2019 Iowa Application for Free and Reduced Price Summer Meals (For Use by Camps and Closed Enrolled Sites)

Received Date:_____

Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted.

STEP 1 **List ALL Household Members who are infants, children, and students up to and including grade 12** (if more spaces are required for additional names, attach the supplemental worksheet.)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Birth Date	Student? Yes	Student? No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway

Check all that apply

STEP 2 **Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, FIP, or FDPIR?**

Circle one: Yes / No [redacted]

Write only one case number in this space. Not acceptable: Medicaid, Title XIX & EBT card numbers.

[redacted]

STEP 3 **Report Income for ALL Household Members** (Skip this step if you answered 'Yes' to STEP 2)

Not sure what income to include here? Flip the page and carefully review the charts titled "Sources of Income" for more information.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section. The "Sources of Income for Children" chart will help you with the Child Income section.

A. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total gross income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you 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.**

Name of Adult Household Members (First and Last)	B. Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Annually	C. Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	D. Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

E. Child Income: Sometimes children in the household earn income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here. $ ○ ○ ○ ○ ○

F. Total Household Members (Children and Adults)

G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X [ ][ ][ ][ ] Check if no SSN ☐

STEP 4 **Contact Information and Adult Signature** **MAIL COMPLETED FORM TO:** INSERT YOUR SCHOOL DISTRICT/ORGANIZATION MAILING ADDRESS HERE

☐ "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school/organization officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	Apt. #	City	State	Zip	Daytime Phone (optional)	Email (optional)

Printed name of adult completing the form	Signature of adult completing the form	Today's date

DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY. Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Household Income: $_____ ☐ Weekly ☐ Bi-Weekly ☐ Twice Monthly ☐ Monthly ☐ Annually Household Size: _____

Application Approved: ☐ Income ☐ Foster Child ☐ FIP/Food Assistance ☐ Head Start (documentation required) ☐ Homeless/Migrant/Runaway-Local Official Documentation Required

Eligibility Determination: ☐ Free ☐ Reduced ☐ Free Milk Application Denied: ☐ Incomplete ☐ Over income limits

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