

# Iowa Eligibility Application

FFY 19-20

**Complete one application per household. Fiscal Year 2019-2020**

**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. Check if any child is Homeless, Migrant, or a Runaway and call your child's school.**       Run away     Migrant     Homeless

**Part 3. FIP or Food Assistance Eligible:** Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision (10 digits, include zeros). NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable. Skip part 5.

**Name of household member with Case Number** \_\_\_\_\_ **List Case Number** \_\_\_\_\_

**Part 4. Children enrolled: REQUIRED OF ALL APPLICANTS.**

List name(s) of all enrolled child(ren) in your household.			<b>Ethnicity:</b> H=Hispanic or Latino N=Not Hispanic or Latino		<b>Race:</b> A = Asian    B = Black or African American I = American Indian or Alaska Native W=White			
<i>If ethnicity &amp; race are not completed, the form will be completed based on visual observation</i>								
Last Name	First Name	Middle Name or Initial	Check box for FOSTER child <input type="checkbox"/>	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"/>					

**Part 5. Total Household Gross Income: DO NOT COMPLETE PART 5 IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 3.**  
Report the gross income received by EACH household member one time 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 of this application.

List the names of <u>everyone</u> living in your household, including the children listed in Part 4. 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.				<b>Gross Income: Report income by how often the household member is paid.</b>				Other Monthly Payments or Income Received.		
Last Name	First Name	Age	Check if NO Income <input type="checkbox"/>	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"/>							

Last four digits of my Social Security Number: **X XX - XX -** \_\_\_\_\_  I do **not** have a Social Security Number.  
If Part 5 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 6. 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. Email of Adult Completing Form \_\_\_\_\_

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 7. 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"/> Head Start    DOCUMENTATION REQUIRED	<input type="checkbox"/> FIP/Food Assistance <input type="checkbox"/> Homeless/Migrant/Runaway (Schools only)	CACFP HP ONLY: <input type="checkbox"/> Tier 1 Area (Provider's own children)
Eligibility Determination: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals Application Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Over income limits	<input type="checkbox"/> Free Milk	<input type="checkbox"/> Tier 1 Income (All children) <input type="checkbox"/> Tier 1 Child (Tier 2 mixed)

\_\_\_\_\_ **Determining Official Signature**

\_\_\_\_\_ **Effective Date**

**Self-Employment Income Worksheet: This worksheet will help you calculate the amount to report if you farm, 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 5 of the application.

**Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040 (including Schedule 1). Use the lines from the 1040, Schedule 1 identified below:**

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	\$ _____
<b>The least income possible is zero (a negative number cannot be reported)</b>	Total ÷12* = _____

\*Enter amount in the "Other Monthly Payments or Income Received" column in Part 5 on the front of the Iowa Eligibility Application.