HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household, even if your children attend more than one school in the **Trinity/Turkey Valley District.** Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. **Completed applications should be mailed or returned to Trinity Catholic School, PO Box 246, Protivin, IA 52163** If at any time you are not sure what to do next, please contact **Trinity Catholic School, Linda Luzum, 563-569-8556, or dbqe47sec@dbqarch.org.**

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?
When filling out this section, please include all members in your household who are:

- Children age 18 or under **and** are supported with the household's income;
- In your care under a foster arrangement or qualify as homeless, migrant or runaway youth;
- Students attending **Trinity Catholic School,** *regardless of age*.

A) List each child's name and date of birth. Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.

B) Is the child a student? Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend **Trinity Catholic/Turkey Valley District.** If you marked 'Yes' write where the child attends school and write the grade level of the student in the "Grade" column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are *ONLY* applying for foster children, after finishing STEP 1, go to "STEP 4". Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant or runaway? If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

E) Share children's racial and ethnic identities (optional). Next to each child's name, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN the Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa)
- The Family Investment Program (FIP)
- The Food Distribution Program on Indian Reservations (FDPIR)

If 'NO', go to STEP 3. (Leave the rest of STEP 2 blank)
If 'YES,' provide a case number for SNAP, FIP, or FDPIR. You only need to write **one** case number. Case numbers are located on your Notice of Decision. **Go to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
Gross income is the total income received before taxes.

Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums or any other amounts taken from your pay.

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be investigated.

Mark how often each type of income is received using the check boxes to the right of each field.

A) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

B) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided.

C) You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

FOR EACH ADULT HOUSEHOLD MEMBER:

D) List all adult household member's name. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.**

Who should I list here?

When filling out this section, please include **all** adult members in your household who are:

Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

*Do **not** include:*

People who live with you but are not supported by your household's income AND do not contribute income to your household.

Children and students already listed in Step 1.

Report earnings from work. Refer to the chart below titled "Sources of Income for Adults" and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are self-employed or farm owner, you will report your net income. Adults who have both income from work and are self-employed should report each income source separately. If you need assistance with this, ask your children's school for the Supplemental Worksheet which has self-employment calculations.

What if I am self-employed?

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask your school for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

Report income from public assistance/child support/alimony. Refer to the chart below titled "Sources of Income for Adults" and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
Report income from pensions/retirement/all other income. Refer to Table 2 below titled "Sources of Income for Adults" and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

Table 1. Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
● Salary, wages, cash bonuses ● **Net** income from self-employment (farm or business) **If you are in the U.S. Military:** ● Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) ● Allowances for off-base housing, food and clothing	● Unemployment benefits ● Worker's compensation ● Supplemental Security Income (SSI) ● Cash assistance from State or local government ● Alimony payments ● Child support payments ● Veteran's benefits ● Strike benefits	● Social Security (including railroad retirement and black lung benefits) ● Private Pensions or disability benefits ● Regular Income from trusts or estates ● Annuities ● Investment Income ● Earned interest ● Rental income ● Regular cash payments from outside household

E) Report all income earned or received by children. Refer to the table below titled "Sources of Income for Children" and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Child Income**."** Only count foster children's income if you are applying for them with the rest of your household (income from a part-time job or from any funds provided to the child for the child's personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

Table 2. Sources of Income for Children

Sources of Child Income	Example(s)
● Earnings from work	● A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)
● Social Security ○ Disability Payments ○ Survivor's Benefits	● A child is blind or disabled and receives Social Security benefits. ● A parent is disabled, retired, or deceased, and their child receives social security benefits.
● Income from person *outside* the household	● A friend or extended family member *regularly* gives a child spending money.
● Income from any other source	● A child receives regular income from a private pension fund, annuity, or trust.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

A) **Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) **Print and sign your name and write today's date.** Print the name of the adult signing the application and sign in the box labeled "Signature of adult completing the form."

C) **Mail or return completed form to: Trinity Catholic School, PO Box 246, Protivin, IA 52163. Please do not mail completed form to the Department of Agriculture as this will delay processing.**

D) **Decline having your information released to Hawki**. If you do not want your household information shared with Hawki**, print, sign and date in the box provided.**

USDA Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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