2026-2027 Iowa Application for Free and Reduced Price School Meals/Milk

Complete one application per household. Use a pen (not a pencil). **Please read "How to Apply for Free and Reduced Price School Meals" for more information on completing this application**

STEP 1

List ALL Household Members who are infants, children, and students up 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. We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School and Grade	Foster Child	Homeless Migrant Runaway	OPTIONAL Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.	
				Yes	No		Check all that apply		Ethnicity: Hispanic or Latino	Ethnicity: Non-Hispanic/ Latino
				☐	☐		☐	☐	☐	☐
				☐	☐		☐	☐	☐	☐
				☐	☐		☐	☐	☐	☐
				☐	☐		☐	☐	☐	☐

Race (A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander)

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDPIR? If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3). Write only one case number in this space. Medicaid and EBT card numbers are NOT acceptable

Case Number: _ _ _ _ _ _ - _ _ - _ - _

STEP 3

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

Apply online: www.trinitycs.pvt.k12.ia.us

A. Total Number of All Household Members (Children + Adults) _____

B. Last Four Digits of Social Security Number (SSN) of Adult Household Member **(last 4 digits)** XXX-XX-_____

C. Check **No SSN** (adult): ☐

D. All Adult Household Members (include yourself): List all Household Members not listed in STEP 1 **even if they do not receive income.** 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.** The sources of income for section will help you with the adult income on the next page. Report each income separately and in whole dollar amounts before deductions or taxes. For a household with income from wages and self-employment, each amount must be listed separately.

Names of All Adult Household Members	Gross Earnings from Work/All Other Income						Gross Public Assistance/Child Support/Alimony					Gross Pension/Retirement				
First and Last Names. Include children who are temporarily away at school or in college.		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

E. Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here. The sources of income for children section on the next page will help you with the Child Income.

Total Income Received by All Children	Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	☐	☐	☐	☐	☐

STEP 4

Contact Information and Adult Signature

Return completed form to: Trinity Catholic School, PO Box 246, Protivin, IA 52163

"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 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."

Signature of adult completing the form | **Printed name of adult completing the form** | **Today's Date**

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

DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY

PAGE TWO CONTAINS MORE INFORMATION

Annual Income Conversion (if needed)				Household Size: _____	Total Income: $_____	Application #: _____	Date Received: _____
Weekly (x52)	Every 2 Weeks (x26)	2x Month (x24)	Monthly (x12)			☐ ERROR PRONE APPLICATION	
Signature and Effective Date of Determining Official		Signature and Date of Confirming Official				Signature and Date of Verification Follow-Up	

Application	☐ Income	☐ Foster Child	☐ FIP/SNAP	☐ Head Start (confirmation required)	☐ Homeless/Migrant/Runaway-Local Official confirmation Required	
Eligibility Determination	☐ Free	☐ Reduced	☐ Free Milk	Application Denied	☐ Incomplete	☐ Over Income Limits

Low-Cost Health Insurance for Children

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 and Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to 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 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 avoid another contact.

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**_____**Date**_____

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

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. ***Do not mail free and reduced price meal applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

Iowa Non-Discrimination Statement: (revised 7-1-25) It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the Iowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: https://icrc.iowa.gov/.

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Waiver Information

Sources and Examples of Income	For additional information on income, please refer to the instructions that accompany this application		
Earning from Work	**Public Assistance/Alimony/Child Support**	**Pensions/Retirement/All other sources of Income**	**Examples of Income for Children**
• Salary, wages, cash bonuses, tips or commissions	• Unemployment benefits	• Social Security/Disability (including railroad retirement and black lung benefits)	• A child has full or part-time job where a salary/wages are earned
• Net income from self-employments (farm or business)	• Workers' compensation	• Private Pensions or disability benefits	
	• Supplemental Security Income (SSI)	• Income from trusts or estates	• A child received income from a private pension fund, annuity or trust
If you are in the U.S. Military	• Cash assistance from state or local government	• Annuities	
• Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances)	• Alimony payments	• Investment Income	• A parent is disabled, retired or deceased and their child receives Social Security benefits
	• Child support payments	• Earned Interest	
• Allowances for off-based housing, food and clothing	• Veterans benefits	• Rental Income	• A friend or extended family member regularly gives a child spending money
	• Strike benefits	• Regular cash payments from outside the household	• A child is disabled and receives Social Security benefits

Optional Supplemental Worksheet 2026-2027 Iowa Application for Free and Reduced Price School Meals/Milk

Additional Children in Your Household (not listed on page 1)

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.	
				YES	NO			Check all that apply		Ethnicity: H=Hispanic or Latino N=Non-Hispanic/Latino	Race: A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander
				☐	☐			☐	☐		
				☐	☐			☐	☐		
				☐	☐			☐	☐		
				☐	☐			☐	☐		
				☐	☐			☐	☐		
				☐	☐			☐	☐		

Any income earned by the above listed children should be included under Step 3 E on the first page of the application.

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

Names of All Adult Household Members	Gross Earnings from Work/All Other Income						Gross Public Assistance/Child Support/Alimony					Gross Pension/Retirement				
	How Often? (mark "X" in box)						How Often? (mark "X" in box)					How Often? (mark "X" in box)				
First and Last Names. Include children who are temporarily away at school or in college.		Weekly	Bi-weekly	2x Month	Monthly	Yearly		Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	2x Month	Monthly
	$						$					$				
	$						$					$				
	$						$					$				
	$						$					$				
	$						$					$				
	$						$					$				

Self-Employment Income Calculations

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.

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 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, 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 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 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 purposes 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 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. Add together the amounts reported on the following lines:

Capital Gain or (Loss) Form 1040 or 1040-SR,LINE 7 $_____

Business Income or (Loss) Schedule 1 Part 1, LINE 3 $_____

Other Gains or (Losses) Schedule 1 Part 1, LINE 4 $_____

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5 $_____

Farm Income or (Loss) Schedule 1 Part 1, LINE 6 $_____

TOTAL $_____Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (**Computed Monthly Income $_____**Gross Annual Income ÷ 12)

For a household with income wages and self-employment, each amount must be listed separately