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court, and is considered a household of one.

**Part 1. Check the box for foster child.**

**Part 2.** List the child's name, date of birth, grade (if applicable), name of school/Head Start/child care center attended. Use one application for each foster child. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

**Part 3.** Complete this section only if the child receives money for personal use or has other regular personal income. If the child has no income, check the box indicating no income. A Social Security Number is not required. **DO NOT** include the stipend received by the foster family to provide care to the child.

**Part 4.** Read the certification and fill in all the blanks in this section.

**ALL OTHER HOUSEHOLDS**, including WIC households, follow these instructions.

**Part 2.** List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

**Part 3.** Follow these instructions to report total household income from last month.

**Name:** List the last and first names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.

**Age:** List the age of each household member.

**Check if No Income:** Put a mark in the box if the household member **does not** have an income.

**Gross Income last month and how it was received:** Report the amount of income received in the appropriate Gross Income column (weekly, every 2 weeks, twice monthly, **or** monthly). List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income.

**Other Monthly Payments or Income:** List the amount each person got last month from welfare, child support, alimony, adoption subsidies, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income Last Month** column, include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME.** Use the Self-Employment Income Worksheet on the back of the application to calculate net income for self-owned businesses, farm, or rental income and report in the All Other Income Last Month column. **Do not report:** Scholarships, educational benefits, lump sum payments, combat pay or children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass. If you are in the Military Housing Privatization Initiative or get combat pay do not include these allowances.

**Social Security Number:** If the application is being made on the basis of income, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. If you do not provide your Social Security number or mark the box, your application cannot be processed.

**Part 4.** Read the certification and fill in all the blanks in this section.

# Iowa Eligibility Application

**FFY 10-11**  
**School Year 10-11**

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

**Part 1. Check all applicable boxes:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> school meals                             | <input type="checkbox"/> children in center        | <input type="checkbox"/> children in home child care (HP) |
| <input type="checkbox"/> special milk (restrictions apply)        | <input type="checkbox"/> Tier 1 home provider (HP) | Provider name: _____                                      |
| <input type="checkbox"/> foster child (ONE APPLICATION PER CHILD) | <input type="checkbox"/> Head Start/Even Start     |   |

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

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

**Ethnicity:** H=Hispanic or Latino, N=Non Hispanic or Latino  
**Race:** A=Asian, B=Black or African American, I=American Indian or Alaska Native, P=Native Hawaiian or other Pacific Islander, W=White

**FIP or Food Assistance Eligible: Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. NOTE: Medicaid, Title XIX, FIP card number and EBT card numbers are not acceptable.**

Name of household member with Case Number \_\_\_\_\_ List Case Number \_\_\_\_\_

Last Name	First Name	Middle Name or Initial	Check box for FOSTER child	Date of Birth	Grade	OPTIONAL		Name of School/Head Start/Child Care Center
						ETHNICITY	RACE	
1.			<input type="checkbox"/>					
2.								
3.								
4.								
5.								

**Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2.** Report the gross income received by EACH household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side.

List the names of <u>everyone</u> living in your household, including the children listed in Part 2. Attach a separate page if more space is needed. For FOSTER children, include only money available for child's personal use or child's own income.					Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income Received.		
Last Name	First Name	Age	Income NO	Check if	Gross amount received weekly	Gross amount received every 2 weeks	Gross amount received twice a month	Gross amount received monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA	All other income
1.			<input type="checkbox"/>	<input type="checkbox"/>							
2.			<input type="checkbox"/>	<input type="checkbox"/>							
3.			<input type="checkbox"/>	<input type="checkbox"/>							
4.			<input type="checkbox"/>	<input type="checkbox"/>							
5.			<input type="checkbox"/>	<input type="checkbox"/>							
6.			<input type="checkbox"/>	<input type="checkbox"/>							

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

**Part 4. Certification and Signature. REQUIRED OF ALL APPLICANTS.**

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted.

Signature of Adult Completing Form \_\_\_\_\_ Printed Name of Adult Completing Form \_\_\_\_\_ Date Signed \_\_\_\_\_  
 Address of Adult Completing Form \_\_\_\_\_ Town \_\_\_\_\_ ZIP Code \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Part 5. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.**

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12  
 Household Income: \$ \_\_\_\_\_  Weekly  Every 2 Weeks  Twice Monthly  Monthly  Annually Household Size \_\_\_\_\_

Application Approved: <input type="checkbox"/> Income <input type="checkbox"/> Foster Child (income) <input type="checkbox"/> FIP/Food Assistance <input type="checkbox"/> Head Start DOCUMENTATION REQUIRED <input type="checkbox"/> Homeless/Migrant (Schools only) <input type="checkbox"/> Temporary Approval (zero income) expires in 45 days on (Mo.) _____ (Day) _____ Eligibility Determination: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals <input type="checkbox"/> Free Milk Application Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Over income limits	CACFP HP ONLY: <input type="checkbox"/> Tier 1 Area (Provider's own children) <input type="checkbox"/> Tier 1 Income (All children) <input type="checkbox"/> Tier 1 Child (Tier 2 mixed)
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Determining Official Signature _____ Effective Date _____	Confirming Official Signature (Schools only) _____ Date _____ Follow-Up Official Signature (Schools only) _____ Date _____
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**hawk-i/Medicaid Information Form: Read this information and sign if you do not want your name released to hawk-i or Medicaid.**

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now requires schools to share your free and reduced price meal eligibility information with Medicaid and hawk-i, the 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.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the hawk-i program. It will not affect your children's eligibility for free and 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 at the time you complete this eligibility application. If you want further information, you may call hawk-i at 1-800-257-8563.

**I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or hawk-i. Also, if you are already receiving Medicaid or hawk-i, please sign below. This will avoid another contact.**

Child's Name: \_\_\_\_\_ School/Child Care/Head Start Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Child Care/Head Start Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Child Care/Head Start Center: \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Self-Employment Income Worksheet: This worksheet will assist you in calculating the amount to report if you engage in farming, are self employed or have income from other sources.**

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. **The least self employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 3 of the application.

**The least income possible is zero (no income).**

**Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.**

Line 12 - Business income or (loss)		\$ _____
Line 13 - Capitol 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		\$ _____
Total ÷12* =		_____

\*Enter amount in the "All Other Income Last Month" column in Part 3 on the front of the Iowa Eligibility Application. **The least income possible is zero (no income).**

**FEE WAIVER STATEMENT/APPLICATION**

**If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. 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.  
 Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**

	<i>For Office Use Only</i>
_____ Full Waiver Approved	_____ Temporary Waiver Approved
_____ Partial Waiver Approved	_____ Application Denied. Reason _____

Authorized School Signature \_\_\_\_\_ Date \_\_\_\_\_