

**INFORMATION LETTER FOR WEB-BASED APPLICATIONS-  
Seamless Summer Option**

**Frequently Asked Questions About Free And Reduced Price School Meals**

Dear Parent/Guardian:

Children need healthy meals to learn. **Lisbon CSD** offers healthy meals every school day. Your school is offering no cost meals in school year 2021-2022 through the Seamless Summer Option. The free and reduced price application may be needed by your school for other programs, such as P-EBT.

If you need assistance completing this web-based application contact **Michele McCoy**, Nutrition Director, [mmccoy@lisbon.k12.ia.us](mailto:mmccoy@lisbon.k12.ia.us)

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
  - All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price meals.
  - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - Children participating in their school's Head Start program are eligible for free meals.
  - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
  - Children may receive free or reduced price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines below. (Requires submitting an Application for Free and Reduced Price Meals/Milk.)

**FEDERAL INCOME ELIGIBILITY GUIDELINES for School Year 2021-2022**

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each additional person:	8,399	700	350	324	162

2. SHOULD I COMPLETE OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your notification, contact: **Michele McCoy**, [mmccoy@lisbon.k12.ia.us](mailto:mmccoy@lisbon.k12.ia.us) immediately as eligibility for free or reduced price meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from DHS, submit this letter to your children's school. You may add any students living in your household who are not listed on the letter. Also, if someone in your household receives food assistance and you did not receive either of these letters, you may complete an application listing the case number as this will qualify all school age children in your household for free meals. If you were informed that your children will get reduced price meals automatically, see the income guidelines above and if you feel you would qualify for free meal benefits, complete an application for free and reduced price meals.
3. WHAT IF WE HAVE FOSTER CHILDREN? Households with foster and non-foster children may choose to include the foster child as a household member, as this may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
4. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact: **Megan Dietsch**, [mdietsch@lisbon.k12.ia.us](mailto:mdietsch@lisbon.k12.ia.us).
5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Complete the Web-based Application for Free and Reduced Price School Meals for all students in your household.* We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.

6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **September 23, 2021 (30 operating days from the first day of school)]**. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carry-over period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please complete the web-based application.
8. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report. You are not required to provide proof with your web-based application.
10. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Pat Hocking, 235 West School Street, Lisbon, IA 52253, [phocking@lisbon.k12.ia.us](mailto:phocking@lisbon.k12.ia.us).
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens please type a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. There are currently no active Military Housing Projects in Iowa as found on [Active Military Housing Projects](#). Any additional combat pay resulting from deployment is also excluded from income.
15. **DO I NEED TO PROVIDE MY SOCIAL SECURITY NUMBER?** Only the last four digits of the Social Security Number of the household's primary wage earner or another adult household member (or an indication of "none") is needed.
16. **WHO CAN GET FREE MILK?** If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, they are not eligible to receive free milk.
17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information included in the web-based application for Hawki information. A school waiver form may be part of the web-based application or available from your child's school.
18. **CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS?** If a child has a disability, as determined by a licensed medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
19. **DO I NEED TO REPORT MY RACE AND ETHNICITY?** It is optional to complete the racial/ethnic portion of the application however if you do not select race or ethnicity, one will be selected for you based on visual observation.

20. If you decide you do not want to complete an application electronically, you can obtain a paper application by contacting Abbie Stolte, [astolte@lisbon.k12.ia.us](mailto:astolte@lisbon.k12.ia.us), or Megan Dietsch, [mdietsch@lisbon.k12.ia.us](mailto:mdietsch@lisbon.k12.ia.us), or Andrea Hasselbusch, [ahasselbusch@lisbon.k12.ia.us](mailto:ahasselbusch@lisbon.k12.ia.us), or Michele McCoy, [mmccoy@lisbon.k12.ia.us](mailto:mmccoy@lisbon.k12.ia.us).
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, call **319-455-2075 ext. 112** or email at [mmccoy@lisbon.k12.ia.us](mailto:mmccoy@lisbon.k12.ia.us)

Sincerely,

**Michele McCoy**

### **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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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  
Washington, D.C. 20250-9410;
  - (2) Fax: (202) 690-7442; or
  - (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).
- This institution is an equal opportunity provider.

### **Iowa Non-Discrimination Statement:**

“It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14<sup>th</sup> St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>.”

### **Information Statement**

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 submit all needed information, we cannot approve your child for free or reduced-price meals. You must include the last four digits of 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 you list a Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 programs rules

**Public Release for Schools Operating the Seamless Summer Option  
(Closed Sites)**

The USDA has issued nationwide waivers allowing schools to operate the Seamless Summer Option during the upcoming 2021-2022 school year. Lisbon Community School has elected to participate in the Seamless Summer Option during this time.

Free meals will be provided to ALL enrolled children and Applications for Free and Reduced Price School Meals/Milk will not be necessary to participate in Seamless Summer Option. Applications for Free and Reduced Price School Meals will be available from the school, as an application may be needed for other benefits such as P-EBT. The Income Eligibility Guidelines are listed in the table below.

**INCOME ELIGIBILITY GUIDELINES  
Effective 7-1-2021**

<u>Household Size</u>	<u>Free Meals</u>					<u>Reduced Price Meals</u>				
	<u>Yearly</u>	<u>Monthly</u>	<u>Twice a Month</u>	<u>Every two weeks</u>	<u>Weekly</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Twice a Month</u>	<u>Every two weeks</u>	<u>Weekly</u>
1	16,744	1,396	698	644	322	23,828	1,986	993	917	459
2	22,646	1,888	944	871	436	32,227	2,686	1,343	1,240	620
3	28,548	2,379	1,190	1,098	549	40,626	3,386	1,693	1,563	782
4	34,450	2,871	1,436	1,325	663	49,025	4,086	2,043	1,886	943
5	40,352	3,363	1,682	1,552	776	57,424	4,786	2,393	2,209	1,105
6	46,254	3,855	1,928	1,779	890	65,823	5,486	2,743	2,532	1,266
7	52,156	4,347	2,174	2,006	1,003	74,222	6,186	3,093	2,855	1,428
8	58,058	4,839	2,420	2,233	1,117	82,621	6,886	3,443	3,178	1,589
For each additional family member add:	5,902	492	246	227	114	8,399	700	350	324	162

Households may meet Income Eligibility Guidelines one of four ways listed below.

1. Households whose income is at or below the levels shown are eligible for reduced price meals or free meals, if they complete an Application for Free and Reduced Price School Meals/Milk. Households may complete one application listing all children and return it to your child's school. When completing an application, only the last four digits of the social security number of the household's primary wage earner or another adult household member is needed.
2. Food Assistance households, children receiving benefits under the Family Investment Program (FIP) and children in a few specific Medicaid programs are eligible for free or reduced price meals. Most children from Food Assistance and FIP households will be qualified for free meals automatically. These households will receive a letter from their children's schools notifying them of their benefits. Households that receive a letter from the school need to do nothing more for their children to receive free meals. No further application is necessary. If any children were not listed on the notice of eligibility, the household should contact the school to have free meal benefits extended to them. Households must contact the school if they choose to decline meal benefits.
3. Some Food Assistance and FIP households will receive a letter from the Department of Human Services (DHS) which will qualify the children listed on the letter for free meals. Parents must take this letter to the child's school to receive free meals.

4. Food Assistance or FIP households receiving benefits that do not receive a letter from DHS must complete an application with the abbreviated information as indicated on the application and instructions, for their children to receive free meals. When the application lists an Assistance Program's case number for any household member, eligibility for free benefits is extended to all children in a household.

Eligibility from the previous year will continue within the same school for up to 30 operating days into the new school year. When the carry-over period ends, unless the household is notified that their children are directly certified or the household submits an application that is approved, the children must pay full price for school meals and the school will not send a reminder or a notice of expired eligibility. An application cannot be approved unless complete eligibility information is submitted. Applications may be submitted at any time during the year. If a family member becomes unemployed the family should contact the school to complete an application. Households notified of their children's eligibility must contact the school if the household chooses to decline the free meal benefits.

Foster children are eligible for free meal benefits. Some foster children will be qualified for free meals automatically through the State Direct Certification process. Their host family will receive notification of these benefits. Families that receive this notification from the school need to do nothing more for their foster children to receive free meals. If a family has foster children living with them and does not receive notification and wishes to apply for such meals, instructions for making an application for such children are contained on the application form. A foster child may be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, it does not prevent a foster child from receiving benefits. Special Supplement Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced price meals based on a completed application.

When known by the school, households will be notified of any child eligible for free meals if the children are enrolled in the Head Start/Even Start Program or are considered homeless, migrant or runaway. If any children are not listed on the notice of eligibility, contact the school for assistance in receiving benefits. If households are dissatisfied with the application approval done by the officials, they may make a formal appeal either orally or in writing to the school's designated hearing official. The Policy Statement on file at the school contains an outline of the hearing procedure. School officials may verify the information in the application, and that deliberate misrepresentation of information may subject the applicant to prosecution under applicable State and Federal criminal statutes. Households should contact their local school for additional information.

There will be no discrimination against individuals with Limited English Proficiency (LEP) in the school meal programs.

**Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.**

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**OPTIONAL Children's Racial and Ethnic Identities**

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. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals. If you do not select race or ethnicity, one will be selected for you based on visual observation.

- Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino
- Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**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 & Health, the State's medical insurance program for children. Private schools, ROCHS and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name & address. Medicaid & Health 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-price 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 Health, you must tell us by completing the information below. If you want further information, you may call Health at 1-800-257-6563. Also, if you are already receiving Medicaid or Health, 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 Health.

Parent/Guardian Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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 submit all needed information, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child 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.

**USDA Non-Discrimination 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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form (AD-3027)** found online at: [http://www.aphis.usda.gov/complaint\\_filing\\_cust.html](http://www.aphis.usda.gov/complaint_filing_cust.html), 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  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Only use this address if you are filing a complaint of discrimination

This institution is an equal opportunity provider.

Waiver Information

**Lower Non-Discrimination Statement:** "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <http://icrc.iowa.gov/>"

Translated applications are available at: <http://www.fns.usda.gov/schoolmeals/translated-applications>

# 2021-2022 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

**Additional Children In Your Household (not listed on page 1)** Student

Child's First Name	MI	Child's Last Name	Yes	No	Child's School	Grade	Parental Status
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other

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

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

Name of Adult Household Member (First and Last)	Employment Status	Frequency	How often?	How often?
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

## 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 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.

Computed Monthly Income \$ \_\_\_\_\_ (Gross Annual Income ÷ 12 = Computed Monthly Income.)

The computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income.

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**WAIVER STATEMENT**

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. 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 waiver of school fees ONLY. I certify that I am the parent/guardian of the child(ren) for whom application is being made. **YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.**

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_