

**West Des Moines Community School District  
FREE/REDUCED LUNCH  
APPLICATION INSTRUCTIONS**

**(Helpful Hint: Print instructions and application prior to completing application online. This may serve as a helpful resource while filling out application.)**

Please follow the guidelines below to complete the necessary information.

**Instructions for completing the application online:**

1. Place your cursor in the shaded area to the right of question #1 and type your answer.
2. Hit the Tab key to go to the next question.
3. Once you've completed the forms, print them and sign where required. **NOTE:** the contents of this form **cannot** be saved, so please be prepared to complete it in its entirety at one time.
4. Return the completed items to:

The Learning Resource Center  
Attn: Nutrition Services  
3550 Mills Civic Parkway  
West Des Moines, IA 50265

or fax to: 515-633-5098



Dear Parent or Guardian:

July 2008

The West Des Moines Community School District offers healthy meals every school day. Elementary students may buy lunch for \$2.25 and secondary students may buy lunch for \$2.40. Elementary students may buy breakfast for \$1.40 and secondary students may buy breakfast for \$1.50. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

**Please complete only one application per household listing all children in the household. *Exceptions:* (1) Each Foster Child must have a separate application (2) Your child(ren) receive Food Assistance or Family Investment Program and you received a letter from WDMCS listing the children's eligibility after August 1, 2008.**

**Who can get free or reduced price meals?** Child(ren) in households getting Food Assurances 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. Your child(ren) can get free or reduced price meals if your household income is within the limits on the Federal Income Chart located on the insert.

**How do I apply for free or reduced price meals?** Answer all questions on the application, sign it and return it to school or Nutrition Services, Learning Resource Center, 3550 Mills Civic Parkway, West Des Moines. Complete one application for all students in your household. If the application is not complete, the application will not be approved and your child(ren) will be denied the meal benefits.

**I 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 your child(ren) are identified during this process they will be directly certified as eligible to receive free meal benefits and you will be notified of their eligibility by WDMCS. Some eligible children may not be identified in this process. If you receive notice that only SOME of your children are eligible because of electronic direct certification, contact Nutrition Services, 633-5085. You may need to complete an application for the children who were not identified. NOTE: a **Fee Waiver** form (on back of Iowa Eligibility Application) must be completed to receive a waiver for a student's school fees and transportation.

**How do I apply for free or reduced-price school fees or transportation?** The application for school fee waiver is on back of the Iowa Eligibility Application. You must check box and sign Application for Waiver of Confidentiality to receive free or reduced school fees and transportation.

**Can homeless, runaway and migrant children get free meals?** Yes. Contact the School Principal if your child(ren) are homeless, migrant, or runaway. The student's status will be confirmed by the WDMCS's homeless liaison coordinator.

**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 Iowa Eligibility Application.

**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 a U.S. citizen to qualify for free or reduced price meals.

**If I don't qualify now, may I apply again later?** Yes. You may apply for benefits at any time during the school year. If your household size goes up, income goes down, or you start getting Food Assurances, FIP, or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.

**What other benefits might I be eligible for?** Your child may be eligible for other benefits including *hawk-i* (children's health insurance) or waiver of school fees. There is a school **Fee Waiver** form and *hawk-i* information form on the other side of the Iowa Eligibility Application. Please read carefully and **sign** the application. You may need to sign your name as many as three times on the application.

**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 regular school meals, the school will make substitutions prescribed by the licensed physician at no extra charge for the meal. Please note: the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. A note from the licensed physician is required each year. Please call 633-5085, Nutrition Services Office for further information.

**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) that share income and expenses. You must include yourself and all children who live with you.

**What if I disagree with the decision about my application?** You should talk to a Nutrition Services employee at the Learning Resource Center, 633-5085. You may ask for a hearing by calling or writing Donna Gregory, Director of Business Services, 3550 Mills Civic Parkway, West Des Moines, Iowa 50265. Telephone: 633-5078----Continued on insert----

## Instructions for Completing Iowa Eligibility Application

**Complete both sides of one application per household. Each foster child must have his/her own application**

**AN INCOMPLETE APPLICATION CAN NOT BE APPROVED**

Need help? If you have any questions or need help in filling out the application form, please contact the Nutrition Services Office at 633-5085. Remember, WDMCS may ask you to send written proof of information provided on the application.

**Part 1 – ALL APPLICANTS MUST COMPLETE THIS PART** This application may be used to apply for benefits in school meals program. Check all boxes that apply to your family. You may make copies of a completed application for other programs for your child(ren).

### **Part 2 – ALL APPLICANTS MUST COMPLETE THIS PART**

**ALL HOUSEHOLDS:** List the name, school, grade, and birth date. Provide ethnic and racial information if you choose.

**FIP HOUSEHOLDS:** If your child is receiving Family Investment Program (FIP) payments, list the case number for each child in the designated space. Take these numbers from the Letter of Decision. Note: Medicaid, Title XIX and EBT card numbers are not acceptable.

**FOOD ASSISTANCE HOUSEHOLDS:** If you did not receive a letter from WDMCS in mid August stating all your children were eligible for free meals, then you must complete an application for the children not identified as eligible for free meals by WDMCS. When completing the application, use the number from the Letter of Decision, not from the EBT/DEBIT Card. Note: Medicaid, Title XIX and EBT card numbers are not acceptable. **However, ALL FAMILIES must complete a fee waiver form for free or reduced price transportation or books found on the back of the Iowa Eligibility Application.**

**FOSTER CHILDREN ONLY:** A foster child is a child who is living with a household but who remains the **legal responsibility** of the welfare agency or court, and is considered a household of one. If you have foster children living with you and wish to apply for free or reduced price benefits for them, please complete a separate application for each child.

**Part 1 – Check the box for foster child**

**Part 2 –** Complete this section for the foster child. Use one application for each foster child.

**Part 3 –** Complete this section only if the child receives money for personal use. A Social Security number is not required.

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

### **Part 3 – ALL APPLICANTS EXCEPT Those Listing a FIP or Food Assistance Number.**

Follow these instructions to report total household **GROSS** income for last month.

**HOUSEHOLD MEMBERS:** List the last and first names of **each** person living in your household, related or not (such as grandparents, all children, other relatives, and unrelated people including friends). Attach another sheet paper if needed.

**AGE:** List the age of each household member

**FOSTER CHILDREN:** List only the foster child and their income. Do not list other household members.

**NO INCOME:** Check box for each household member that **does not** have any income.

**GROSS INCOME LAST MONTH AND HOW IT WAS RECEIVED:** Report the amount of income received in the appropriate Gross Income column (hourly including number of hours worked per week, weekly, every 2 weeks, twice monthly, or monthly). List the **gross income (BEFORE** deductions for taxes, social security, etc.) each person earned from work **last** month. **Gross income is NOT the same as take-home pay.** If you have a household member for who last month's income was higher or lower than usual, list that person's expected average monthly income.

**OTHER MONTHLY INCOME:** List income each person got last month from other sources. A list of possible sources is on the insert **Income Reporting Guidelines.**

**ANNUAL INCOME CONVERSIONS:** (a) Weekly x 52 (b) Every Two Weeks x 26 (c) Twice a Month x 24 (d) Monthly x 12

**SOCIAL SECURITY NUMBER:** If the application is being made based on income, the adult signing the form must also list his/her Social Security number or mark the "I do not have a Social Security number" box.

**PART 4 –** Read the certification and fill in all the blanks in this section.

**ALL FAMILIES: COMPLETE THE 2008-2009 APPLICATION FOR WAIVER OF CONFIDENTIALITY ON THE BACK OF IOWA ELIGIBILITY APPLICATION TO RECEIVE FREE OR REDUCED PRICE TRANSPORTATION AND BOOK FEES.**



West Des Moines Community Schools 3550 Mills Civic Parkway West Des Moines, Iowa 50265-5556 <b>2008-2009 Application for Waiver of Confidentiality</b>	Application Number:  Date:                      Initials:  F                      R                      D
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Dear Parent or Guardian,

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of the benefits is free or reduced school fees. Complete this form and return to your school office or Nutrition Services Offices, 3550 Mills Civic Parkway, West Des Moines, 633-5085. Please check the box below for a School Fee Waiver.

**SCHOOL FEE WAIVER: YES.** I wish to apply for a waiver of payment of school fees for my student(s) listed on the Iowa Eligibility Application. School personnel may release my student(s) free and reduced-price meal eligibility status to determine eligibility for school fee waivers.

I understand that I will be releasing information that will show that I applied for free and reduced-price school meals for my child(ren). I give up my rights to confidentiality for school fees. This authorization is in effect for one year. I understand that I may revoke this release in writing at any time.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

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Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date Signed
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## The *hawk-i* / Medicaid Information Form

Read this information and sign if you decide 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 school 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 Iowa Eligibility Application for any other purpose.

You are not required to allow us to share information from your children's Iowa Eligibility Application with Medicaid or the *hawk-i* program. It will not affect your children's eligibility for free or 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 your Iowa Eligibility Application. If you want further information, you may call *hawk-i* at **1-800-257-8563**.

I **DO NOT** want school officials to share information from my Iowa Eligibility 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's Name \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name (Printed)	Signature	Date
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Complete Iowa Eligibility Application on other side  
to determine eligibility for school fee waiver.

## Income Reporting Guidelines

**Current Income:** You are to list the total amount of monthly income expected for everyone living in your house or apartment, regardless of their relationship to you. School officials have the right to request verification of the information you supply. Purposeful misrepresentation is subject to prosecution.

**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.

**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>.

**Other Monthly Payments or Income:** Include all income from all sources for **all persons** living in your household. Include income from the following:

<u>REPORT</u>			
Commissions	Worker's compensation	Income from self-employment (self-owned business, farm, rental property)	Social security
Interest	Welfare payments	Veteran's subsistence benefits	Retirement income
Tips	Strike benefits	Regular contributions from someone not living in your household	Disability benefits
Alimony	Unemployment compensation	Dividend income	Pensions
Annuities	Supplemental security income (SSI)	Cash withdrawn from savings, investments, trusts	Child support payments
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<u>DO NOT REPORT</u>			
	Scholarships	Children's incidental income from such occasional activities as:	
	Educational benefits	Babysitting – shoveling snow – cutting grass	
	Food Assistances	Lump sum payments	

**Households:** Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

<b>Federal Income Chart</b>						
<b>Household Size</b>	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly	
1	\$19,240	1,604	802	740	370	
2	25,900	2,159	1,080	997	499	
3	32,560	2,714	1,357	1,253	627	
4	39,220	3,269	1,635	1,509	755	
5	45,880	3,824	1,912	1,765	883	
6	52,540	4,379	2,190	2,021	1,011	
7	59,200	4,934	2,467	2,277	1,139	
8	65,860	5,489	2,745	2,534	1,267	
Each additional person	+6,660	+555	+278	+257	+129	

**PRIVACY ACT STATEMENT:** This explains how we 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 children for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or if you list a Food Assistance number or Family Investment Program number, 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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

### Self-Employment Income Worksheet

**This worksheet will assist you in calculating the amount of income to report if you are engaged in farming, a proprietorship 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 - Capital 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).**