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this information. Specifically, we will give them your child's name, your name & address. Medicaid & Hawki can only use the information to identify children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the information from your free and reduced 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 will evoid us by completing the information below. If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This will evoid us by completing the information below. If your children do not have health insurance, many families getting free or reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free and reduced price meal eligibility information with Medicaid & Hawki, the State's medical insurance program for children. Private schools, RCOIs and children organizations may choose to share another contect .ow-Cost Health insurance for Children

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

Signature

Parent/Guardian Name (Printed)

The Richard B, Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Family investment Program (FIP) or Food Distribution Program on Indian Reservations (FOPIR) case number or other FOPIR 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 funch and breakfast programs. We MAY share your eligibility information with programs, and law enforcement officials to help them look into violations of

regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender USDA Nondiscrimination Statement: in accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights dentity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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 Program information may be made available in languages other than English. Persons with disabilities who require alternative means of

which can be obtained online at: f To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form the Federal Relay Service at (800) 877-8339.

the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Office of the Assistant Secretary for Civil Rights

to this address, only complaints of \*Do not mail applications discrimination

> disability, age, or religion in its programs, activities, or employment practices as required by the lowa Code section 216.6, 216.7, and on the basis of race, creed, color, sex, sexual related to compliance with this policy by this CNP Provider, please contact the lowe Civil orientation, gender identity, national origin, policy of this CNP provider not to discriminate lowa Non-Discrimination Statement: "It is the 216.9. If you have questions or grievances 4416; website: https://icro.lowa.gov/ 1004; phone number 515- 281-4121, 800-457 building, 400 E. 14<sup>th</sup> St. Des Moines, IA 50319 Grimes State Office

## Return completed form to:

608 3rd Ava NW Aquin Catholic Elemntary Schoo Cascade IA 52033

Waiver Information

This Institution is an equal opportunity provider.

Translated applications are available at \_2/03/2 - 03/2/2020 - 05/

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email:

Washington, D.C. 20250-9410; or (833) 256-1665 or (202) 690-7442; or

1400 Independence Avenue, SW .S. Department of Agriculture

- Sociel Security(disability payments and survivor) Eamings from work
- Income from person outside the household
- Incume from any other source

vances for off-base housing, food and citthing

Sources of Child Income If you are in the U.S. Military: Net income from self-employment (farm or business) Salary, wages, cash bonuses (before deductions or taxes) Basic pay and cash bonuses (do NOT include combat pay, FSSA or privalized housing allowances) Earnings from Work (Adult Income Sources) Public Assistance/Alimony/Child Support (Adult Income Sources) • Cash Assistance from Statefocal governm Alimony or child support payments Worker's compensation Unemployment benefits Supplemental Security income

 Investment income Annulties

Regular cash payments from outside household

Regular income from trusts or estates

## Optional Supplemental Worksheet 2023-2024 Iowa Application for Free and Reduced Price School Meals/Milk

an should be included under Step 3 D on the first page  All Other income    Gross Public Assistance/Child Support/Allmony Hew Offser? (mark: X* in box).	Names of All Adult Household Members  First and Last Names. Include children who are temporally away at school or in college.  S  First and Last Names. Include children who are temporally away at school or in college.  S  S  S  Self-Employment Income  Self-Employment In	children should be included under Step 3 D on the first page age 1)  age 1)  Chen? (mark X' in box)  Chen? (mark X' in box)  Chen? (mark X' in box)  Self-Employment income  S	Monthly Weekly weekly Month Monthly  \$
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If your child(ren) qualifies for free or reduced-price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. I understand that I will be releasing information that will show that I applied for free and reduced-price school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees ONLY. I certify that I am the parentiguardian of the child(ren) for whom application is being made. You do NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

Signature of Parent/guardian

WAIVER STATEMENT

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