Iowa Eligibility Application FFY 20-21 Complete one application per household. Fiscal Year 2020-2021												
Part 1. Check all applicable boxes:	☐ school meals ☐ special milk (res	☐ children in child care center☐ Tier I home provider (HP)☐ Head Start/Even Start							☐ children in child care home(HP) Provider name:			
Part 2. Check if any child is Homeless, Migrant, or a Runaway and call your child's school.												
Part 3. FIP or Food Assistance Eligible: Enter the FIP or Food Assistance <u>Case Number</u> 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 enro			ANTS.									
List name(s) of all enrolled child(ren) in your household.		Ethnicity: H=Hispanic or L N=Not Hispanic or Lati			ino	I =		sian B = Black or African American ican Indian or Alaska Native W=White If be completed based on visual observation				
			Check		of Grade		OPTIONAL			The state of the s		
Last Name	First Name	Middle Name or Initial	box for FOSTER Birth child				ETHNICITY R		RACE	Name of School/Head Start/ Child Care Center/Home		
1.												
2.												
3.												
4.												
5.												
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 child Attach a separate page if more space is needed. For FOSTER child money available for child's personal use or child's own inc			dren, include only		Gross Income: Report incom often the household member							
Last Name	First Nam	e	Age	Check if NO Income	Gross amoun earned weekly	at am d ea v e	nount ar urned ea very t	iross nount arned wice month	Gross amount earned monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA benefits	All other income
1.												
2.												
3.												
4.												
				旹								<u> </u>
Last four digits of my Social Security Number: X XX - X X												
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				ed 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.							ne					
Income conversion factor Household Income: \$		kly 🔲 Every 2	2 Weeks	☐ Twic	e Month	nly	24; mon ☐ Month		☐ Annua		ehold Size _	
Application Approved: Eligibility	oroved: ☐ Income ☐ Foster Child (fre						rant/Runaway			CACFP HP ONLY: ☐ Tier 1 Area (Provider's own children)		
Determination: Application Denied:	☐ Free Meals ☐ Reduced Price ied: ☐ Incomplete ☐ Over income line								☐ Tier 1 Income (All children) ☐ Tier 1 Child (Tier 2 mixed)			
	 Determini	ng Official Signa	ture						_	Effective Da	 ate	

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 Tier 1 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 <u>personal</u> expenses such as medical expenses and other non-business deductions are <u>not</u> 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 Tier 1 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 (Tier 1) eligibility. Wages paid to a spouse or other family or household member in the operation of a farm or private business must be shown as household income in Part 4 of this Application.

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return – Form 1040 or 1040-SR including Schedule 1 (Additional Income and Adjustments to Income). Complete the identified lines from Form 1040 or Form 1040-SR and Schedule 1.

Capital gain or (loss): Form 1040 or 1040-SR, Line 6		\$
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 =	\$

^{*}The least income possible is zero (a negative number cannot be reported).

^{*}Enter amount in the "All other Income" column in Part 4 on the front of this Application.