2026-2027 Iowa Application for Free and Reduced Price School Meals/Milk Complete one application per household. Use a pen (not a pencil).

Please read "How to Apply for Free and Reduced Price School Meals" 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.

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL	
				Yes	No			Check all that apply		Ethnicity	Race
										H=Hispanic or Latino N=Non-Hispanic/Latino	A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander

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

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: stratford.k12.ia.us

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						Gross Public Assistance/Child Support/Alimony					Gross Pension/Retirement				
	How Often? (mark "X" in box)						How Often? (mark "X" in box)					How Often? (mark "X" in box)				
First and Last Names. Include children who are temporarily away at school or in college.		Weekly	Bi-weekly	2x Month	Monthly	Yearly		Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	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

$

How Often? (mark "X" in box): Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐ Yearly ☐

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 SCHOOL ADMINISTRATIVE USE ONLY

Return completed form to: Stratford Elementary Office

Annual Income Conversion	x52 Weekly	x26 Bi-Weekly	x24 2x Month	x12 Monthly	Yearly	Total Income:	Application #: _____	Date Received: _____
Household Size: _____						$_____	☐ ERROR PRONE APPLICATION	

Signature and Effective Date of Determining Official	Signature and Date of Confirming Official	Signature and Date of Verification Follow-Up

Application	☐ Income	☐ Foster Child	☐ FIP/SNAP	☐ Head Start (confirmation required)	☐ Homeless/Migrant/Runaway-Local Official confirmation Required		
Eligibility Determination	☐ Free	☐ Reduced	☐ Free Milk	Application Denied	☐ Incomplete	☐ Over Income Limits	

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 and Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this information. Specifically, we will give them your child's name, your name and address. Medicaid and Hawki 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 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 Hawki, you must tell us by completing the information below.** If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, 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 Hawki.

Parent/Guardian Name (Printed)_____ **Signature**_____ **Date**_____

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

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. ***Do not mail free and reduced price meal applications to this address, only complaints of discrimination.**

Iowa Non-Discrimination Statement:
(revised 7-1-25) "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, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515- 281-4121, 800-457-4416; website: https://icrc.iowa.gov/."

Return completed form to:

Straford Elementary Office
1000 Shakespeare Ave
Stratford, IA 50249

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

Waiver Information

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_____

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

Optional Supplemental Worksheet 2026-2027 Iowa Application for Free and Reduced Price School Meals/

Milk Additional Children in Your Household (not listed on page 1)

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.	
				YES	NO			Check all that apply		Ethnicity H=Hispanic or Latino N=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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				☐	☐			☐	☐		
				☐	☐			☐	☐		
				☐	☐			☐	☐		

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

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

Names of All Adult Household Members	Gross Earnings from Work/All Other Income						Gross Public Assistance/Child Support/Alimony					Gross Pension/Retirement				
	How Often? (mark "X" in box)						How Often? (mark "X" in box)					How Often? (mark "X" in box)				
First and Last Names. Include children who are temporarily away at school or in college.		Weekly	Bi-weekly	2x Month	Monthly	Yearly		Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	2x Month	Monthly
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
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	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

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 the 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. For a household with income wages and self-employment, each amount must be listed separately. 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. Report in Step 3 under All Other Income (**Computed Monthly Income $_____**Gross Annual Income ÷ 12)