

#### Monticello Community School District

Dr. Brian Jaeger, Superintendent PH 319-465-3000 FAX 319-465-6050

WEB www.monticello.k12.ia.us

Hello everyone,

It is July and that means cookouts, family vacations, the 4th of July Parade, and the Great Jones County Fair! We have been very busy with summer sports, working on handbooks, reviewing policies, planning for staff and students to return to the buildings, and working extremely hard on the design of the new Elementary School. Everything is going well and we are expecting to finalize the planning and design over the next few months and then go out for bid in the early fall on this project. It looks like the building will be around 71,000 sq/feet which is a little bigger than the middle school which is 67,000 sq/feet.

We are also doing some updating at the high school this summer. We are replacing carpet, painting, and have ordered updated furniture for the high school library which should be installed before we start school in the fall. Next summer, we hope to replace the high school furniture and resurface the high school tennis courts (so we will have 2 tennis courts and 2 pickleball courts when that is completed). Our goal is to complete all of the work at the high school before we open the new elementary school.

Finally, thank you to all of our parents, businesses, and community organizations. Your support for our students and the Monticello Community School District is always appreciated. We could not do this without your support. I am very proud of what we have accomplished this school year and I am looking forward to another great year for our students during the 2025-2026 school year!

As always, feel free to give me a call or stop in anytime if you have



give me a call or stop in anytime if you have questions. Thank you ALL for your continued support of the Monticello Community School District.

Sincerely,

Brian Jaeger, Superintendent

The **MISSION** of the Monticello Community Schools, a district striving for educational excellence, is to prepare students through challenging experiences, to be caring, productive, creative citizens, who will be life-long learners.

## July 2025



of the Monticello Community School District

## **INSIDE THIS ISSUE**

Upcoming Eventsp. 2
25-26 School Year p. 3

25-26 Registration Info...p. 4

#### SPECIAL POINTS OF INTEREST

Free & Reduced Application for 2025-26 school year on pages 5-14

## PCOMING EV

Stop by for breakfast or lunch after your open gym/practice or before going to the pool!





No registration or application required



#### **School Permit Information**

New guidelines for the Iowa Special Minor's Restricted License (School Permit):

- Be at least 14 1/2 years old.
- Complete an Iowa-approved driver education course.
- Hold a valid instruction permit and a clean driving record for at least six consecutive months immediately before applying for your special minor's restricted license.
- Your parent/guardian must download, complete, and sign the Affidavit for Special Minor's Restricted License (form 430021). Your school principal must also sign the form. (No appointment needed, just bring the form to the office and Rachel will get it filled out.)
- Complete a drive test at the DMV if your driver's education instructor requests it, or if you completed the Parent-Taught Driver's Education Program.
- Once the form is completed, schedule an appointment with the DOT to bring in the completed form and get your special minor's restricted license issued.
- Have your parent/guardian complete a Parental Consent for Special Minor's Restricted License (Form 430022). You must carry this completed form with you in the vehicle. Present it to law enforcement when requested.
- All paperwork can be found at: <u>https://iowadot.gov/drivers-</u> licenses-ids/get-or-renew-drivers-licenses-ids-permits/under-18-permit-license-or-id/special-minors-restricted-license.



#### **\*\*Summer Office Hours\*\***

The High School Office hours for July are Monday-Thursday from 8:00- Noon. Closed on Fridays.

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

The District Office is open daily in the summer Monday-Friday from 8:00-4:00 (unless otherwise posted).



#### **Panther Basketball Camps**

Who	o:	Boys and Girls entering grades K-8
Whe	en:	July 7-10
		10:00-11:30am daily, students entering K-4
		12:00-2:00pm daily, students entering 5-8
Whe	ere:	Monticello HS/MS Gyms
Tuit	ion:	\$65.00 (includes camp t-shirt and prizes)

#### **Panther Soccer Camps**

Who:	Boys and Girls entering grades K-8
When:	July 21-23
	6:00-7:00pm daily, students entering K-4
	7:15-8:15pm daily, students entering 5-8
Where:	Monticello HS Soccer Practice Field
Tuition:	\$45.00 (includes camp t-shirt and prizes)

#### **Panther Volleyball Camps**

Who:	Students entering 3rd-6th grades
When:	August 4-6 from 12-2pm
Where:	Monticello HS
Tuition:	\$55.00 (includes camp t-shirt and prizes)
Who:	Students entering 7th-8th grades
When:	August 11-13 from 8:30-11:30am
Where:	Monticello HS
Tuition:	\$65.00 (includes camp t-shirt and prizes)

#### Panther Football Camp

Who:	Boys and Girls entering grades K-8
When:	August 4-7 from 5:30-7:00pm
Where:	Monticello HS Practice Football Field
Tuition:	\$50.00 (includes camp t-shirt and prizes)

Sign up by completing the forms on our website: https://www.monticello.k12.ia.us/friday-folders-2/

#### Julv Calendar

7/8 SB DH vs Maquoketa-10:00 V SB DH @ Vinton-Shellsburg-5:30 V BB @ Tipton–6:00
JV BB DH vs Marquette Catholic-10:00 V BB DH @ Lisbon-5:00
V BB @ Applington-Parkersburg-5:00 JV/V SB @ CPU-5:00
K-8 Basketball Camps
K-8 Soccer Camp
Board Meeting-6:00

## 25–26 SCHOOL YEAR

### The 2025-26 school year begins Monday, August 25!

The 2025-26 school calendar can be found on our website.

#### Monticello CSD 2025-26 Fee Schedule BOOK FEES Elementary Middle School High School FOOD SERVICE FEES: unch - Elementary (K-4) Lunch - Middle School (5-8) Lunch - High School (9-12) Extra Lunch (5-12 only) Lunch - Adult Lunch Card -replacement fee Breakfast - (K-12) Breakfast - Adult Milk (extra) To qualify for free or reduced rate an application for free or reduced meals must be approved annually PRESCHOOL TUITION: (4-year olds) Preschool - 4 days per week (includes<mark>-</mark>snack and milk) PANTHER ACADEMY (Before & After & Summer Childcare) Summer Registration Fee School Year Registration Fee Daily Fees: 1st child 2nd child 3rd child Non-School Days & Summer Fees: Full Day 1st child 2nd child 3rd child Half Day 1st child 2nd child 3rd child OTHER FEES: Athletics Punch Card (10 punches) - Students & Senior Citizens (age 65 and older) Athletics Punch Card (10 punches) Transcript Fee Driver's Education Parking Fine Parking Tag Lost or Damaged Book Fine Lost Uniform Padlocks (Middle School Only) - optional Choir and Band-Uniform Cleaning (HS only) School Dances (WPA, Homecoming, etc) Instrument Rental - Optional Harmonica purchases (MS only) - Optional Activity Admission Prices (conference approved): High School Adults Students & Senior Citizens (age 65 and older) Middle School Adults Students & Senior Citizens (age 65 and older)

Rental of Facilities - per Board Policy #1003.1

#### Approved: 5/19/25

2025-26 Annual Fee					
Fu	ill Rate	Re	duced Rate		
\$	55.00	\$	27.50		
\$ \$	70.00	\$	35.00		
\$	85.00	\$	42.50		
FL	ill Rate	Ree	duced Rate		
\$	2.60	\$	0.40		
\$	2.70	\$	0.40		
\$ \$ \$ \$ \$	2.70	\$	0.40		
\$	2.80	no	t applicable		
\$	4.97	not applicable			
\$ 3.00		no	t applicable		
\$	1.90	\$	0.30		
\$ \$	2.10	no	t applicable		
\$	0.50	no	t applicable		

Full Rate		Reduced Rate	
\$	160.00	n ot applicable	
	per month		
Fu	ull Rate	Redu <i>c</i> ed Rate	
\$	40.00	n ot applicable	
\$	40.00	n ot applicable	
\$6.00	) per hour	n ot applicable	
\$5.50 per hour		n ot applicable	
\$5.00 per hour		n ot applicable	
\$	32.50	n ot applicable	
\$ \$ \$	30.25	n ot applicable	
\$	27.75	n ot applicable	
\$	2 <b>7.</b> 00	n ot applicable	
\$	25.00	n ot applicable	
\$	23.00	n ot applicable	

Fu	ili Rate	Red	uced Rate		
\$	40.00		\$ 40.00 not		applicable
\$	50.00	not	applicable		
\$	5.00	not	applicable		
\$	340.00	\$	170.00		
\$10 or \$5 if paid within 48 hours		not	applicable		
1st o	ne no cost	2nd \$2.00 each			
replac	ement fee	not	applicable		
replac	ement fee	not	applicable		
\$ 7.00		the year	und at the end of when padlock is returned		
\$	20.00	\$	10.00		
\$ 5.00		n ot applicable			
\$	50.00	\$	25.00		
\$	4.00	n ot applicable			

Full Rate		Reduced Rate
\$	7.00	not applicable
\$	7.00	n ot applicable
\$	5.00	n ot applicable
F	REE	n ot applicable

#### **Open House** @ All Schools is Thursday, August 21

Elementary: 4:30-6:00 pm Middle School: 5-6:30 pm High School: 5:30-7:00 pm



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

Free/reduced school fees are determined by completing the free/ reduced meals application that is in this newsletter. Please complete & return by July 28; otherwise you will be charged the full fee at registration time. It only takes a few minutes! Even if you don't think you'll qualify, fill it out!

#### 2025-26 School Year Important Dates:

- Online Registration will begin on August 4.
- Open House is Thursday, August 21 -Elementary from 4:30-6pm; MS from 5-6:30pm; HS from 5:30-7pm
- First Day of School is Monday, August 25
- Homecoming Week is September 8-12, 2025
- Spring Break is March 16-20, 2026
- Graduation is Sunday, May 17, 2026

The full 2025-26 calendar is available on our website.

## 2025-26 REGISTRATION

Registration for the Monticello Community School District for the 2025-26 school year will be done **ONLINE** again this year. All families are required to register their students in Infinite Campus through the process known as Online Registration (OLR). **Online registration (OLR) will open on August 4**–watch your email! OLR allows parents to register at their own convenience and to save time for future years. Once OLR is open, please follow the steps below.

#### **RETURNING Students - Steps to Register:**

- 1. Login to the <u>Infinite Campus Parent Portal</u>. If you do not know your login, please email <u>morgan.murray@monticello.k12.ia.us</u>
- 2. Click on the Main Menu in the top left corner
- 3. Click More
- 4. Click on Online Registration
- 5. Click 25-26 Online Registration (OLR) Existing Student Registration
- 6. If you have a new incoming student (i.e. preschooler, kindergartener, private school), you will be able to add them to your current student's OLR. When you log into the parent portal and see your list of students, look for the "Add Student" button.
- 7. Click Start
- 8. Once completed be sure to pay any fees due and also add money to your food service account\*

\*You are able to pay online for fees and lunch once you are logged in. You can pay by credit or debit card (a convenience fee of 3.61% will be charged), or by e-check (a convenience fee of only 35 cents will be charged). **During the week of August 4-8, the convenience fees will be waived.** If you don't wish to pay online, payment can be mailed or made at your school building.

<u>Online registration needs to be done by August 15</u>. If you are unable to register online, please contact your building secretary (*after Aug.1*) to set up a time to register. Support for online registration will NOT be available at Open House.

Schedules, padlocks, chromebooks, etc. can be picked up at Open House once fees have been paid. Please check our website and Facebook page regularly for updates.

Note: Some documents are required for returning families/students, depending on the grade level your child is in. They can be uploaded, emailed, or dropped off at your school building.

If you have any questions or need help registering, please email morgan.murray@monticello.k12.ia.us or call 319-320-1132.

#### NEW Students:

Welcome to Monticello CSD! If you are a new family to our district, please contact Judy Hayen at judy.hayen@monticello.k12.ia.us and include your address, student's name, and birth date. Then, once OLR opens in August, you will be sent a link to register online.

(PLEASE NOTE: Building Secretaries will not be back in the office until August 1st)

#### Here's to a great 2025-2026 school year!

Thank You	Elementary Summer Reading Resources
• Thank you to <b>Steven Beireis</b> for the donation to the High School.	Studies have consistently shown that children who en- gage in regular reading during the summer break main- tain or even enhance their reading skills. By encouraging your child to
• Thank you to <b>Shirley Hinrichs</b> for the donation to the lunch program.	read, you can prevent the "summer slide" and ensure they start the new school year with confidence and a strong foundation.
• Thank you to Jen Fasnacht, Carol Simonson, and Tam-	Check out this link for some great resources: <u>https://docs.google.com/</u>
my Helgens for the donations to the MS Nurse's office.	document/
• Thank you to the Grassroots Iowa Network for their	d/1mGiOASMhtFhfQyG17u5qbEG34NneMRhWBXfbmyTpOSg/edit?
donation to the high school.	usp=sharing

**NOTICE OF NONDISCRIMINATION-**Students, parents, employees, and others doing business with or performing services for the Monticello Community School District are hereby notified that the District does not discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, sexual orientation, gender identity, or genetic information (for employment) in any of its education programs, activities, or employment opportunities, pursuant to Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other applicable state and federal laws. This prohibition on discrimination applies to admission and employment. The District has adopted grievance procedures for processing and resolving formal and informal Title IX sex discrimination and sexual harassment complaints and other discrimination complaints. Inquiries regarding sex discrimination pursuant to Title IX of the District's nondiscrimination policy may be directed to the District's nondiscrimination policy may be directed to the District's nondiscrimination policy may be directed to the District's nondiscrimination pursuant to Title IX of werner@monticello.k12.ia.us; other grievances or complaints related to the District's nondiscrimination pursuant to Title IX any also be referred to U.S. Department of Education (attn. Assistant Secretary, Office for Civil Rights; 400 Maryland Avenue Southwest, Washington, DC 2020; 800-421-3481; OCR@ed.gov). Inquires related to other grievances or complaints may be directed to the District's 500 W. Madison Street, Suite 1475, Chicago, IL 60661-7204, Telephone: (312) 730-1560 Facsimile: (312) 730-1576, Email: <u>OCR.chicago@ed.acv</u>)

#### Free and Reduced Meal Application

The application for free and reduced price school meal application for the 2025-26 school year is in this issue. Please complete carefully. Families wishing to apply should complete the enclosed application <u>in it's entirety</u> and return it to the Superintendent's Office, 850 E Oak Street or mail to Food Service, Monticello Schools, 850 E Oak Street, Monticello, IA 52310 by <u>July 28!</u> Applications are also available on our <u>website</u>. The State recommends you apply whether you think you qualify or not. If your child(ren) qualifies for free or reduced-price meals, you may also be eligible for other benefits (registration fees, etc.), so please complete and return to us!

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

#### Frequently Asked Questions About Free and Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Monticello Community School District offers healthy meals every school day. Breakfast costs \$1.90; lunch costs (K-4) \$2.60 per meal; MS & HS lunch costs \$2.70 per meal. <u>Your children may qualify for free meals/milk or for reduced price meals.</u> Reduced price is \$.30 for breakfast and \$.40 for lunch. Return or mail the completed application to: Pat Kelly, Monticello High School, 850 East Oak Street, Monticello, IA 52310 by July 28, 2025.Below are some common questions and answers to help you with the application process.

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
  - All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price meals.
  - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - Children participating in their school's Head Start program are eligible for free meals.
  - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
  - Children may receive free or reduced price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines below and submit an application for free and reduced price meals/milk.

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Each additional					
family member:	10,175	848	424	392	196

FEDERAL INCOME ELIGIBILITY GUIDELINES for SCHOOL YEAR 2025-2026

- 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, 850 East Oak Street, Monticello, IA, 52310, 319-465-3000, option 8 or 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 the lowa Department of Health and Human Services (Iowa HHS), submit this letter to your children's school. You may add any students living in your household who are not listed on the letter. Also, if someone in your household receives SNAP or FIP benefits and you did not receive either of these letters, you may complete an application listing the case number as this will qualify all school age children in your household for free meals. If you were informed that your children will get reduced price meals, see the income guidelines above and if you feel you would qualify for free meal benefits, complete an application for free and reduced price meals.
- 3. WHAT IF WE HAVE FOSTER CHILDREN? Households with foster and non-foster children may choose to include the foster child as a household member, as this may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, that does not prevent a foster child from receiving free meal benefits.
- 4. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact: **Superintendent Brian Jaeger, Monticello Community School District, 850 East Oak Street, Monticello, IA, 52310, 319-465-3000 or brian.jaeger@monticello.k12.ia.us.**

- 5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No, complete the applications for free and reduced price school meals for all the students in your household. We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
- 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes, your child's application is only good for that school year and for the first few days of this school year, through October 6, 2025. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carryover period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.
- 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please complete and send in an application.
- 8. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes, you, your children or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
- 10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
- 11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to your school officials. You also may ask for a hearing by calling or writing to: **Superintendent Brian Jaeger, Monticello Community School District, 850 East Oak Street, Monticello, IA, 52310, 319-465-3000 or** <u>brian.jaeger@monticello.k12.ia.us</u>.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive the types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. DO I NEED TO PROVIDE MY SOCIAL SECURITY NUMBER? Only the last four digits of the Social Security Number of the household's primary wage earner or another adult household member (or an indication of "none") is needed.
- 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, 850 East Oak Street, Monticello, IA, 52310, 319-465-3000, option 8 or 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, are not eligible to receive free milk.
- 18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children

may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for Hawki information. A school waiver form is available from your school.

- 19. CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS? If a child has a disability, as determined by a licensed medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
- 20. DO I NEED TO REPORT MY RACE AND ETHNICITY? It is optional to complete the racial/ethnic portion of the application.
- 21. Translated applications are available at: http://www.fns.usda.gov/school-meals/translated-applications.

If you have other questions or need help, call Pat Kelly, 319-465-3000, option 8.

Sincerely,

#### Pat Kelly, Food Service Director

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <u>https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</u>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, DC 20250-9410; or

2. fax: (833) 256-1665 or (202) 690-7442; or

3. email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

**Iowa Non-Discrimination Statement:** (revised 7-1-25) It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the Iowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: <a href="https://icrc.iowa.gov/">https://icrc.iowa.gov/</a>.

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

#### 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 **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. <u>Completed applications should be mailed or returned to</u> Pat Kelly, **Monticello High School, 850 East Oak Street, Monticello, IA, 52310.** If at any time you are not sure what to do next, please contact Pat Kelly at <u>pat.kelly@monticello.k12.ia.us</u> or 319-465-3000, option 8.

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 School District, <u>regardless of age</u>.

- 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.
- E) Share children's racial and ethnic identities (optional). Next to each child's name, 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.

**STEP 2**: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN the Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (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 Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa) The Family Investment Program (FIP)

The Food Distribution Program on Indian Reservations (FDPIR)

- If 'NO', go to STEP 3. (Leave the rest of STEP 2 blank)
- If 'YES,' provide a case number for SNAP, FIP, or FDPIR. You only need to write one case number. Case numbers are located on your Notice of Decision. Go to STEP 4.

#### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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.

- A) 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.
- B) 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.
- C) 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."

#### FOR EACH ADULT HOUSEHOLD MEMBER:

D) List all 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.

#### 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.

**Report earnings from work.** Refer to the chart below titled "Sources of Income for Adults" 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 or farm owner, you will report your net income. Adults who have both income from work and are self-employed should report each income source separately. 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.

**Report income from public assistance/child support/alimony.** Refer to the chart below titled "Sources of Income for Adults" 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 report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

**Report income from pensions/retirement/all other income**. Refer to Table 2 below titled "Sources of Income for Adults" and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

	e 1. Sources of modified	
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul> <li>Salary, wages, cash bonuses</li> <li>Net income from self- employment (farm or business)</li> <li>If you are in the U.S. Military:         <ul> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul> </li> </ul>	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Regular Income from trusts or estates</li> <li>Annuities</li> <li>Investment Income</li> <li>Earned interest</li> <li>Regular cash payments from outside household</li> </ul>

#### Table 1. Sources of Income for Adults

E) Report all income earned or received by children. Refer to the table 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 "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.

#### 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.

	Table	2.	Sources	of	Income	for	Children	
1								-

Sources of Child Income	Example(s)
<ul> <li>Earnings from work</li> </ul>	<ul> <li>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.)</li> </ul>
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits.</li> <li>A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
Income from person <i>outside</i> the household	<ul> <li>A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
Income from any other source	<ul> <li>A child receives regular income from a private pension fund, annuity, or trust.</li> </ul>

#### 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 sign in the box labeled "Signature of adult completing the form."

- A) Mail or return completed form to: Pat Kelly, Monticello High School, 850 East Oak Street, Monticello, IA, 52310. Please do not mail completed form to the Department of Agriculture as this will delay processing.
- B) Decline having your information released to Hawki. If you do not want your household information shared with Hawki, print, sign and date in the box provided.
- **C) Obtaining translated applications**. If you need a translated application with instructions, they can be found ir 49 languages at: <u>https://www.fns.usda.gov/school-meals/translated-applications</u>.

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <u>https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</u>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, DC 20250-9410; or

- 2. fax: (833) 256-1665 or (202) 690-7442; or
- 3. email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

**Iowa Non-Discrimination Statement:** It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the Iowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: <u>https://icrc.iowa.gov/</u>.

The State recommends you apply whether you think you qualify or not. Fill it out and return by July 28!

2025-2026 lowa Application for Free and Reduced Price School Meals/Milk Complete one application per household. Use a pen (not a pencil). Please read "How to Apply for Free and Reduced Price School Meals" for more information on completing this application.

STEP 1 List	t ALL Househol	d Membe	ers who are in	fants, chilc	ren, and	student	s up grade 1	2 (if more s	paces are r	equired for ac	ditional names, a	List ALL Household Members who are infants, children, and students up grade 12 (if more spaces are required for additional names, attach the supplemental worksheet)	ental worksh	eet)
Definition of Household Member: "Anyone who is living					C.t.C	Student			Foster	r Homeless, Migrant,		OPTIONAL Responding to this section is optional and does not affect your childhear's alicibility for free/read-model model	nd does not affe	ct your
with you and shares income and expenses, even if not	Child's First	MI	Child's Last	Last	of		Child's	l's Grade					Race	
related." Children in Foster care and children who meet the	Name		Name	e	Birth	Yes	School		0	Check all that apply	H=Hispanic or Latino N=Non- Hispanic/Latino		A=Asian W=White I=American Indian/Alaskan Native B=Blax/African American D=Native Lawaitan (Arador	lative In
or Runaway are eligible for free meals. We are required to ask														5
for information about your children's race and ethnicity. This information is immortant														
and helps to make sure we are fully serving our community.														
STEP 2 Do any Ho	Do any Household Members (including you) currently participate in one or more of the following assistance proc If No. or to STED 3. If you arcwared Yes, write a case number here then no to STED 4. (No not complete STED 3)	bers (incl	uding you) ci ed Yes write	urrently pa	rticipate i nher here	n one o	T more of th	e following	j assistanc	e programs: EP 3)	Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDPIR? If No. or to STEP 3. If your answered Yes, write a case number here then no to STEP 4. (Do not complete STEP 3)	DPIR?		Γ
Write only one case number in this space. Medicaid and EBT card numbers are <u>NOT acceptable</u> .	space. Medicai	d and EE	T card numb	ers are <u>NO</u>	T accepta	able.				Case Number:				
STEP 3 Report In	Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	L House	hold Memb	ers (Skip t	his step i	if you a	, berever	es' to STE		Apply Online:				
A. Total Number of All Household Members (Children + Adults)	ld Members (	Children -	+ Adults)		B. Las (SSN)	t Four of <u>Adul</u>	B. Last Four Digits of Social Security Number (SSN) of <u>Adult</u> Household Member (last 4 digits)	<b>ocial Sec</b> d Member	urity Nun (last 4 di		-XX-XXX	C. Ch SSN (	C. Check No SSN (adult):	
D. All Adult Household Members (include yourself): List all Household Members not listed in STEP 1 even if they do not receive income. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet. The sources of income for adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes.	clude yourself are certifying (p mental worksh	: List all I romising) eet. The	Household Me that there is n sources of inco	mbers not li o income to ome for adu	sted in ST report. Al Its section	TEP 1 ev pplicatio	en if they d ns with blan you with th	o not recei < income fie e adult inco	ve income Ids will be I me. Report	. If they do no processed as all income ir	t receive income complete. If mor whole dollar ame	ehold Members not listed in STEP 1 even if they do not receive income. If they do not receive income from any source, write '0'. If you there is no income to report. Applications with blank income fields will be processed as complete. If more spaces are required for each income for adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes	write '0'. If y uired for ctions or tax	es.
Names of All Adult Household	Gros	<u>s</u> Earning	Gross Earnings from Work/All Other Income	/All Other I	ncome		Gros	Gross Public Assistance/Child Support/Alimony	Public Assistance/ Support/Alimony	child	୰	Gross Pension/Retirement	irement	
Members			How Often? (mark "X" in box)	nark "X" in bo	(X(			How Of	How Often? (mark "X" in box)	(" in box)		How Often?	How Often? (mark "X" in box)	×
First and Last Names. Include children who are temporarily away at school or in college.	0.4	Weekly	Bi- weekly N	2x Month Mor	Monthly Ye	Yearly	>	Weekly w	Bi- 2x weekly Month	th Monthly		Weekly Bi- weekly	2× Month	Monthly
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E. Child Income: Sometimes children in the household earn or receive income. Please	dren in the hou	sehold .	earn or recei	ve income	. Please	ř	Total Income Received by All Children	Received	ov All Child		Maakiv   Bi-weekiv	en? (mark "X"	_	Yearly
Include the TOTAL gross earned income by all Children listed in STEP There. The sources of income for children section will help you with the Child Income.	tion will help	ou with	the Child Inc	P 1 nere. ome.	lne	Ś				┢	-		-	(
STEP 4 Contact	<b>Contact Information and Adult</b>	and A	dult Signature	ure					PAGE TW	O CONTAI	PAGE TWO CONTAINS MORE INFORMATION	RMATION		
" 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 th 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.	on this applicati n aware that if I	on is true purposel	and that all inc / give false inf	come is rep ormation, m	orted. I un iy children	derstanc may los	l that this infi e meal bene	ormation is efits, and I r	given in co nay be pros	nnection with ecuted unde	the receipt of Fer applicable State	I understand that this information is given in connection with the receipt of Federal funds, and that school officials drem may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	iat school of 	ficials
Signature of adult completing the form	ne form					rinted 1	Printed name of adult completing the form	lult comp	leting the	form		_₽ _ 	Todav's Date	]
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			□ Reduced			□ Free Milk	×		Application	Denied [	Application Denied	NO []	□ Over Income Limits	-imits

## FREE/REDUCED APPLICATION - PG 1

Low-Cost Health Insurance for Children

must tell us by completing the information below. If you want further information, you may call Hawki at 1-800-257-8563. Also, if you are already receiving Medicaid or Hawki, please sign below. This 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 share this information. Specifically, we will give them your child's name, your name and address. Medicaid and Hawki can only use the information to identify children who may be eligible for free or low. are not required to allow us to share this information, it will not affect your child's eligibility for free or reduced price meals. If you do NOT want your information shared with Medicaid or Hawki, you If your children do not have health insurance, many families getting free or reduced price meals can also get free or low-cost health insurance for their children. The law requires public schools to share your free and reduced price meal eligibility information with Medicaid and Hawki, the State's medical insurance program for children. Private schools, RCCIs and childrare organizations may choose to will avoid another contact

My signature below indicates I DO NOT want school officials to share information from my free and reduced price meal application with Medicaid or Hawki.

Parent/Guardian Name (Printed)

# \*\*Waiver Information\*\*

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 parentiguardian of the 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 child(ren) for whom application is being made. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS. Date: fees (registration fees, drivers ed, <mark>Signature of Parent/Guardian</mark>, to be considered for free/reduced **PLEASE SIGN HERE If you want** 

may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, Check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

USDA Nondiscrimination Statement: (revised 2-15-23) In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex esponsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint 866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

U.S. Department of Agriculture \* mail: <u>-</u>

Office of the Assistant Secretary for Civil Rights Washington, D.C. 20250-9410; or 1400 Independence Avenue, SW fax: N

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

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(833) 256-1665 or (202) 690-7442; email: e

This institution is an equal opportunity provider. program.intake@usda.gov

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

section 216.6, 216.7, and 216.9. If you have (revised 7-1-25) "It is the policy of this CNP 100, Des Moines, IA 50321; phone number national origin, disability, age, or religion in provider not to discriminate on the basis of Rights Commission, 6200 Park Ave, Suite race, creed, color, sex, sexual orientation, compliance with this policy by this CNP practices as required by the lowa Code its programs, activities, or employment 515- 281-4121, 800-457-4416; website: lowa Non-Discrimination Statement: Provider, please contact the lowa Civil questions or grievances related to Return completed form to: https://icrc.iowa.gov/

Pat Kelly, Food Service Director pat.kelly@monticello.k12.ia.us Monticello, IA 52310 or 850 E Oak St, MCSD

Sources of Child Income	Earnings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Support (Adult Income Sources)	All Other Income (Adult Income Sources)
<ul> <li>Earnings from work</li> </ul>	<ul> <li>Salary, wages, cash bonuses (before deductions or taxes)</li> </ul>	Cash Assistance from State/local government	<ul> <li>Social Security</li> </ul>
<ul> <li>Social Security (disability payments and survivor's</li> </ul>	<ul> <li>Net income from self-employment (farm or business)</li> </ul>	<ul> <li>Supplemental Security Income</li> </ul>	<ul> <li>Disability benefits</li> </ul>
benefits)	<ul> <li>If you are in the U.S. Military:</li> </ul>	<ul> <li>Unemployment benefits</li> </ul>	<ul> <li>Regular income from trusts or estates</li> </ul>
<ul> <li>Income from person outside the household</li> </ul>	a. Basic pay and cash bonuses (do NOT include combat	<ul> <li>Worker's compensation</li> </ul>	<ul> <li>Annuities</li> </ul>
<ul> <li>Income from any other source</li> </ul>	pay, FSSA or privatized housing allowances)	<ul> <li>Alimony or child support payments</li> </ul>	<ul> <li>Investment income</li> </ul>
	b. Allowances for off-base housing, food and clothing	<ul> <li>Veteran's benefits</li> </ul>	<ul> <li>Rental income</li> </ul>
	A03 504	Strike benefits	<ul> <li>Regular cash payments from outside household</li> </ul>

Date

Signature

JSDA through the Federal Relay Service at (800) 877-8339

Optional Supplemental Worksheet 2024-2025 Iowa Application for Free and Reduced Price School Meals/Milk Children in Your Household (not listed on page 1)	OPTIONAL Responding to this section is optional and does not affect your children's eligibility for freerenced price meals. Ethnicity Race	H=Hispanic or A=Asian V/=White Latino I=American Indian/Alaskan Native N=Non- B=Black/African American	Hispam/CLatino P=Native Hawaiian/Other Pacific Islander					Any income earned by the above listed children should be included under Step 3 D on the first page of the application. s in Your Household ( <sub>Not</sub> listed on page 1)	Gross Pension/Retirement	How Often? (mark "X" in box)	ly Weekly Bi- 2x Month weekly Month	\$	\$	\$	\$		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 medical expenses, and other similar non-business venture less the operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business venture. For example, if you operated a business income. Additional income there income provides a more accurate medical expenses, and other similar non-business deductions are not allowed in reducing goes business income. Additional income form other sources or home payments, medical expenses, and other similar non-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 purposes of applying for reduced price or free media would be the income from the business cannot be deducted from a positive income earned in other employment. For purposes of applying for reduced price or free media would be the income from the business cannot the additional employment. For purposes of this application, it is not possible to report a negative income from the business cannot to a possible income). The necessary information for arriving at allowable income from must be listed separately. Add together the amounts reported on the following lines:	
ced Pri	Homeless, Migrant,	Кипамау	hat apply					first page	ce/Child	X" in box)	2x Monthly Month				_		sources. current mon nal expens ds of emplo icyment for m a positive m a positive dule 1. For	
d Redu	F oster Child		Check all that apply					on the	Public Assistanc Support/Alimonv	How Often? (mark "X" in box)	Bi- 2 weekly Mo	_				╉	om other s unless the or as for perso m other kin tional empl tional empl for income of and Sche and Sche	
ree an	Grade							Step 3	Gross Public Assistance/Child Support/Alimonv	How O	Weekly w					╉	income fraction income, income, income, income fraction income fraction income fraction ut held addition to the definition of the definiti	
ion for F	Child's	School						ed under	Gros		1	\$	\$	\$	s -	\$	\$       ations yed or have ent year's n ent vear's n a net loss, bu a net loss, bu net loss, bu to net loss, bu come possi	Ð
olicati	Ŧ	N						nclud	ne	Yearly		·				e Calco the curr the curr ration of income s income ress at from the rest ir from the least ir lines:		
va App	Student	YES						ould be	her Incol	n box)	Monthly						ent Incon ent Incon g, are sel to project a the gene s busines: ted a busi ted a busi ted a busi ted a busi tes following e following	
025 lov je 1)	Date	Birth						dren sho	Gross Earnings from Work/All Other Income	How Often? (mark "X" in box)	2x Month					┥	Self-Employment Income Calculations Self-Employment Income Calculations age in farming, are self-employed or h year as a base to project the current year osts incurred in the generation of that incu reducing gross business income. Additio ie, if you operated a business at a net loss ie, if you operated a business at a net loss in the salary only. The loss from the busines ny business venture. The least income pc S. Individual Income Tax Return - Form 1( reported on the following lines:	
<b>2024-2</b> d on pag	<u>a</u>	1						<b>ted child</b> on page	from Wo	How Often	Bi- weekly					T	Self ou engage endar year ating costs wed in red ent U.S. In hounts report ounts report	
<b>Sheet</b> (not liste	Child's Last Name							bove lis	Earnings		Weekly						eport if y eport if y s the oper tre not allo ture. For é he income le income her the arr	
ital Worksheet 2024-2025 usehold (not listed on page 1)	Child's I							d by the above listed childr ehold (Not listed on page 1)				\$	\$	ŝ	\$	<b>6</b> 9 6	\$ amount to r ds for the pre deductions s deductions s business ver business ver als would be t port a negativ ken from you siy. Add toget	
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Optional Supplemer <u>Additional</u> Children in Your Ho	Child's First Name							Any income earne Additional Adults in Your Hous	Names of All Adult Household Members		First and Last Names. Include children who are temporarily away at school or in college.						Self-Employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income. Income from other sources.       \$ <td>Capital Gairl OI (LOSS) FOITTI 1040 OI 1040-SI</td>	Capital Gairl OI (LOSS) FOITTI 1040 OI 1040-SI
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Fax: 319-4	er, <i>Super</i> 65-3000 65-6050		dent															

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Gross Annual Income + 12)

Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$\_

\$ ŝ

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5

Farm Income or (Loss) Schedule 1 Part 1, LINE 6

TOTAL \$

Business Income or (Loss) Schedule 1 Part 1, LINE 3 Other Gains or (Losses) Schedule 1 Part 1, LINE 4

Board of Education: Craig Stadtmiller, Mandy Norton, John Schlarmann, Mark Rieken, Tony Amsler

14

Monthly

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