

Louisa-Muscatine Community School District
14478 170th Street
Letts, Iowa 52754

Dear Parent/Guardian:

Children need healthy meals to learn. **Louisa-Muscatine CSD** offers healthy meals every school day. Breakfast costs **\$1.10 for grades K-12**; lunch costs **\$1.75 for grades K-6 and \$1.90 for grades 7-12**. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

1. **Do I need to fill out an application for each child?** Complete the Iowa Eligibility Application for your household with all children listed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application: Louisa-Muscatine Schools.**
2. **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.
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
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 **Louisa-Muscatine CSD** 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: **Darrell Smith, Superintendent, Louisa-Muscatine Community School District, 14478 170th Street, Letts IA 52754 or calling 319-726-3541.**
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. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child.
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, 2011.**

If you have other questions or need help, call **Elementary @ 319-726-3634** or **High School @ 319-726-3421**.

Household Size	Federal Income Chart				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional person:	7,067	589	295	272	136

Households: Your children may qualify for reduced or free 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 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410* or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Iowa Non-Discrimination Notice: "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.7 and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; web site: <http://www.state.ia.us/government/crc/index.html>."

Instructions for Completing Iowa Eligibility Application

Complete both sides of an application for each household.

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.

FOSTER CHILD IN HOUSEHOLD, 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. Foster child can be included as a household member or as a separate application.

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

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

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

FIP or FOOD ASSISTANCE HOUSEHOLD MEMBER, including child 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 Home Case Number listed in the DHS 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 complete this section.

Part 3. Skip this section.

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

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions for reporting income.

Part 2. List the name, date of birth, grade (if applicable), name of school/Head Start/child care center/home 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 each child's ethnic and racial status if you do not complete this section.

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); include yourself and all children living with you. The household decides whether to include the foster child on their household application with non-foster children. 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. If the household includes the foster child, they must report any personal income received by the foster child on the foster parent's household application.

Other Monthly Payments or Income: List the amount each person received 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** 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.** Money is reported if it is regularly received. 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 column. **Do not report:** Scholarships, educational benefits, lump sum payments, combat pay, Deployment Extension Incentive Pay (DEIP) 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 provide the last 4 digits of 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 information 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

Complete one application per household. School Year 2011-2012

FFY 11-12

Part 1. Check all applicable boxes:

<input type="checkbox"/> school meals	<input type="checkbox"/> children in child care center	<input type="checkbox"/> children in child care home(HP)
<input type="checkbox"/> special milk (restrictions apply)	<input type="checkbox"/> Tier I home provider (HP)	Provider name: _____
	<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

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/Home
						ETHNICITY	RACE	
1.			<input type="checkbox"/>					
2.			<input type="checkbox"/>					
3.			<input type="checkbox"/>					
4.			<input type="checkbox"/>					
5.			<input type="checkbox"/>					

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 number are not acceptable.

Name of household member with Case Number _____ List Case Number _____

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	Check if NO Income	Gross amount earned weekly	Gross amount earned every 2 weeks	Gross amount earned twice a month	Gross amount earned monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA benefits	All other income	
1.			<input type="checkbox"/>								
2.			<input type="checkbox"/>								
3.			<input type="checkbox"/>								
4.			<input type="checkbox"/>								
5.			<input type="checkbox"/>								
6.			<input type="checkbox"/>								

My Social Security Number: **X XX - X X** - ____ ____ ____ 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. **For further information refer to the 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 (free) <input type="checkbox"/> FIP/Food Assistance	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)
Eligibility: <input type="checkbox"/> Head Start DOCUMENTATION REQUIRED <input type="checkbox"/> Homeless/Migrant (Schools only)	
Determination: <input type="checkbox"/> Temporary Approval (zero income) expires in 45 days on (Mo.) _____ (Day) _____	
Application Denied: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals <input type="checkbox"/> Free Milk	
<input type="checkbox"/> Incomplete <input type="checkbox"/> Over income limits	

	_____ Confirming Official Signature (Schools only) Date
_____ Determining Official Signature Effective Date	_____ Follow-Up Official Signature (Schools only) Date

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).**

STANDARD FEE WAIVER APPLICATION

Date: _____

School year: 2011-2012

All information provided in connection with this application will be kept confidential.

Name of Student(s): _____ Grade(s): _____

Name of parent/guardian/legal or actual custodian: _____

Please check type of waiver desired:

Full Waiver _____ **Partial Waiver** _____ **Temporary** _____

Please check if the student or the student's family meets the financial eligibility criteria or is involved in one of the following programs:

Full Waiver

_____ Free meals offered under the Children Nutrition Program

_____ The Family Investment Program (FIP)

_____ Supplemental Security Income (SSI)

_____ Transportation assistance under open enrollment

_____ Foster Care

Partial Waiver

_____ Reduced priced meals offered under the Nutrition Program

Temporary Waiver

If none of the above apply, but you wish to apply for a temporary waiver of school fees because of serious financial problems, please state the reason for the request:

Signature of parent/ guardian/legal or actual custodian

Note: Your signature is required for the release of information regarding the student or the student's family financial eligibility for the programs checked above.