Louisa-Muscatine Community School District

Dear Parent/Guardian:

Children need healthy meals to learn. Louisa-Muscatine Community School District offers healthy meals every school day. Cost for PK-6 students is \$2.60 per lunch and \$1.65 for breakfast. The cost for 7-12 students I \$2.75 for lunch and \$1.75 for breakfast. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. Return or mail the completed application to: Louisa-Muscatine Community School District, 14478 170th St. Letts, IA 52754

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 ELIGIDILITY GOIDELINES TO SCHOOL Feat 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		

FEDERAL INCOME ELIGIBILITY GUIDELINES for School Year 2021-2022

- 2. SHOULD I FILL 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: Amanda Wetzel, 14478 170th St. Letts, IA 52754; (319)726-3541; awetzel@Imcsd.org 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: Amy Lantigua;14478 170th St. Letts, IA 52754; (319)726-3541; alantigua@Imcsd.org
- 5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application 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, 30, 2021.** You must send in 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 <u>may</u> be eligible for free or reduced price meals. Please send in an 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 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: **Mike Van Sickle**; **14478 170**th **St. Letts, IA 52754**; **(319)726-3541**; **mvansickle@lmcsd.org**
- 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 write 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. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a Supplemental Worksheet, and attach it to your application. Contact **Amanda Wetzel**, **14478 170**th **St. Letts, IA 52754**; **(319)726-3541**; **awetzel@Imcsd.org** to receive a Supplemental Worksheet.
- 17. 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.
- 18. 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 on the back of the Application for Hawki information. A school waiver form is available from your school.
- 19. 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.

If you have other questions or need help, call (319)726-3541; awetzel@lmcsd.org

Sincerely,

2021-2022 lowa Application for Free & Reduced-Price School Meals/Milk Return completed form to: Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted. List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach the supplemental worksheet.) STEP 1 Child's First Name Child's Last Name Child's School Grade Definition of Household Date of Birth Student? Child Migrant, Member: "Anyone who is living Yes Runaway with you and shares income and expenses, even if not related." Children in Foster care and children who meet the Check all that definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP, or FDPIR? STEP 2 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, Title XIX & EBT Case Number: card numbers are not acceptable. STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) A. Child Income How often? Are you unsure what Sometimes children in the household earn or receive income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here. Total Child Income eekly Bi-Weekly 2x Month Monthly income to include here? Please read How B. All Adult Household Members (including yourself) to Apply for Free List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) and Reduced Price for each source in whole dollars (no cents) only. 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. School Meals for Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet. more information. The Sources of How often? E. Pensions/Retirement/ D. Public Assistance/ How often? How often? Income for Children Name of Adult Household Members (First and Last) C. Earnings from Work Weekly Bi-Weekly 2x Monthly Monthly Annually Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly All Other Income Weekly Bi-Weekly 2x Month Monthly section will help you with the Child Income question. The Sources of \$ Income for Adults section will help you \$ with the All Adult Household F. Total Household Members G. Last Four Digits of Social Security Number (SSN) of Members section. Χ (Children and Adults) Primary Wage Earner or Other Adult Household Member Check if no SSN STEP 4 **Contact Information and Adult Signature** "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." Street Address (if available) Apt. # City State Zip Daytime Phone (optional) Email (optional) Printed name of adult completing the form Signature of adult completing the form Today's date DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY. Date Received by SFA: Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12 ☐ Bi-Weekly ☐ Monthly Household Income: \$ ☐ Weekly ☐ Twice Monthly Annually Household Size: Application Approved: ☐ Income ☐ Foster Child ☐ FIP/SNAP Head Start (documentation required) Homeless/Migrant/Runaway-Local Official Documentation Required Eligibility Determination: Free Reduced Free Milk Application Denied: Incomplete Over income limits

Date

Effective Date

Confirming Official

Date

Follow-up Signature

Determining Official

OPTIONAL Children's Racial and Ethnic Iden	ntities				
		information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect 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			
free and reduced price meal eligibility information with N information. Specifically, we will give them your child's insurance and contact you. They are not allowed to use to allow us to share this information, it will not affect you completing the information below. If you want further contact.	Medicaid & Hawki, the name, your name & a e the information from ur child's eligibility for r information, you ma	educed price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your e State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this address. Medicaid & Hawki can only use the information to identify children who may be eligible for free or low-cost health a your free and reduced meal application for any other purpose or to share it with any other entity or program. You are not required free or reduced price meals. If you do NOT want your information shared with Medicaid or Hawki, you must tell us by any call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This will avoid another ation from my free and reduced price meal application with Medicaid or Hawki.			
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 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 he 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. JSDA 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 eprisal 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 disabil					
1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or	only use this	lowa 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 lowa Code section 216.6, 216.7, and 216.9. If you have			
fil	ddress if you are ling a complaint f discrimination	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 th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: https://icrc.iowa.gov/ ."			
This institution is an equal opportunity provider.		Translated applications are available at: http://www.fns.usda.gov/school-meals/translated-applications			
	<u>-</u>	Waiver Information			

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? Homeless Migrant. **Child's First Name** MI Child's Last Name Child's School Grade Runaway Check all that apply 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) How often? How often? Public Assistance/ Pensions/Retirement/ Child Support All Other Income /Alimony Earnings from Work Name of Adult Household Members (First and Last) Weekly 2x Month Monthly 2x Month Monthly Bi-Weekly 2x Month \$ **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 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.



Superintendent Mike Van Sickle mvansickle@Imcsd.or

Director of Instruction Amy Lantigua alantigua@Imcsd.org

Business Manager Charles Domer cdomer@lmcsd.org

Junior High/High School Principal Chris Parkhurst cparkhurst@lmcsd.org

Elementary
Principal
Aimee Wedeking
awedeking@lmcsd.org

Activities Director Eric Gabe egabe@Imcsd.org

Web site: http://www.lmcsd.org

Louisa-Muscatine Community School District

We Value, We Challenge, We Prepare each and every student.

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 <u>considered</u> 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								
(List all children for whom application is being made.)								
Parent/Guardian	Date							
i alciii/Ouaidiaii	Date							

YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

Central Office 14478 170th Street Letts, Iowa 52754 319.726.3541 Fax: 319.726.3334 Jr/Sr High School 14354 170th Street Letts, lowa 52754 319.726.3421 Fax: 319.726.3649 Elementary School 14506 170th Street Letts, lowa 52754 319.726.3634 Fax: 319.726.4600

It is the policy of Louisa-Muscatine CSD not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, gender, disability, religion, age, political party affiliation, socioeconomic status, or actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code.