

NEWS AND NOTES OF THE MONTICELLO COMMUNITY SCHOOL DISTRICT

SCHOOL SPIRIT

July 2017

Hi everyone,

I hope you are having an enjoyable summer with your family. I remember when I was a kid how long summer vacation seemed to last. We built tree houses, went fishing, played baseball, and rode bikes on trails and in town. One of my best summer memories when I was 10 or 11 years old was waking up each morning, getting a garbage bag from the cabinet, and riding bikes with a friend to collect cans. When we filled our bags we turned them in around noon each day and used the money to buy baseball cards. They were 25 cents a pack with a hard stick of gum included. Then my friend and I would spend hours trading cards and debating who were the best players. I hope that your summer brings as many happy memories as mine did.



We have a lot going on in the Monticello Community School District this summer. I would like to say a BIG THANK YOU to the Monticello Community School District Foundation for approving the purchase of iPads for our Kindergarten students in preparation for our 1:1 initiative. The MCSD Foundation, and the volunteers who run that organization, have been so generous to the students of our school district for many years. If you see any member of the Foundation please remember to tell them thank you for their commitment to the Monticello Community School District.

Another upcoming event is the School Board election on September 12, 2017. Three seats are up for election on the Monticello School Board. If you are interested and want more information please contact the Monticello Community School District office at 465-5963. In Monticello, there are five school board members who serve four-year terms. School board members in Iowa receive no pay. Their reward is the satisfaction that comes from rendering an indispensable public service. An individual considering a position on the school board should believe public education is important, support the democratic process, willingly devote time and energy to board work, respect educators, and have the ability to examine the facts and make a decision. Citizens wanting to run for a position on the board must be eighteen (18) years old, a citizen of the United States, a citizen of the school district, an eligible elector of the district, and free from a financial conflict of interest with the position.

Finally, another important topic that we are addressing this summer is to update our Revenue Purpose Statement in the Monticello Community School District. This can only be done through voter approval, so this will also be on the ballot September 12, 2017. The Revenue Purpose Statement currently allows the school district to spend the funds raised by the penny sales tax (SAVE) in any way lowa law allows. This will expire in 2021 and we are asking voters to approve this measure so we can continue to make decisions on spending locally. In the past these funds were used to pay off the high school general obligation bond earlier than expected. Since then we have been saving these funds to use to help offset the costs of future district facility projects. If voters approve the Revenue Purpose Statement in September, the school district will continue to be able to spend the penny sales tax (SAVE) funds in any way lowa law allows for the duration of the penny sales tax. The penny sales tax is set to expire in 2029 however this has been a topic of discussion at the state legislature and it may be extended in the upcoming legislative session.

As always if you have any questions please feel free to send me an email or give me a call at anytime. Thank you for your continued support of the Monticello Community School District.

Sincerely,

Dr. Brian Jaeger, Superintendent brian.jaeger@monticello.k12.ia.us

UPCOMING EVENTS

2017-18 School Registration

Registration in the Monticello Community School District for 2017-18 has been scheduled for:

Tuesday, August 8th - 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) **<u>Registration needs to be done by August 15th</u>**. If you are unable to attend registration on August 8 or register online, please call your building secretary by August 15th.

You are able 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.

2017-18 School Fees & Lunch Prices:

<u>School fees:</u> Elementary - \$50 MS - \$65 (*optional padlock \$5*) HS - \$80 Drivers Ed Fee—\$320 Lunch prices: Elementary - \$2.40 MS & HS - \$2.50 Milk—\$.40 Adult lunch - \$3.70 Student breakfast price is \$1.70, adult \$1.85 (reduced prices: breakfast is \$.30 and \$.40 for lunch)

Open House @ All Schools

Monday, August 21st

New staggered times for each building this vear

Elementary: 4:30-6:00 PM

Middle School: 5:00-6:30 PM

High School: 5:30-7:00PM

2017-18 School Year begins Wednesday, August 23, 2017 with a 2:00 dismissal

The 2017-18 School Calendar can be found on our website. (Spring Break is scheduled for March 12-16, 2018)

Events for July

- 1 V SB Tourney @ Northeast –9:00
- 3 JV/V BB @ Alburnett-5:00
- 5 V/JV BB vs Clayton Ridge-5:30
- 6 JV/V BB @ N. Linn-5:30
- 11 School Permit Meeting-8:00am
- 12 Board Work Session—6:00
- 24-31 District Gyms closed for floor
- work
- 24 Board Meeting—6:00

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



2017 School Board Election

The 2017 School Board Election is set for **Tuesday**, September **12th.** Three seats are up on the Monticello Board of Education. Members are elected to serve four year terms. The first date to file nomination papers with the Board Secretary is **July 10**. The candidate filing deadline is **5:00** PM Thursday, August 3rd. All nomination materials and info are available online on the Iowa Association of School Boards website at http://www.iasb.org/elections or at the Iowa Secretary of State website at https://sos.iowa.gov/elections/ele ctioninfo/schoolelections.html or at the District Office located at 711 South Maple Street, Monticello. School board candidates must obtain 45 signatures to file nomination papers and must live in the boundaries of the Monticello Community School District.



School Permit Meeting Tuesday, 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.

Used School Technology Sale

Thursday, July 13th

4-7pm Middle School Gym, 217 South Maple Street, Monticello

The Monticello Community School District will be liquidating used desktop and laptop computers. The following will be available:

<u>iMacs</u>

*Approx. 30 available

*\$50 each

*10.7 Lion installed

*Includes keyboard, mouse, power cord

<u>MacBooks</u>

*Approx. 30 available *\$50 each *10.7 Lion installed *Includes a power adapter

PC Desktops

*Approx. 20 available *\$25 each *Sold AS is without an operating system *Includes keyboard, mouse, power cord

Other items will be available for sale as marked. Cash or check only.

ALL SALES FINAL, NO SUPPORT POST SALE!

For question, please call Morgan Murray at 319-465-5963, ext. 2280 or morgan.murray@monticello.k12.ia.us

Free and Reduced Lunch Application

The application for Free and Reduced Price School lunch for the 2017-18 school year is included in this issue of the School Spirit. Please complete carefully. Families wishing to apply should complete the enclosed application <u>in its</u> <u>entirety</u> 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 <u>August 1st</u>. This will allow applications to be processed prior to school registration on August 8th. Applications are also available on our website. <u>The State recommends you apply whether you think you qualify or not</u>.

Attention Parents!

The lowa Department of Public Health has made changes to the lowa Immunization law for the start of the 2017-2018 school year. This change requires that all students entering <u>7th grade</u> have both a Meningococcal vaccine and a Tdap (Tetanus, Diphtheria, and Pertussis/whopping cough) booster before school starts this August. This change also requires all students entering <u>12th grade</u> have 2 doses of Meningococcal vaccine if born after September 15th, 1999; or 1 dose if received when the student is 16 years of age or older.

The Tdap requirement has been in place since the 2013-2014 school year and requires a booster dose of Tetanus, Diphtheria, and acellular Pertussis containing vaccine for students entering 7th grade, *regardless of the interval since the last Tetanus/Diphtheria containing vaccine*. *Pertussis (whooping cough) is a very contagious disease that causes violent coughing fits that make it hard to breathe*.

Meningococcal disease is a life threatening illness that is caused by bacteria that infects the brain, blood, and spinal cord. It easily spreads in crowded settings. The vaccine will be required prior to both the 7th and 12th grades.

All students entering 7th grade must have proof of having both the Meningococcal and the Tdap vaccines <u>before school starts in</u> <u>August</u>, unless the student has a Certificate of Immunization Exemption. All students entering 12th grade must have proof of having at least 1 dose of the Meningococcal vaccine <u>before school starts in August</u>, unless the student has a Certificate of Immunization Exemption.

There will be no grace/extension period for the implementation of this requirement.

Now is a great time for your child to receive these immunization requirements and beat the back-to-school rush by making an appointment today.

If you have questions, do not hesitate to contact me at 319-465-3575, ext. 2105 or jodi.heinrich@monticello.k12.ia.us

Thank you for your time and attention to this requirement,

Jodi Heinrich, RN Monticello Middle School/High School Nurse

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, email, address, emergency contacts, etc. This is very important, especially for emergency situations.

THANK YOU TO:

- Monticello Rotary Club for their donation to our Operation Backpack Program!
- The Porch Posse for their donation to the summer lunch program!
- The Eastern Iowa Sports Facility for their paint and labor for the softball dugouts and mulch for the trees at the Sports Complex!
- Monticello Lions Club for their donation to HS BPA for students to attend the BPA Conference!

Changes!

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 non-licensed 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.

Your class schedules will not be correct in PowerSchool until after August 1, 2017. The district must close out the 2016-17 school year which will be done in July. This "roll-over" process will allow you to advance to your next grade level in PowerSchool. We will be available at registration on August 8, 2017 for those students that need to do a schedule change. Thank you for your cooperation. Enjoy your summer!

SCHEDULES for 2017-18!



The Monticello School District will say goodbye to a few more employees this year. **Christi Stingley** will be retiring as High School Counselor after 20 years; **Angela Bibb** resigned as Middle School Counselor after 11 years; **Rachel Brindle** has resigned as Kindergarten teacher after 5 years; **John Stadtmueller** resigned as bus driver after 23 years; **Tyler Felton** resigned after 1 year as Special Education Associate; **Shawna Giegerich** resigned as Special Education Associate after 5 years; **Zach Schlictmann** resigned as Special Education Associate after **3 years**; and **Sarah Kraus** resigned as Special Education Associate after 1 1/2 years. On behalf of the District, best wishes and a big thank you to these dedicated employees. We will miss all of you!



Facebook page.

Summer Office Hours

The High School Office hours for July are Monday-Thursday from 8:00– Noon. Closed on Fridays. Fair week the HS office will be open from 8:00-Noon Monday and Tuesday, July 17 and 18th and closed the remainder of the week.

The Shannon, Carpenter, and Middle School Offices are closed in July and will open again on August 1st.

The District Office is open daily in the summer Monday-Friday from 8:00-4:30.

TRACK to be closed until approximately <u>August 1st!</u>



The renovation of the track at the football field has started. It is temporarily open, but once work begins again it will be closed until approximately August 1st (weather permitting), due to much needed repairs. We will post updates on our Facebook page as they become available. Thank you for your patience!

Reminder from the Food Service Department!

If you have a negative balance in your lunch account,

please try to pay your balance before registration on August 8th. We are trying to close out the 2016-17 school year and would like to have these taken care of.



Please check your family's lunch account and make sure you have a positive balance and sign up to receive emails when your balance is low!

In order to check balances, you need to log in with the appropriate family ID and password. The School Dining link is found on our website under 'Food Service'.

If you have any questions, please call Pat Kelly, Food Service Director at 319-465-5963, ext. 1374. Thank you!

Monticello Community School District 711 South Maple Street Monticello, Iowa 52310

Dr. Brian Jaeger, Superintendent Phone: 319-465-5963 Fax: 319-465-4092 www.monticello.k12.ia.us

Board of Education

Angie Beitz Peg Mere Bud Johnson John Schlarmann David Melchert 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, and 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. Any person having inquiries concerning the school district's compliance with state and federal laws and regulations concerning discrimination is directed to contact: Superintendent of Schools, 711 South Maple Street, Monticello, Iowa 52310, (319) 465-5963. This individual has been designated by the school district to coordinate the school district's efforts to comply with all state and federal laws and regulations concerning discrimination formation.

INFORMATION LETTER

Frequently Asked Questions About Free And Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Monticello Community School District offers healthy meals every school day. Breakfast cost \$1.70; lunch costs (K-4) \$2.40 per meal; MS & HS lunch costs \$2.50 per meal. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. Return the completed application to: Pat Kelly, Monticello High School, 711 South Maple Street, Monticello, IA, 52310 by August 4, 2017 if possible.

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 Food Assistance, the Family Investment Program (FIP) or another DHS
 assistance program 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	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each additional person:	7,733	645	323	298	149

FEDERAL INCOME ELIGIBILITY GUIDELINES for School Year 2017-2018

- 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: Pat Kelly, Monticello High School, 711 South Maple Street, Monticello, IA, 52310; 319-465-5963, ext 1374, pat.kelly@monticello.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 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: Superintendent Brian Jaeger, 711 South Maple Street, Monticello, IA, 52310, (319) 465-5963 or brian.jaeger@monticello.k12.ia.us.
- 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 5, 2017. You must send in 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 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 Food Assistance, 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: **Superintendent Brian Jaeger, 711 South Maple Street, Monticello, IA, 52310, (319)** 465-5963 or brian.jaeger@monticello.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 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 Iowa 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 Pat Kelly, Monticello High School, 711 South Maple Street, Monticello, IA, 52310; 319-465-5963, ext. 1374, pat.kelly@monticello.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, 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 Food Assistance or other assistance benefits, contact your local assistance office or call 1-877-347-5678. Your children may be eligible for *hawk-i* (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for *hawk-i* 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, call Pat Kelly, 319-465-5963, ext. 1374.

Sincerely,

Pat Kelly, Food Service Director

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. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. **Completed applications should be submitted to Pat Kelly, Monticello High School, 711 South Maple Street, Monticello, IA, 52310.** 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 and date of birth. Print each child's first name, middle initial, last name and date of birth (optional). 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? Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend Monticello Community School District. If you marked 'Yes' write where the child attends school and write the grade level of the student in the "Grade" column to the right.
- 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. If you are ONLY applying for foster children, after finishing STEP 1, go to "STEP 4". Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, 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 CURRENTLY PARTICIPATE IN FOOD ASSISTANCE, FIP, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of 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 go to STEP 3. (Leave the rest of 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".

• Go to STEP 4.

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.
- 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 also be counted as a zero. 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 investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

FOR EACH ADULT HOUSEHOLD MEMBER:

A) List Adult Household member's name. Print the name of each household member in the boxes marked "Name of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1.

Who should I list here?

When filling out this section, please include **all** adult 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.
- **B)** 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

- C) 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. <u>Do not report the value of any cash value public</u> <u>assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
- D) Report income from pensions/retirement/all other income. Refer to Table 2 below titled "Sources of Income for Adults" below and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
 Salary, wages, cash bonuses Net income from self- employment (farm or business) 	 Unemployment benefits Worker's compensation Supplemental Security Income (SSI) 	 Social Security (including railroad retirement and black lung benefits) Private Pensions or disability

Table 2. Sources of Income for Adults

allowances) Allowances for off-base having food and alething	 Regular Income from trusts or estates Annuities Investment Income Earned interest Rental income Regular cash payments from
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E) Report all income earned or received by children. Refer to the tablet on page 3 titled "Sources of Income for Children" and report the combined <u>aross income</u> 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)
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)
 Social Security Disability Payments Survivor's Benefits 	 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.
Income from person <i>outside</i> the household	A friend or extended family member <i>regularly</i> gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

- 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 affects your eligibility for free and reduced price meals.
- G) Provide the last four digits of your Social Security Number. An 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 and write today's date. Print the name of the adult signing the application and that person signs in the box. "Signature of adult completing the form."
- C) Mail completed form to: Pat Kelly, Monticello High School, 711 South Maple Street, Monticello, IA, 52310.
- D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.
- E) Decline having your information released to hawk-i. If you do not want your household information shared with hawk-i, print, sign and date in the box provided.
- F) Obtaining translated applications. If you need a translated application with instructions, they can be found in 49 languages at: https://www.fns.usda.gov/school-meals/translated-applications.

Determining Official's Signature	Household Income: \$ Application Approved: [Eligibility Determination:	DO NOT WRITE	Printed name of adult completing the form	Street Address (if available)	(טופטג) עופ וווטווומוטור ו	"I certify (promise) that all i	SIEP 4 Contact Informa	ត	ā 	section will help the ho		vou with the Child	The Sources of	, œ	Please read How to Apply for Free and Reduced Price School	STEP 3 Report Incor	Write only one case number in this space. <u>Not acceptable:</u> Medicaid, Title XIX & EBT card numbers.	STEP 2 Do any House Circle one: Y	School Meals for more information.	reminition of nonneess, migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price	Children in Foster care and children who meet the	with you and shares income and expenses, even if not related "	Definition of Household	STEP 1 List ALL Hou	2017-2018 lowa Application Complete one application per household.
ature	☐ Weekly ☐ Income ☐ Foster Child : ☐ Free ☐ Reduced [DO NOT WRITE BELOW THIS LINE. FOR ADMINIS	ting the form	Apt. #		certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given about the information is a process to a second the second term and term	Contact Information and Adult Signature MAIL COMPLETED FORM TO:	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	the TOTAL gross income earned by all Household Members listed in STEP 1 here	Child Income: Sometimes children in the household earn income. Please include				Name of Adult Household Members (First and Last)	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 Members receive income, report total <u>gross</u> 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 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.	Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP	1, Title Case Number:	Do any Household Members (including you) currently participate in one or more of the following assistance programs: F Circle one: Yes / No If no, complete STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not					Child's First Name	List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are requ	2017-2018 lowa 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 approve
Effective Date	☐ Bi-Weekly ☐ ☐ FIP/Food Assistance ☐ Free Milk Applicatic	FOR ADMINISTRATIVE USE ONLY.		City		ue and that all incom	MPLETED FORM TO:	ber (SSN) of Primary		₽ ♪	\$	\$	\$	B. Eamings from Work	cluding yourself) L come for each source ations with blank incom	s (Skip this step if y		currently participa EP 3. If you answer					MI Chili	ts, children, and stu	Reduced Price
Confirming Official's Signature	л Т Г	Annual income conversion: Weekly x 52:	Signature of adult completing the form		ווועו פון ווומץ וטצר ווופמו ערו	e is reported. I understan		Wage Earner or Other Ac			000			How oten? Weekly BI-Weekly 2x Month	.ist all Household Members in whole dollars only. If they ne fields will be processed a	ou answered 'Yes' to STI		rs (including you) currently participate in one or more of the following assistance programs: F If no, complete STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not					Child's Last Name	idents up to and includi	for Free and Reduced Price School Meals/Milk Please use a pen (not a pencil). This application cannot be approved unless complete eligibility in:
Signature	nthly ntation requi		leting the form	State Zip		d that this information is	Pat Kelly, Monticello High School, 711 South Maple Street, Monticello, IA, 52310.		3228 - 8		0 0 \$	000	0 0 \$	Monthly Annually	not listed in STEP 1 (inclu do not receive income fro s complete. If more spac	EP 2)	Name of Household Member with Ca	b following assistance here then go to ST					Birth Date	ng grade 12 (if more sp	/iik proved unless complete
Date Follo	ually Home ☐ Home ne limits	Bi-Weekly x 26; 2		Day		given in connection	Street, Monticello, I/	X X X X	(Children and Adults)	Total Household I				C. Public Assistance/ Child Support/Alimony weeky				EP 4 (Do not com					Student? Ch	aces are required fo	eligibility informa
Follow-up Signature	Household Size:	2 Times per Month x 24;		Daytime Phone (optional)	able State and Federal laws	, inconnection with the receipt of Federal funds, and that school officials may verify	A, 52310.	x	lts)	hold Members	0000\$	0 0 0 0 0 0 0		How otten?	even if they do not receive income. For each Household Member listed, if they do write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that ed for additional names, attach the supplemental worksheet.		se Number:	complete STEP 3).					Child's School	ired for additional names, attach the supplemental worksheet.)	formation is submitted.
Date	fficial Documentation Re	Monthly x 12	Today's date	Email (optional)		I funds, and that school of		Check if no SSN						D. Pensions/Retirement/ All Other Income Weekky BI-W	e. For each Household Meml y fields blank, you are certify e supplemental worksheet.			R?					Grade	the supplemental workshe	Received Date:
15	quired		9 4			ficials may verify					000	000	000	How often? Weekly Bi-Weekly 2x Month Monthly	ber listed, if they do ing (promising) that								Foster Homeless, Child Migrant,	et.)	

Optional Waiver Information If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) 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 parent/guardian of the child(ren) for whom application is being made. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE Signature of Parent/guardian	 (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 email: program.intake@usda.gov. (3) email: program.intake@usda.gov. (3) an equal opportunity provider. 	Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may conta 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u> , (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 le 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 le request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:	USDA Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department offices, and employees, and institutions participating in or administering USDA programs are prohibited freprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA programs are prohibited for the program of the pro	The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to gi for free or reduced price meals. You must include the last four digits of the social security number of the adult household behalf of a foster child or you list a Food Assistance (FA). Family Investment Program (FIP) or Food Distribution Prograr indicate that the adult household member signing the application does not have a social security number. We will use yo administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with edu 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-co schools to share your free and reduced price meal eligibility information with Medicaid & <i>hawk-i</i> , the State's medical insura organizations may choose to share this information. Specifically, we will give them your child's name, your name & addres children who may be eligible for free or low-cost health insurance and contact you. They are not allowed to use the inform- 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 you do NOT want your information shared with Medicaid or <i>hawk-i</i> , you must tell us by completing the information 1-800-257-8563. Also, if you are already receiving Medicaid or <i>hawk-i</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 app	Ethnicity (check one): Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian	We are required to ask for information about your children's race and ethnicity. This information is impor your children's eligibility for free or reduced price meals.
Optional Waiver Information If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees. ONLY. I certify that I am the parent/guardian of the child(ren) for whom application is being made. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS. Signature of Parent/guardian	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. 14 th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <u>https://crc.iowa.gov/</u> ."	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 <u>USDA Program Discrimination Complaint Form</u> , (AD-3027) found online at. <u>http://www.ascr.usda.gov/complaint_filing_cust.html</u> , 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:	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 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 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 (FDPIR) case number or other FDPIR identifier for your child or when you apply an 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.	Date	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 & <i>hawk-i</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 & <i>hawk-i</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 <i>hawk-i</i> , please sign below. This will avoid another contact. 1-800-257-8563. Also, if you are already receiving Medicaid or <i>hawk-i</i> , please sign below. This will avoid another contact. 1-800-257-8563. Also, if you are already receiving to share information from my free and reduced price meal application or <i>hawk-i</i> . My signature below indicates I DO NOT want school officials to share information from my free and reduced price meal application with Medicaid or <i>hawk-i</i> .	Black or African American	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.

2017-2018 lowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet Additional Children in Your Household (not listed on page 1)	n for Free and Reduc	ed Price School Meal	ls/Optional Supplem	ental Worksheet	
Child's First Name MI	Child's Last Name	Birth Date Yes No	7 Vo Child's School	Grade	Foster Homeless, Child Runaway
				Check all that	
Any income earned by the above listed children should be included under Step 3 E on the first page of the application.	sted children should be inclu	ided under Step 3 E on the t	☐ first page of the applicatior		
Additional Adults in Your Household (not listed on page 1)	Household (<u>not</u> listed on	oage 1)			
Name of Adult Household Members (First and Last)	Earnings from Work Weekly BA	How otten? Ch Ch BLWeeky 2x Month Monthy Annualy /All	Public Assistance/ How otten? Child Support /Almony week/ laweeky 22 m	? Pensions/Retireme nt/All Other Income	How often? weekty BitWeekty 2xMarth Marthy
		00 00 00 00			
		Self-Employment Income Calculations	me 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	ting the amount to report if you ax records for the preceding calent venture less operating costs incurr not allowed in reducing gross bus	angage in farming, are self-emp far year as a base to project the c ad in the generation of that income ness income. Additional income	ployed or have income from ot surrent year's net income, unless re. Deductions for personal expe from other kinds of employment	her sources. the current monthly income prinses such as interest on home must be treated as separate ar	ovides a more accurate measure. • payments, medical expenses, and • d apart from the income generated or
free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income amed 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 the salary only. 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:	alary only. The loss from the bus so venture. The least income poss ax Return - Form 1040. Add togel	Form 1040. Add together the amounts reported on the following lines:		allowable income from private	employment. For purposes of this application, it is not possible to at allowable income from private business operation may be taken from
LINE 12 \$	Business Income or (Loss)	ss)			
LINE 13 \$	Capital Gain or (Loss)				
LINE 14 \$	Other Gains or (Losses)				
LINE 17 \$	Rental real estate, roya	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	, trusts, etc.		
LINE 18 \$	Farm Income or (Loss)				
TOTAL S Gross Annual Income Before Any Deductions. Computed Monthly Income S 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.	Gross Annual Income Before Any Deductions (Gross Annual Income + 12 = Computed Mon reported in Step 3 on the Application for Free and Reduc	efore Any Deductions. · 12 = Computed Monthly Income on for Free and Reduced Price Sc	.) chool Meals under All Other Inco	me.	