## `INFORMATION LETTER-Seamless Summer Option Frequently Asked Questions About Free And Reduced Price School Meals

## Dear Parent/Guardian:

Children need healthy meals to learn. Wapello Community School District offershealthy meals every school day. Your school is offering no cost meals in school year 2021-2022 through the Seamless Summer Option. The free and reduced price application may be needed by your school for other programs, such as P-EBT. Return or mail the completed application to: Wapello Community School District 406 Mechanic Street Wapello Iowa 52653.

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.)

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 Harris amanda.harris@wapellocsd.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: Wapello Community School . Elem: Lynn Proffitt lynn.proffitt@wapellocsd.org Hs: Kelci Eakins kelci.eakins@wapellocsd.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 October 8<sup>th</sup> 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 Peterson 406 Mechanic Street Wapello Iowa 52563 (319)523-3641
- 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 lowa 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 Harris <a href="maintain:amanda.harris@wapellocsd.org">amanda.harris@wapellocsd.org</a> (319)527-1404 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, Email or call Amanda Harris @ amanda.harris@wapellocsd.org or (319)527-1404.

Sincerely,

Amanda Harris

Complete one application per household. Please use a pen (not a pencil). Application cannot be approved unless complete eligibility information submitted.

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тон ј	Child's First Name	MI Child	Child's Last Name	Date of Birth Student?	nt? Child'	Child's School		Grade	Foster Homeless Child Migrant, Runaway
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and children who meet the definition of Homeless, Migrant or Runaway are eligible for free								heck all tha	
Heats, Nead now to Apply for Free and Reduced Price School Meals for more information.	01								
STEP 2 Do any Ho	Do any Household Members (including you) currently participate in one or more of the following a Circle one: Yes / No No., go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (D	rrently parti swered Yes, v	cipate in one or more of th	e following assis o to STEP 4 (Do not	assistance programs o not complete STEP 3).	: SNAP,	FIP, or FDPIR?		
Write only one case number in the card numbers are not acceptable.	Write only one case number in this space. Medicaid, Title XIX & EBT card numbers are not acceptable.	Case Number:	ber:		To	To Apply On-Line go to: (delete if NA)	to: (delete if N	A)	
STEP 3 Report In	Report Income for ALL Household Members (	Skip this step	(Skip this step if you answered 'Yes' to STEP 2)	9 2)		madel (V)		******	
ou unsure what e to include	A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL gross income earned by all	eive income. Pl	ease include the TOTAL gross incon		ehold Members	Household Members listed in STEP 1 here. Total <u>Child</u> Income	e. Total <u>Child</u> Incon		Weekly BL-Weekly 2x Month Monthly
Please read How to Apply for Free and Reduced Price School Meals for	B. All Adult Household Members (including yourself)  B. All Adult Household Members (including yourself)  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 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 to taxes) 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 taxes) for each source in whole dollars (no cents) only. If they do not receive income, 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.	ing yourself 1 (including yo 1s) only. If they I Il be processed	) urself) even if they do not receive do not receive income from any sou as complete. If more spaces are	income. For each Ho rce, write '0'. If you en' 'equired for addition'	usehold Membi ter '0' or leave ; al names, attao	er listed, if they do re any fields blank, you ch the supplementa	ceive income, re are certifying (pr I worksheet.	port total g <u>ross</u> ir ornising) that the	ncome (before re is no income to
The Sources of Income for Children section will help	Name of Adult Household Members (First and Last) C. Ear	Earnings from Work	Weekly BI-Weekly 2x Monthly Monthly Annually	p. Public Assistance/ sily child Support/Alimony		Meekly Bi-Weekly Zx Month Monthly	All Other Income	Weekly	Bi-Weekly 2x Month Monthly
Income question. The Sources of Income for Adults section will help you with the All Adult	\$ \$			<b>v</b> v			\$ \$		000
Household Members section.	F. Total Household Members (Children and Adults)	G. Last Fo Primary W	G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	er (SSN) of XX	×	×	Check if no SSN	SSN	
STEP 4 Contact In	SITEP 4. Contact Information and Adult Signature	ncome is repo	rted. I understand that this informa	ation is given in conn	ection with the	n connection with the receipt of Federal funds, and that school officials may verify (check)	unds, and that s	chool officials n	nay verify (check
certify (promise) that all intended information. I am aware	certify (promise) that all information on this application is true and that all incortie is reported; interested in the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under a le information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under a le information.	Idren may lose	meal benefits, and I may be prosecuted	secuted under applica	able State and	Federal laws."			
Street Address (if available)	Apt#	City	State	Zip	D <sub>2</sub>	Daytime Phone (optional)		Email (optional)	
printed name of adult completing the form	leting the form	2	Signature of adult completing the form	orm			Today's date	date	
DO NOT W	W THIS LINE.	FOR ADMINISTRATIVE USE	EUSE ONLY.				Date Receive	Received by SFA:	
nual income conversion: Weekly x 52: Household Income: \$	/ x 52; Bj-Weekly x 26; Weekly Weekly	2 Times per Month x 24; Bi-Weekly	J J		Ahnualiy Home	Household Size:Household Size: Homeless/MigranuRunaway-Local Official Documentation Required	ocal Official Docum	entation Required	
Application Approved: Eligibility Determination:	☐ Income ☐ Foster Child ☐ Free Milk	NAP	Head Start (documentation required;	on required) Over income limits	, Γ	ess/Migranurunaway-tr	Cai Ciliciai Docum	i kakan Kakan ka	
Determining Official		Dale		Confirming Official Date		Follow-up Signature		Date	

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. ONL 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 ONL understand that I will be releasing information that will show that I applied for free and reduced price school meals.  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.	WAIVER STATEMENT	This institution is an equal opportunity provider.  Translated applications are available at: http://www.fns.usdq.gov/school-meals/translated-applications	(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.  Iowa Non-Discrimination Statement: "It is the policy of this CNP provider not to discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, 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 questions or grievances related to compliance with this policy by this CNP Provider, please contact the lowa Civil Rights  *only use this questions or grievances related to compliance with this policy by this CNP Provider, please contact the lowa Civil Rights  *only use this questions or grievances related to compliance with this policy by this CNP Provider, please contact the lowa Civil Rights  *only use this questions or grievances related to compliance with this policy by this CNP Provider, please contact the lowa Civil Rights  *only use this questions or grievances related to compliance with this policy by this CNP Provider, please contact the lowa Civil Rights  *only use this questions or grievances related to compliance with this policy by this CNP provider, please contact the lowa Civil Rights  *only use this questions or grievances related to compliance with this policy by this CNP provider, please contact the lowa Civil Rights  *only use this questions or grievances related to compliance with this policy by this CNP provider, please contact the lowa Civil Rights  *only use this questions or grievances related to compliance with this policy by this CNP provider, please contact the lowa Code section 216.5, 216.7, and 216.9. If you have described by the lowa Code section 216.5 and 216.9. If you have described by the lowa Code section 216.5 and 2	To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form,</u> (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint-filing_cust.htm">http://www.ascr.usda.gov/complaint-filing_cust.htm</a> , 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:	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.	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.	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 required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP). Family investment Program 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 (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 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.	Parent/Guardian Name (Printed)Signature	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 life your children do not have health insurance, many families getting free or reduced-price meal eligibility informations with Medicaid & Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to share this free and reduced-price meal eligibility information to identify children who may be eligible for free or low-cost health insurance information. Specifically, we will give them your child's name, your name & address. Medicaid & Hawki can only 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 and contact you. They are 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.	ian c	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 tuliy serving our continuity. Nesponsity of the select face or ethnicity, one will be selected for you based on visual observation.  The service of the property of the select of this panic or Latino.
er of school fees.  of school fees ON  MEALS.		ations	asis of race, grams, u have lowa Civil Imber 515-	the form. To	d contact the Service at	ex, disability,	mormation, we altion. The last action. The last ment Program er signing the inforcement of for their		share your share this salth insurance ed to allow us impleting the ct.		

Children's Racial and Ethnic Identities

Signature of Parent/guardian\_

Date\_