



SCHOOL SPIRIT

July 2016

2016-17 School Registration

Registration in the Monticello Community School District for 2016-17 has been scheduled for:

Tuesday, August 9th - 11:00 AM to 7:00 PM @ Monticello High School

E-Registration will be available again this year. Due to software updates by our host Grant Wood AEA, our e-Registration link won't be available until the first week of August. (please watch our website and Facebook page for updates, it may be available earlier) **Registration needs to be done by August 15th.** If you are unable to attend registration on August 9 or register online, please call your building secretary by August 15th.

You will be available to pay online again this year! This gives you the option of doing your registration and paying for fees (including lunches) online and not have to come to the high school to register. Schedules, padlocks, etc. can be picked up at registration or open house once fees have been paid. Please check our website and Facebook page regularly for updates.

2016-17 School Fees & Lunch Prices:

School fees:

Elementary - \$50
MS - \$65 (optional padlock \$5)
HS - \$80
Drivers Ed Fee—\$320

Lunch prices:

Elementary - \$2.30
MS & HS - \$2.40
Milk—\$.40
Adult lunch - \$3.60
Student breakfast price is \$1.60, adult \$1.85
(reduced prices: breakfast is \$.30 and \$.40 for lunch)

Free and Reduced Lunch

Application— Note CHANGE!

Application for Free and Reduced Price School lunch for the 2016-17 school year is included in this issue of the School Spirit. Please note that the form has changed. Please complete carefully. Families wishing to apply should complete the enclosed application **in its entirety** and return it to the Superintendent's Office, 711 South Maple Street or mail to Food Service, Monticello Schools, 711 South Maple Street, Monticello, IA 52310 by **August 1st.** This will allow applications to be processed prior to school registration on August 9th. Applications are also available on our website. **The State recommends you apply whether you think you qualify or not.**

Open House @ All Schools

Thursday, August 18th

5:00-6:30 PM

2016-17 School Year Begins

Tuesday, August 23, 2016 with a 2:00 dismissal

The 2016-17 School Calendar is enclosed and can also be found on our website.

(Spring Break is scheduled for March 13-17, 2017)

School supply lists are available in the District Office or on our website.



**Mark your calendar...
Monticello Panther Golf
Tournament is Saturday,
August 20th at 1:00pm.**

Events for July

- 1 9/10 SB DH vs Northeast-12:00
- 2 V BB vs Wilton @ Busch Stadium-4:00
- 6 V/JV BB @ Clayton Ridge-4:00
- 7 JV/V BB vs N. Linn-5:30
- 8 JV BB DH @ Wilton-5:30
- 11 School Permit Meeting-8:00am
- 13 Open House for Brian Jaeger—5-7pm @ HS Commons
- 13 Board Work Session—7:00
- 25 Board Meeting—6:00

THANK YOU TO:

- **Ohnward Bank & Trust** for their donation to the boys golf team to help defray costs for the state golf tournament!

PARENTS! PARENTS! PARENTS!

It is vital that the school district has current and updated information on all students. Please remember to log in to your PowerSchool account and make sure everything is current, including your cell phone #'s, home phone #'s, address, emergency contacts, etc. This is very important, especially for emergency situations.

Private Instruction

Private Instruction is instruction using a plan and a course of study in a setting other than a public or organized accredited nonpublic school. It includes competent private instruction (CPI) by a licensed practitioner or a nonlicensed person, independent private instruction (IPI), home school assistance programs (HSAP), and non-accredited nonpublic schools. Forms are available in the Superintendent's Office if needed.

School Permit Meeting

**Monday, July 11th
8:00 AM**

High School Commons

This meeting is for students **AND** parents of those who wish to obtain school driving permits. Student and at least one parent must attend.

HS Summer Office Hours

The High School Office hours for July are Monday-Thursday from 8:00– Noon. **Closed on Fridays.** Fair week hours will be posted on the sign.

Greetings from your new Superintendent

Hello everyone, my name is Brian Jaeger and as of July 1st, I will become the Superintendent of the Monticello Community School District. I have met so many wonderful people in the last few weeks and I wanted to say thank you to everyone for giving my family such a warm welcome to the Monticello community. My wife (Jen) and three girls (Payton, Mia, and Koye) are all very excited to be here and very thankful to be a part of such a wonderful community.



I wanted to share a little about myself. I grew up in Dubuque, Iowa and graduated from Dubuque Senior High School (1988). Then, I attended Iowa State University (Go Cyclones!!!) where I received my Bachelor's Degree (B.S.) in Psychology (1993) with teaching certification in several social studies areas. I have also received my Master's Degree (M.A.) from Drake University in Educational Administration (1999) and my Doctorate Degree (Ed.D.) from Argosy University in Advanced Educational Administration (2014).

I began my career in education as a high school teacher/coach in the Olin-Oxford Junction School District. Then I became a Middle School/High School Principal and Athletic Director in the Ar-We-Va School District in western Iowa. In 2001, my wife and I moved to Gilbert, Arizona where I have been a Dean of Students, Assistant Principal/Athletic Director, Principal, and Executive Director of Secondary Schools. In my most recent position, as the Executive Director of Secondary Schools for Gilbert Public Schools, I was responsible for five traditional high schools, six traditional junior high schools, one alternative high school, and one academy high school. I have had the unique opportunity to educate students in a small district (Olin-Oxford Junction) of 300 students and in a large district (Gilbert Public Schools) of 36,000 students. Each of these experiences has been an important chapter of my life in which I have learned valuable lessons about education.

The foundation of my educational philosophy is to put "students first". I believe that building positive relationships with the staff, students, parents, and the community creates the type of educational environment that is most conducive to learning. I believe in leadership, hard work ethic, and teamwork and try to model those attributes in my daily practice. I really look forward to working with MCSD stakeholders to continue a tradition of excellence in academics and extracurricular activities as well as working with them to find ways to make the Monticello Community School District the best that it can be.

I have really appreciated all of the positive stories people have shared with me about the Monticello community and the school district over the last few weeks. I really look forward to being a part of the community and contributing to the success of the school district as we begin the next chapter together.

Please feel free to contact me anytime if you have questions or just want to say hello. My email address is brian.jaeger@monticello.k12.ia.us. -Brian Jaeger

Come meet Superintendent Jaeger ...

Open House

Wednesday, July 13, 2016

5-7 PM

High School Commons



Students, parents, employees, and others doing business with or performing services for the Monticello Community School District are hereby notified that this school district does not discriminate on the basis of race, color, age, national origin, religion, sex, sexual orientation, disability, creed, marital status, gender identity, socio-economic status, physical attributes, physical or mental ability, ancestry, political party preference, political belief, familial status, and genetic information in admission or access to, or treatment in, its programs, activities, or in its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact the District's Equity Coordinator, Brent Meier at 217 South Maple Street, Monticello, Iowa, 319-465-5963, brent.meier@monticello.k12.ia.us.

Monticello Community Schools**EVENTS****Summary of Calendar**

Student Hours in Classroom:	
First Semester:	554.97
Second Semester:	556.23
PT Conferences:	13.17
TOTAL STUDENT HOURS:	1124.37

CALENDAR LEGEND

	Start/End	
	PD Day	7
	2 PM out for PD	17
	Quarter	
	PT Conf.	4
	Collaboration Day	6
	Holiday	
	Vacation Days	
	Make-Up Day(s)	

Holidays

Sept. 05	Labor Day
Nov. 24	Thanksgiving Day
Dec. 25	Christmas Day
Jan. 01	New Year's Day
Apr. 14	Good Friday
May 29	Memorial Day

Professional Development Days (No School)

Aug. 18, 19; Sept. 2; Oct. 17
Jan. 16; Feb. 20; Apr. 17

Collaboration Days (No School)

Aug. 22; Oct. 7; Nov. 4
Jan 3; Feb. 3; Apr. 7

2 PM Dismissal Dates

Aug. 23, 24; Sep. 14, 28; Oct. 12
Nov. 9, 30; Dec. 7; Jan. 11
Feb. 1, 22; Mar. 8, 29; Apr. 12, 26
May 3 & 17

Conferences

HS - Sep. 27; Dec. 5; Feb. 2; Apr. 25
Elem / MS - Oct. 4 & 6; Jan. 31; Feb. 2

Break Days

Nov. 23-25
Dec. 23-30
Jan. 2
Mar. 13-17

Weather Make-Up Days

May 30 - June 16

Homecoming Week

September 19-24

2016-2017 Master Calendar

Month	M	T	W	Th	F
Aug.	1	2	3	4	5
	8	9	10	11	12
	15	16	17	18	19
	22	23	24	25	26
	29	30	31		

Sept.				1	2
	5	6	7	8	9
	12	13	14	15	16
	19	20	21	22	23
	26	27	28	29	30
Oct.	3	4	5	6	7
	10	11	12	13	14
	17	18	19	20	21
	24	25	26	27	28
	31				

Nov.		1	2	3	4
	7	8	9	10	11
	14	15	16	17	18
	21	22	23	24	25
	28	29	30		
Dec.			1	2	
	5	6	7	8	9
	12	13	14	15	16
	19	20	21	22	23
	26	27	28	29	30
Jan.	2	3	4	5	6
	9	10	11	12	13
	16	17	18	19	20
	23	24	25	26	27
	30	31			

Feb.			1	2	3
	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	24
	27	28			
March			1	2	3
	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	24
	27	28	29	30	31
April	3	4	5	6	7
	10	11	12	13	14
	17	18	19	20	21
	24	25	26	27	28

May	1	2	3	4	5
	8	9	10	11	12
	15	16	17	18	19
	22	23	24	25	26
	29	30	31		
June				1	2
	5	6	7	8	9
	12	13	14	15	16

August: 8-17 Floating Work Days - Teachers

17 - New Teachers Report
18-19 - Prof. Dev. Day
18 - Open House 5-6:30 PM
22 - No School, Collab Day
22 - Kirkwood classes begin
23 - Classes Start **2 pm dismissal**
24 - **2 pm dismissal**

September: 2 - No School, PD Day

5 - Holiday
14 - **2 pm dismissal**
27 - HS PT Conf 4-8 PM
28 - **2 pm dismissal**

October: 4 - Elem/MS PT Conference 4-8

6 - Elem/MS PT Conf 4-8 PM
7 - No School, Collab Day
12 - **2 pm dismissal**
17 - No School, PD Day
26 - End 1st Qtr; 27 - Begin 2nd Qtr

November: 4 - No School, Collab Day

9 - **2 pm dismissal**

23-25 - Break
24 - Holiday
30 - **2 pm dismissal**

December: 5 - HS PT Conf 4-8 PM

7 - **2 pm dismissal**
13 - Kirkwood Sem. Classes End
12/23-1/2 - Winter Break
25 - Holiday

January: 3 - No School, Collab Day

11 - End 2nd Qtr / 1st Sem.
11 - **2 pm dismissal**
12 - Begin 3rd Qtr / 2nd Sem.

16 - No School, PD Day
17 - Kirkwood Classes Begin
31 - Elem/MS PT Conf 4-8 PM

February: 1 - **2 pm dismissal**

2 - Elem/MS/HS PT Conf 4-8 PM
3 - No School, Collab Day
20 - No School, PD Day
22 - **2 pm dismissal**

March: 8 - **2 pm dismissal**

13-17 - Spring Break
29 - **2 pm dismissal**

April: 7 - No School, Collab Day

12 - **2 PM dismissal**
14 - No School - Holiday
17 - No school, PD Day
25 - HS PT Conf 4-8 PM
26 - **2 PM dismissal**

May: 3 - **2 pm dismissal**

9 - Kirkwood Sem. Classes End
17 - **2 pm dismissal**
26 - Last day of school
28 - HS Graduation
29 - No School- Holiday
May 30-June 16: Make-up Days
May 30-June 16: Floating Work Day - Teachers

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household, even if your children attend more than one school in the **Monticello Community School District**. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Pat Kelly, Food Service Director at 319-465-5963, ext. 1374 or pat.kelly@monticello.k12.ia.us**

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Children age 18 or under **and** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Monticello Community Schools, regardless of age.**

- A) **List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.
- B) **Is the child a student at Monticello Community School District?** Mark 'Yes' or 'No' under the column titled "student." If 'Yes' print where the child attends school and identify their grade in school.
- C) **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to "STEP 4" of the application and these instructions.
- D) **Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: FOOD ASSISTANCE, FIP, OR FDPIR?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Food Assistance Program (FA)
- The Family Investment Program (FIP)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'YES' and provide a case number for FA, FIP, or FDPIR and the name of the household member with the case number. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, it is located on your Notice of Decision. **You must provide a case number on your application if you circled "YES".**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A) Report all income earned by children.** Refer to the chart below titled "Sources of Income for Children" and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them with the rest of your household (income from a part-time job or from any funds provided to the child for the child's personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

Table 1. Sources of Income for Children

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> • Earnings from work 	<ul style="list-style-type: none"> • A child has a job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)
<ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments 	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none"> • Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> • Income from any other source 	<ul style="list-style-type: none"> • A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

B) List Adult Household member's name. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **not** include people who:

- Live with you but are not supported by your household's income and do not contribute income to your household.
- Children and students already listed in Step 1.

How do I fill in the income amount and source?**FOR EACH TYPE OF INCOME:**

- Use the chart on page 4 to determine if your household has income to report.
- Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.

C) Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions on page 4 and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are self-employed business or farm owner, you will report your net income. If you need assistance with this, ask your children's school for the Supplemental Worksheet which has self-employment calculations.

What if I am self-employed?

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask your school for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

D) Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions on page 4 and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

- E) Report income from Pensions/Retirement/All other income.** Refer to Table 2 below titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

Table 2. Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker’s compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran’s benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment Income Earned interest Rental income Regular cash payments from outside household

- F) Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.
- G) Provide the last four digits of your Social Security Number.** The household’s primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. **You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

- A) Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) Print and sign your name.** Print your name in the box “Printed name of adult completing the form.” And sign your name in the box “Signature of adult completing the form.”
- C) Write Today’s Date.** In the space provided, write today’s date in the box.
- D) On the back of the application, share children’s Racial and Ethnic Identities (optional).** This field is optional and does not affect your children’s eligibility for free or reduced price school meals.
- E) If you do not want your household information shared with *hawk-i*, print, sign and date in the box provided.**
- F) If you need a translated application with instructions, they can be found in 34 languages at: [Translated Family Friendly-Application-Translations](#).**

2016-2017 Iowa Application for Free and Reduced Price School Meals/Milk

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

Received Date: _____

STEP 1 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.)

Definition of Household Member ¹ : "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Student? Yes No	Foster Child Runaway
Children in Foster care and children who meet the 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.					

Check all that apply

☐ Foster Child
 ☐ Homeless
 ☐ Child's Sch Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, FIP, or FDIPIR? Circle one: Yes / No No, complete 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 card numbers are not acceptable.

Case Number: _____

Name of Household Member with Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here.

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 for each source in whole dollars 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. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet.

Name of Adult Household Members (First and Last)	How often?				Total Child Income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
C. Earnings from Work									
D. Public Assistance/Child Support/Alimony									
E. Pensions/Retirement/All Other Income									
F. Total Household Members (Children and Adults)									
G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member									

Check if no SSN ☐

STEP 4 Contact Information and Adult Signature

¹I 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 _____

Signature of adult completing the form _____ Today's date _____

DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Household Income: \$ _____

Household Size: _____

Application Approved: ☐ Income ☐ Foster Child ☐ FIP/Food Assistance ☐ Head Start (documentation required) ☐ Homeless/Migrant/Runaway-Local Official Documentation Required

Eligibility Determination: ☐ Free ☐ Reduced ☐ Free Milk ☐ Application Denied: ☐ Incomplete ☐ Over income limits

Determining Official _____ Effective Date _____ Confirming Official _____ Date _____ Follow-up Signature _____ Date _____

OPTIONAL**Children's Racial and Ethnic Identities**

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

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

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 & *hawk-i*, 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 & address. Medicaid & *hawk-i* 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 *hawk-i*, you must tell us by completing the information below. If you want further information, you may call *hawk-i* at 1-800-257-8563. Also, if you are already receiving Medicaid or *hawk-i*, 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 *hawk-i*.

Parent/Guardian Name (Printed) _____

Signature _____

Date _____

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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 Food Assistance (FA), Family Investment Program (FIP) or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI 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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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) 632-8992. 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;
fax: (202) 690-7442; or
- (2) email: program.intake@usda.gov. This institution is an equal opportunity provider.
- (3)

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/>."

Translated applications are available in 34 languages at:
<http://www.fns.usda.gov/school-meals/family-friendly-application-translations>

2016-2017 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

Additional Children in Your Household

Child's First Name	MI	Child's Last Name	Student? Yes No	Child's School	Grade	Homeless, Foster, Migrant, Runaway
			<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Additional Adults in Your Household

Name of Adult Household Members (First and Last)	Earnings from Work	How often?	Public Assistance/ Child Support /Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Weekly	Biweekly	2x Monthly	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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. Add together the amounts reported on the following lines:

LINE 12 \$	Business Income or (Loss)
LINE 13 \$	Capital Gain or (Loss)
LINE 14 \$	Other Gains or (Losses)
LINE 17 \$	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18 \$	Farm Income or (Loss)
TOTAL \$	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.

Optional Waiver Information

WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is (must be specific-eg, book fees, band fees, drivers education). If you sign this waiver, your child(ren) will be considered for a full or partial waiver of (list your specific 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.

Signature of Parent/guardian _____

Date _____