2026-2027 Iowa Eligibility Application for Free and Reduced Price CACFP Meals

Complete one application per household. Use a pen (not a pencil).

Please read "Instructions for completing the Iowa Income Eligibility Application" in the attached parent letter 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.

OPTIONAL: Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.

Child's First Name	MI	Child's Last Name	Date of Birth	Student: Yes	Student: No	Child's School and Grade	Foster Child	Homeless Migrant Runaway (Check all that apply): H	M	R	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
				☐	☐		☐	☐	☐	☐	☐	☐	
				☐	☐		☐	☐	☐	☐	☐	☐	
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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:

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 adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes.

Names of All Adult Household Members	**Gross Earnings from Work/All Other Income** How often? (Mark "X" in box)						**Gross Public Assistance/Child/ Support/Alimony** How often? (Mark "X" in box)					**Gross Pension/Retirement** How often? (Mark "X" in box)				
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 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

PAGE TWO CONTAINS MORE INFORMATION

"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 CACFP ADMINISTRATIVE USE ONLY

Return completed form to:

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

Eligibility Determination	☐ Free ☐ Reduced ☐ Paid
Eligibility Determination Reason	

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 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 program rules.

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.

USDA is an equal opportunity provider, employer, and lender.

***Do not mail applications to this address, only complaints of discrimination.**

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, 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, 6200 Park Ave Suite 100, Des Moines, IA 50321-1270; phone number 515- 281-4121, 800-457-4416; website: https://icrc.iowa.gov/."

Return completed form to:

Waiver Information

Sources of Child Income
• Earnings from work • Social Security (disability payments and survivor's benefits) • Income from person outside the household • Income from any other source

Earnings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Support (Adult Income Sources)	All Other Income (Adult Income Sources)
• Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing	• Cash Assistance from State/local government • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony or child support payments • Veteran's benefits • Strike benefits	• Social Security • Disability benefits • Regular income from trusts or estates • Annuities • Investment income • Rental income • Regular cash payments from outside household