### West Des Moines Community Schools

**2019 - 2020 Application for Free and Reduced Price Meals**

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

#### STEP 1 — ALL Children in the Household
(Infants, children, and students up to and including Grade 12)

<table>
<thead>
<tr>
<th>Student ID (optional)</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Grade (Opt.)</th>
<th>Student?</th>
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**Note:** Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no-cost meals regardless of the completion or eligibility determination of this application.

#### STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: Food Assistance (FA), Family Investment Program (FIP), or FDPR? **Circle one:** Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number then skip to STEP 4.

**Case Number:**

#### STEP 3 — ALL Household Member Income
(Skip this step if you answered ‘Yes’ in STEP 2)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The “Sources of income for Children” section will help you with the Child Income question. The “Sources of Income for Adults” section will help you with the All Adult Household Members section.

**Gross income and how often it is received:**
- W = Weekly
- E = Every 2 weeks
- T = Twice per month
- M = Monthly

A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.

B. List all household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write ‘0’. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report.

<table>
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<tr>
<th>Adult Household Member Name (First and Last)</th>
<th>Earnings from Work</th>
<th>How Often?</th>
<th>Public Assistance / Child Support / Alimony</th>
<th>How Often?</th>
<th>Pensions / Retirement / All Other Income</th>
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**Total Household Size**

(Children and Adults)

**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another 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.”

**Printed name of adult completing the form**

**Signature of adult completing the form**

**Today’s Date**

**Street Address (if available)**

**City**

**State**

**ZIP Code**

**Home Phone Number**

**Work Phone Number**

**Email**

#### OPTIONAL — Children’s Racial and Ethnic Identities — 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
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- White
2019-2020 Application for Waiver of Confidentiality

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. Please check the box below if you would like to waive confidentiality to receive information for any of the benefits listed below.

☐ Fee Waiver - Yes. Your child(ren) will be considered for a full or partial waiver for the following fees: transportation, book fees, drivers education, required summer-school classes, music instruments, AP Exam, Valley Tiger Pride Supplies, Planet 7 and Booster Pak program. If you do not want your information released to any of the fees or programs listed in previous sentence, cross out that fee or program.

I certify that I am the parent/guardian of the children for whom application is being made and are listed below.

<table>
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<th>Print name(s) of all enrolled children in your household.</th>
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Signature of Parent/Guardian _____________________________________________________________ Date ________________________

You do not have to complete this waiver to get free or reduced price school meals.

hawk-i/Medicaid Information Form

Health Insurance - NO. You must sign below if you do not want information on health insurance for your child(ren). The law requires schools to share your free/reduced meal eligibility with hawk-i/Medicaid. Only your child’s name and address is shared. hawk-i/Medicaid can only use the information to identify children who may be eligible for free or low-cost health insurance and then contact you. They are not allowed to use the information for any other purpose or share with any other entity. You are not required to allow us to share this information and it will not affect your child’s eligibility for free or reduced price meals

Signature of Parent/Guardian _____________________________________________________________ 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. 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 Food Assistance (FA), 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, 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, 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.

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