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equired	ifirmation Ru	Homeless/Migrant/Runaway-Local Official confirmation Required	rant/Runav	less/Mig		required)	nfirmation	☐ Head Start (confirmation required)		☐ Foster Child ☐ FIP/SNAP	Foster Chil	ne	2
	llow-Up	Signature and Date of Verification Follow-Up	ture and D	Signa			ng Official	Signature and Date of Confirming Official		Signature	ficial	termining O	- ~
	<u> </u>												
S	APPI ICATION	FRROR PRONE AF			•		69	rearly	Monthly	2x Month	Bi-Weekly	Weekly	Household Size:
	Date Received:	Date F	Application #:	Applic	ne:	Total Income:		X	x12	x24	x26		Conversion
		Return completed form to: Marlene Frantz, Regina Junior Senior High School Office	ntz, Regina Juni	Marlene Fra	orm to:	mpleted f	eturn co	125.067323	VE USE C	MINISTRATI	HOOL ADI	NE. FOR SC	DO NO! WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY
		Email (optional))	(optiona	Daytime Phone (optional)	Daytim	Zip	State		City	Apt. #		Street Address (if available)
	, , , , , , ,												
's Date	Todav's	THE THE PARTY OF T	3	the for	ompleting the form	Printed name of adult co	ed name	Print				ne form	Signature of adult completing the form
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chool officials	ds, and that s	receipt of Federal fund	ction with the	in connec	on is given	ils informati	stand that t	ted. I unders	mation my	nd mat all inco nive false infor	l purposely o	m aware that if	may verify (check) the information. I am aware that if I purposely give false information my children may lose meet benefits and I may be proceeded under the information. I am aware that if I purposely give false information my children may lose meet benefits and I may be proceeded under the children in the information.
	CN	FAGE TWO CONTAINS MORE INFORMATION	ONIAINO	- 1440	FAG				4	an Silan		on this applies	"I certify (promise) that all information
					0.00				illo.	ill Cive and	a and Ad	Contact Information and Adult Signature	STEP 4
ly Yearly	ark "X" in box) onth Monthly	y Bi-weekly 2x Month Monthl	Weekly	Children	ved by All	Total Income Received by All Children	Total Inc	ease	e income. '1 here. Ti me	ted in STEP	Children lis	ncome by all	include the TOTAL gross earned income by all Children listed in STEP 1 here. The sources of income for children section will help you with the Child Income
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2x Wonth Monthly	Bi- weekly N	Weekly	Monthly	2x Month	Bi- weekly	Weekly		hly Yearly	Month Monthly	weekly Mo	Weekly	-	are temporarily away at school or in college.
"X" in box)	How Often? (mark "X" in box)	Ho	box)	mark "X" in	How Offen? (mark "X" in box)	ı		C	ark "X" in box	Itten? (i			First and Last Names Include children who
ent	Gross Pension/Retirement	<u>Gross</u> Pen	a	ance/Chill ony	Public Assistance Support/Alimony	Gross Public Assistance/Child Support/Allmony		come	All Other In	Gross Earnings from Work/All Other Income	oss Earnings	ଜୁ	Names of All Adult Household Members
e '0', If you d for is or taxes.	/ source, write s are require ore deduction	eceive income. If they do not receive income from any source, write '0'. If you re fields will be processed as complete. If more spaces are required for income. Report all income in whole dollar amounts before deductions or taxes	hey do not n essed as co income in w	come. If t	receive in me fields w t income. F	hey do not blank incor vith the adul	1 even if t cations with I help you v	report, Applic s section wil	income to me for adult	nat there is no surces of inco	(promising) to sheet. The sc	are certifying	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 adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes
lt):	SSN (adult):	ļ.) XXX-XX-	t 4 digits	nber (las	(SSN) of Adult Household Member (last 4 digits)	Adult Hou	(SSN) of		a constant	A - 15+ 5 L	Chiefe volues	D. All Adult Household Members (in
No	C. Check No			Number	Security Number	B. Last Four Digits of Social	our Digits	B. Last F		Adults)	(Children +	ม่d Members	A. Total Number of All Household Members (Children + Adults)
			Apply Online:		STEP 2)	ed 'Yes' to	iewsna nc	iis step if yo	rs (Skip th	iold Membe	LL House	Report Income for ALL Household Members (Skip this step if you answered "Yes" to	STEP 3 Report
	! !	Ĭ	Case Number:	Case			.,-	acceptable	rs are <u>NOT</u>	card numbe	aid and EBI	space. Medic	Olle case muni
			3).	te STEP	not comple	TEP 4 (Do r	en go to S	ber here th	a case num	d Yes, write	ou answere	10 S EK 3. II	Write only one one much it is
		Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDPIR?	rograms; S	stance p	wing ass	of the folio	ne or more	licipate in o	rrently par	ding you) cu	nbers (inclu	ousehold Me	STEP 2 Do any H
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													and helps to make sure we are
										7000		and the second s	children's race and ethnicity. This information is important
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P=Native Hawalian/Other Pacific Islander	Vative Hawaiian/C												or Runaway are eligible for free
W=White WAlaskan Native an American	A-Asian vy=white I=American Indian/Alaskan Native B=Black/African American	H=Hispanic or Latino N=Non- Hispanic/I atino	Check all that apply	Check al			No No	Yes					care and children who meet the definition of Homeless, Migrant
Се	Race	Ethnicity	Change		Grade	School] Q,	Φ I	Name		Name	related." Children in Foster
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	OPTIONAL	OF											
l worksheet)	supplementa	are infrants, children, and students up grade 12 (if more spaces are required for additional names, attach the supplemental worksheet)	red for addlt	s are requi	nore space	rade 12 (if n	dents up g	en, and stu	ants, childi	s who are ini	old Member	שני הוטשו	

Low-Cost Health Insurance for Children

will avoid another contact, 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 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 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 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 lowyour free and reduced price meal eligibility information with Medicald and Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to 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

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

Parent/Guardian Name (Printed)

Signature

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, without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway. (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 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 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

(USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex USDA Nondiscrimination Statement: (revised 2-15-23) In accordance with federal civil rights law and U.S. Department of Agriculture (including gender identity and sexual orientation), disability, age, or reprisal or retallation for prior civil rights activity.

(revised 7-1-25) "It is the policy of this CNP

Iowa Non-Discrimination Statement:

its programs, activities, or employment national origin, disability, age, or religion in

race, creed, color, sex, sexual orientation, provider not to discriminate on the basis of

section 216.6, 216.7, and 216.9. If you have practices as required by the lowa Code

communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the USDA through the Federal Relay Service at (800) 877-8339. responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact Program information may be made available in languages other than English. Persons with disabilities who require alternative means of

about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights Washington, D.C. 20250-9410; or 1400 Independence Avenue, SW

> to this address, only complaints of

discrimination.

*Do not mail applications

Return completed form to:

https://icrc.iowa.gov/."

515- 281-4121, 800-457-4416; website: 100, Des Moines, IA 50321; phone number Rights Commission, 6200 Park Ave, Suite Provider, please contact the lowa Civil compliance with this policy by this CNP questions or grievances related to

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email: (833) 256-1665 or (202) 690-7442; or

<u>program.intake@usda.gov</u>

This institution is an equal opportunity provider.

Translated applications are available at: http://www.fns.usda.gov/school-meals/translated-applications

Waiver Information

Sources of Child Income

- Earnings from work
- Social Security (disability payments and survivor's benefits)
- Income from person outside the household
- Income from any other source

Earnings from Work (Adult Income Sources)

- Salary, wages, cash bonuses (before deductions or taxes)
- Net income from self-employment (farm or business)
- If you are in the U.S. Military:
- a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
- Allowances for off-base housing, food and clothing
- Cash Assistance from State/local government Supplemental Security Income
- Unemployment benefits

Support (Adult Income Sources) Public Assistance/Alimony/Child

- Worker's compensation

Strike benefits

- Alimony or child support payments
- Veteran's benefits
- Investment income

 - Regular income from trusts or estates

Disability benefits

All Other Income (Adult Income Sources)

- Rental income
- Regular cash payments from outside household

Optional Supplemental Worksheet 2025-2026 Iowa Application for Free and Reduced Price School Meals/Milk

	Additional Children in Yo
	Children i
	드
	lousehol
,	Household (not listed on page 1
	d on page 1

] :	ı		Date	Student	ent) 			Homeless,	Responding to this : children's eli	OPTIONAL Responding to this section is optional and does not affect your children's eligibility for freefreduced price meals.
Child's First Name	3	Child's Last Name	으			Spille	Grade	Child	Migrant,	Ethnicity	Race
			Birth	ΥES	Š O	ocitoo				H≒Hispanic.or Latino	A≂Asian W≕White I=American Indian/Alaskan Native
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and the second s											
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Any income earned by the above listed children should be included under Step 3 D on the first page of the application.

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Additional Adults in Your Household (Not listed on page 1)

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	+	A	4	7		4		4	•	Weekly BI- Zx Monthly Yearly	Di Ciwii (iigin A ii box)	How Offen? (mark "X" in hox)		Gross Earnings from Work/All Other Income
	4	- Individual Control of the Control	·		\$	—		↔		Weekly Bi- 2x Monthly	How Often? (mark "X" in box)		Support/Alimony	Gross Public Assistance/Child
A	*	*			A	 A	•		THE INDIVIDUAL PROPERTY.	Weekly Bi- 2x Monthly	How Often? (mark "X" in box)		Gross Pension/Retirement	

Self-Employment Income Calculations

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 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.

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 employment, each amount must be listed separately. Add together the amounts reported on the following lines: 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 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 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, 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. For a household with income wages and selfpurposes 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

me \$ Gross Annual Income + 12	Il Other Income (Computed Monthly Inco	TOTAL \$Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$Gross Annual Income + 12)
	69	Farm Income or (Loss) Schedule 1 Part 1, LINE 6
	\$	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5
	€	Other Gains or (Losses) Schedule 1 Part 1, LINE 4
	₩	Business Income or (Loss) Schedule 1 Part 1, LINE 3
	\$	Capital Gain or (Loss) Form 1040 or 1040-SR,LINE 7