

PARENT/GUARDIAN INFORMATION LETTER FOR FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION

Frequently Asked Questions About Free and Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Nashua-Plainfield CSD offers healthy meals every school day. Breakfast costs \$1.70; lunch costs PK-5 \$2.75, 6-12 \$2.85. Your children may qualify for free meals/milk or for reduced price meals. The reduced price is \$.30 for breakfast and \$.40 for lunch. Return or mail the completed application to: Val Roach, PO Box 569, Nashua, IA 50658; (641) 435-4835. vroach@nasha-plainfield.k12.ia.us

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 and submit an application for free and reduced-price meals/milk.

FEDERAL INCOME ELIGIBILITY GUIDELINES for SCHOOL YEAR 2023-2024

| Household Size | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
|--------------------------------|--------|---------|-----------------|-----------------|--------|
| 1 | 26,973 | 2,248 | 1,124 | 1,038 | 519 |
| 2 | 36,482 | 3,041 | 1,521 | 1,404 | 702 |
| 3 | 45,991 | 3,833 | 1,917 | 1,769 | 885 |
| 4 | 55,500 | 4,625 | 2,313 | 2,135 | 1,068 |
| 5 | 65,009 | 5,418 | 2,709 | 2,501 | 1,251 |
| 6 | 74,518 | 6,210 | 3,105 | 2,867 | 1,434 |
| 7 | 84,027 | 7,003 | 3,502 | 3,232 | 1,616 |
| 8 | 93,536 | 7,795 | 3,898 | 3,598 | 1,799 |
| Each additional family member: | 9,509 | 793 | 397 | 366 | 183 |

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: Val Roach, 612 Greeley St., Nashua, IA 50658 (641) 435-4835, vroach@nashua-plainfield.k12.ia.us 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 the Iowa Department of Health and Human Services (DHHS), 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 SNAP or FIP benefits 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, 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: Mr. Todd Liechty, (641) 435-4835, tliechty@nashua-plainfield.k12.ia.us

5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No, complete the applications for free and reduced price school meals for all the 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 4, 2023. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carryover 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 may be eligible for free or reduced price meals. Please complete and 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 your school officials. You also may ask for a hearing by calling or writing to: Mr. Todd Liechty, 612 Greeley St., Nashua, IA 50658, 641 435-4835, tliechty@nashua-plainfield.k12.ia.us
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 the 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. 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 Val Roach (641) 435-4835 or vroach@nashua-plainfield.k12.ia.us 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, 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.
20. DO I NEED TO REPORT MY RACE AND ETHNICITY? It is optional to complete the racial/ethnic portion of the application.
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, call (641) 435-4835 or vroach@nashua-plainfield.k12.ia.us

Sincerely,

Valerie Roach

USDA Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Iowa 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 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, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

Information Statement

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 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 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 programs rules.

2023-2024 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) | | | | | | | | | | | | |
|---|--|----|-------------------|---------------|--|--|----------------|-------|--------------|----------------------------|----------|---|---|
| <p>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.</p> | 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. | | | | | | | | |
| | | | | | | | | | | | | 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 |
| | | | | | | | | | | | | Check all that apply | |

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDPPIR? 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:**

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) | | | | |
| | Weekly | Bi-weekly | 2x Month | Monthly | Yearly | Weekly | Bi-weekly | 2x Month | Monthly | Weekly | Bi-weekly | 2x Month | Monthly | | |
| First and Last Names. Include children who are temporarily away at school or in college. | | | | | | | | | | | | | | | |
| \$ | | | | | | \$ | | | | | \$ | | | | |
| \$ | | | | | | \$ | | | | | \$ | | | | |
| \$ | | | | | | \$ | | | | | \$ | | | | |
| \$ | | | | | | \$ | | | | | \$ | | | | |

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:

| | | | | | | | | |
|--|--|---------------|---|-------------|------------------------------------|--|---|----------------------|
| Annual Income Conversion | x52 Weekly | x26 Bi-Weekly | x24 2x Month | x12 Monthly | Yearly | Total Income: \$ _____ | Application #: _____ | Date Received: _____ |
| Household Size: _____ | | | | | | | <input type="checkbox"/> ERROR PRONE APPLICATION | |
| Signature and Effective Date of Determining Official | | | Signature and Date of Confirming Official | | | Signature and Date of Verification Follow-Up | | |
| Application | <input type="checkbox"/> Income <input type="checkbox"/> Foster Child <input type="checkbox"/> FIP/SNAP <input type="checkbox"/> Head Start (confirmation required) <input type="checkbox"/> Homeless/Migrant/Runaway-Local Official confirmation Required | | | | | | | |
| Eligibility Determination | <input type="checkbox"/> Free | | <input type="checkbox"/> Reduced | | <input type="checkbox"/> Free Milk | | <input type="checkbox"/> Application Denied <input type="checkbox"/> Incomplete <input type="checkbox"/> 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 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 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>

Waiver Information

Iowa 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 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, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515- 281-4121, 800-457-4416; website: [https://icrc.iowa.gov/.](https://icrc.iowa.gov/)"

Return completed form to:

| Sources of Child Income | Earnings from Work (Adult Income Sources) | Public Assistance/Alimony/Child Support (Adult Income Sources) | All Other Income (Adult Income Sources) |
|---|---|---|--|
| <ul style="list-style-type: none"> • Earnings from work • Social Security (disability payments and survivor's benefits) • Income from person outside the household • Income from any other source | <ul style="list-style-type: none"> • Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: <ol style="list-style-type: none"> 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 | <ul style="list-style-type: none"> • Cash Assistance from State/local government • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony or child support payments • Veteran's benefits • Strike benefits | <ul style="list-style-type: none"> • Social Security • Disability benefits • Regular income from trusts or estates • Annuities • Investment income • Rental income • Regular cash payments from outside household |

Optional Supplemental Worksheet 2023-2024 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 | | | |
|--------------------|----|-------------------|---------------|---------|----|----------------|-------|--------------|----------------------------|--|---|--|--|
| | | | | YES | NO | | | | | Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals. | | | |
| | | | | | | | | | | 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 | | |
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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 | <u>Gross Earnings from Work/All Other Income</u> | | | | | <u>Gross Public Assistance/Child Support/Alimony</u> | | | | <u>Gross Pension/Retirement</u> | | | | | |
|--|--|-----------|----------|---------|--------|--|-----------|----------|---------|---------------------------------|-----------|----------|---------|--|--|
| | How Often? (mark "X" in box) | | | | | | | | | | | | | | |
| | Weekly | Bi-weekly | 2x Month | Monthly | Yearly | Weekly | Bi-weekly | 2x Month | Monthly | Weekly | Bi-weekly | 2x Month | Monthly | | |
| First and Last Names. Include children who are temporarily away at school or in college. | \$ | | | | | \$ | | | | | \$ | | | | |
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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. 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)