

Public Release for Schools Operating the National School Lunch and Breakfast Program

The Iowa Department of Education, Bureau of Nutrition and Health Services, has finalized its policy for free and reduced price meals for students unable to pay the full price of meals served under the National School Lunch Program, School Breakfast Program, Special Milk Program and the Afterschool Care Snack Program.

State and Local school officials have adopted the following family size and income criteria for determining eligibility:

INCOME ELIGIBILITY GUIDELINES (Effective 7-1-2025)

Household Size	Free Meals					Reduced Price Meals				
	Yearly	Monthly	Twice a Month	Every two weeks	Weekly	Yearly	Monthly	Twice a Month	Every two weeks	Weekly
1	20,345	1,696	848	783	392	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	79,828	6,653	3,327	3,071	1,536
7	63,245	5,271	2,636	2,433	1,217	90,003	7,501	3,751	3,462	1,731
8	70,395	5,867	2,934	2,708	1,354	100,178	8,349	4,175	3,853	1,927
For each additional family member add:	7,150	596	298	275	138	10,175	848	424	392	196

Households may be eligible for free or reduced-price meal benefits one of four ways

- Households whose income is at or below the levels shown are eligible for reduced price meals or free meals, if they complete an application for free and reduced price school meals/milk. Households may complete one application listing all children and return it to your student's school. When completing an application, only the last four digits of the social security number of the household's primary wage earner or another adult household member is needed.
- Supplemental Nutrition Assistance Program (SNAP) households, students receiving benefits under the Family Investment Program (FIP) and students in a few specific Medicaid programs are eligible for free or reduced price meals. Most students from SNAP and FIP households will be qualified for free meals automatically. These households will receive a letter from their student's schools notifying them of their benefits. Households that receive a letter from the school need to do nothing more for their student(s) to receive free or reduced price meals. No further application is necessary. If any students were not listed on the notice of eligibility, the household should contact the school to have free or reduced price meal benefits extended to them. If you feel you would qualify for free meal benefits and received notification qualifying for reduced price benefits, complete an application for free and reduced price meals. Households must contact the school if they choose to decline meal benefits.
- Some SNAP and FIP households will receive a letter from the Iowa Department of Health and Human Services (Iowa HHS) which will qualify the children listed on the letter for free meals. Parents must take this letter to the student's school to receive free meals.
- SNAP or FIP households receiving benefits that do not receive a letter from Iowa HHS must complete an application with the abbreviated information as indicated on the application and instructions, for their students to receive free meals. When the application lists an assistance program's case number for any household member, eligibility for free benefits is extended to all students in a household.

Eligibility from the previous year will continue within the same school for up to 30 operating days into the new school year. When the carryover period ends, unless the household is notified that their students are directly certified or the household submits an application that is approved, the students must pay full price for school

meals and the school will not send a reminder or a notice of expired eligibility. An application cannot be approved unless complete eligibility information is submitted. Applications may be submitted at any time during the year. If a family member becomes unemployed the family should contact the school to complete an application. Households notified of their student's eligibility must contact the school if the household chooses to decline the free meal benefits.

Foster children are eligible for free meal benefits. Some foster students will be qualified for free meals automatically through the state direct certification process. Their host family will receive notification of these benefits. Families that receive this notification from the school need to do nothing more for their foster students to receive free meals. If a family has foster students living with them and does not receive notification and wishes to apply for such meals, instructions for making application for such students are contained on the application form. A foster student may be included as a member of the foster family if the foster family chooses to also apply for benefits for other students. Including students in foster care as household members may help other students in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, it does not prevent a foster student from receiving benefits. Special Supplement Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced price meals based on a completed application.

When known by the school, households will be notified of any child eligible for free meals if the children are enrolled in the Head Start/Even Start program or are considered homeless, migrant or runaway. If any children are not listed on the notice of eligibility, contact the school for assistance in receiving benefits. If households are dissatisfied with the application approval done by the officials, they may make a formal appeal either orally or in writing to the school's designated hearing official. The policy statement on file at the school contains an outline of the hearing procedure. School officials may verify the information in the application, and that deliberate misrepresentation of information may subject the applicant to prosecution under applicable state and federal criminal statutes. Households should contact their local school for additional information.

There will be no discrimination against individuals with Limited English Proficiency (LEP) in the school meal programs.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, 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: <https://icrc.iowa.gov/>.

STEP 1

List ALL Household Members who are infants, children, and students up grade 12 (if more spaces are required for additional names, attach the supplemental worksheet)

Definition of Household

Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are truly serving our community.

OPTIONAL									
Responding to this section is optional and does not affect your child's eligibility for free/reduced price meals.									
Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School and Grade	Foster Child		Homeless Migrant Runaway
				Yes	No		Check all that apply	Ethnicity	
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDIPIR? If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3). Write only one case number in this space. Medicaid and EBT card numbers are NOT acceptable

Case Number: _____

STEP 3

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

Apply online:

A. Total Number of All Household Members (Children + Adults)	B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits)	C. Check No SSN (adult):	<input type="checkbox"/>
	XXX-XX-_____		<input type="checkbox"/>

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 section will help you with the adult income on the next page. Report each income separately and in whole dollar amounts before deductions or taxes. For a household with income from wages and self-employment, each amount must be listed separately.

Names of All Adult Household

Names of All Adult Household Members	Gross Earnings from Work/All Other Income					Gross Public Assistance/Child Support/Alimony					Gross Pension/Retirement				
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Weekly	Every 2 Weeks	2x Month	Monthly	Weekly	Every 2 Weeks	2x Month	Monthly		
First and Last Names. Include children who are temporarily away at school or in college.															
	\$					\$				\$					
	\$					\$				\$					
	\$					\$				\$					
	\$					\$				\$					

E: Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here. The sources of income for children section on the next page will help you with the Child Income.

Total Income Received by All

Children

	Week
	<input type="checkbox"/>

aks	
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STEP 4

Contact Information and Adult Signature

Return completed form to:

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form

Printed name of adult completing the form

Today's Date

Street Address (if available)		Apt. #		City		State		Zip		Daytime Phone (optional)		Email (optional)	
<div> <div>DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY</div> <div>PAGE TWO CONTAINS MORE INFORMATION</div> </div>													
Annual Income Conversion (if needed)		Household		Total Income:		Application #:		Date Received:					
Weekly (x52)	Every 2 Weeks (x26)	2x Month (x24)	Monthly (x12)	Size: _____	\$ _____	Application #:		Date Received:					
Signature and Effective Date of Determining Official				Signature and Date of Confirming Official				Signature and Date of Verification Follow-Up					
Application		<input type="checkbox"/> Income <input type="checkbox"/> Foster Child <input type="checkbox"/> FIP/SNAP <input type="checkbox"/> Head Start (confirmation required) <input type="checkbox"/> Homeless/Migrant/Runaway-Local Official confirmation Required											
Eligibility Determination		<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Free Milk		Application Denied <input type="checkbox"/> Incomplete <input type="checkbox"/> Over Income Limits									

Optional Supplemental Worksheet 2025-2026 Iowa Application for Free and Reduced Price School Meals/Milk

Additional Children in Your Household (not listed on page 1)

Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL	
				YES	NO					Ethnicity	Race
				Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.							
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		H=Hispanic or Latino N=Non-Hispanic/Latino	A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			

Any income earned by the above listed children should be included under Step 3 E on the first page of the application.

Additional Adults in Your Household (Not listed on page 1)

Names of All Adult Household Members First and Last Names. Include children who are temporarily away at school or in college.	Gross Earnings from Work/All Other Income				Gross Public Assistance/Child Support/Alimony				Gross Pension/Retirement			
	How Often? (mark "X" in box)				How Often? (mark "X" in box)				How Often? (mark "X" in box)			
	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			

Self-Employment Income Calculations

This guidance will assist you in calculating the amount to report if you engage in farming, are self-employed or have income from other sources.

Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less the operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040 or 1040-SR and Schedule 1. Add together the amounts reported on the following lines:

- Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7 \$_____
- Business Income or (Loss) Schedule 1 Part 1, LINE 3 \$_____
- Other Gains or (Losses) Schedule 1 Part 1, LINE 4 \$_____
- Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5 \$_____
- Farm Income or (Loss) Schedule 1 Part 1, LINE 6 \$_____

TOTAL \$_____ Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$_____ Gross Annual Income ÷ 12)
For a household with income wages and self-employment, each amount must be listed separately

Low-Cost Health Insurance for Children

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

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

Parent/Guardian Name (Printed) _____

Signature _____

Date _____

The Richard B. Russell National School Lunch Act requires 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.

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 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, audiotype, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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

* mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-94-10, or

fax: (833) 256-1665 or (202) 690-7442, or

email:

program_intake@usda.gov

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

This institution is an equal opportunity provider.

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

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**Return completed form to:
Waiver Information**

Sources and Examples of Income	
For additional information on income, please refer to the instructions that accompany this application	
Earning from Work	Public Assistance/Alimony/Child Support
<ul style="list-style-type: none">• Salary, wages, cash bonuses, tips or commissions	<ul style="list-style-type: none">• Unemployment benefits
<ul style="list-style-type: none">• Net income from self-employment (farm or business)	<ul style="list-style-type: none">• Workers' compensation
If you are in the U.S. Military	<ul style="list-style-type: none">• Supplemental Security Income (SSI)
<ul style="list-style-type: none">• Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances)	<ul style="list-style-type: none">• Cash assistance from state or local government
<ul style="list-style-type: none">• Allowances for off-based housing, food and clothing	<ul style="list-style-type: none">• Alimony payments
	<ul style="list-style-type: none">• Child support payments
	<ul style="list-style-type: none">• Veterans benefits
	<ul style="list-style-type: none">• Strike benefits
	Pensions/Retirement/All other sources of Income
	<ul style="list-style-type: none">• Social Security/Disability (including railroad retirement and black lung benefits)
	<ul style="list-style-type: none">• Private Pensions or disability benefits
	<ul style="list-style-type: none">• Income from trusts or estates
	<ul style="list-style-type: none">• Annuities
	<ul style="list-style-type: none">• Investment Income
	<ul style="list-style-type: none">• Earned Interest
	<ul style="list-style-type: none">• Rental Income
	<ul style="list-style-type: none">• Regular cash payments from outside the household
	Examples of Income for Children
	<ul style="list-style-type: none">• A child has full or part-time job where a salary/wages are earned
	<ul style="list-style-type: none">• A child received income from a private pension fund, annuity or trust
	<ul style="list-style-type: none">• A parent is disabled, retired or deceased and their child receives Social Security benefits
	<ul style="list-style-type: none">• A friend or extended family member regularly gives a child spending money
	<ul style="list-style-type: none">• A child is disabled and receives Social Security benefits