



# Riceville Community School District



912 WOODLAND AVENUE • RICEVILLE, IOWA 50466-7507  
Superintendent Office Fax 641.985.4171 • High School Fax 641.985.4001

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## INFORMATION LETTER

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

Dear Parent/Guardian:

Children need healthy meals to learn. Riceville Community School offers healthy meals every school day as part of the federally funded Child Nutrition Programs. In order for a Residential Child Care Institution (RCCI) such as Riceville Community School to be eligible for meal reimbursement, we must document the number of children who are eligible for free or reduced-price meals. Although Riceville Community School provides meals at no charge to all of our residents/students, we request your cooperation in submitting this application so we can qualify for federal reimbursement. This packet includes an Iowa Application for Free and Reduced-Price Meals/Milk, and a set of detailed instructions. Please fill out the application and return it to Riceville Community School August 23<sup>rd</sup>, 2019. Below are some common questions and answers to help you with the application process. Please call 641-985-2288 if you need assistance. **Please return or mail the completed application to:** Riceville CSD, 912 Woodland Ave. Riceville, IA 50466

1. WHY DO I NEED TO FILL OUT AN APPLICATION? Completing the 2019-2020 Application for Free and Reduced-Price School Meals for your household allows the RCCI to receive reimbursement from the federal government for meals served to students.
2. WHO CAN GET FREE OR REDUCED-PRICE MEALS? (which would allow the RCCI to get additional Federal Reimbursement)
  - All children in households receiving benefits from Food Assistance, the Family Investment Program (FIP) or a few specific Medicaid Programs, are eligible for free meals.
  - Foster children that are under the legal responsibility of a foster care agency or court 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.)

#### FEDERAL INCOME ELIGIBILITY GUIDELINES for School Year 2019-2020

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional person:	8,177	682	341	315	158

3. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER FROM MY CHILD'S SCHOOL SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? If you received a letter from your child's school saying your child is approved for free meals or a Free Lunch Notice from DHS, submit a copy of the letter to the RCCI. You may add any students living in your household who are not listed.

Riceville Community School District does not discriminate on the basis of age, color, creed, national origin, race, religion, marital status, gender, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status in its educational programs or employment practices. If you have any questions or grievances related to this policy, please contact the superintendent, 912 Woodland Avenue, Riceville, Iowa 50466-7507, phone 641-985-2288.

4. **WHAT IF WE HAVE FOSTER CHILDREN?** Households with foster and non-foster children should 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.
5. **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 call Jennifer Dunn @ 641-985-2288 or e-mail [jdunn@riceville.k12.ia.us](mailto:jdunn@riceville.k12.ia.us).
6. **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 that is not complete, so be sure to fill out all required information.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE FOR THE RCCI?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application.
8. **I GET WIC. CAN THE RCCI GET FEDERAL REIMBURSEMENT?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
9. **SHOULD 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.
10. **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.
11. **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 and 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. These situations may assist the RCCI in getting higher reimbursement.
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 Jennifer Dunn 641-985-2288 or email @ [jdunn@riceville.k12.ia.us](mailto:jdunn@riceville.k12.ia.us). to receive a Supplemental Worksheet.
17. **MY FAMILY NEEDS Assistance. ARE THERE 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.

18. 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 641-985-2288.

*Sincerely,*

Jennifer Dunn



**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. If you do not select race or ethnicity, one will be selected for you based on visual observation.

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

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

**Low-Cost Health Insurance for Children**

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

Parent/Guardian Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a 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 indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**USDA Nondiscrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

\*only use this address if you are filing a complaint of discrimination

**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<sup>th</sup> St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

This institution is an equal opportunity provider.

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

Waiver Information

# 2019-2020 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

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

Child's First Name	MI	Child's Last Name	Student?		Child's School	Grade	Foster Child		Homeless, Migrant, Runaway	
			Yes	No			Child	Runaway		
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Check all that apply

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

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

Name of Adult Household Members (First and Last)	Earnings from Work	How often?					Public Assistance/ Child Support /Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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### Self-Employment Income Calculations

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

Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less 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, including Schedule 1. Add together the amounts reported on the following lines:

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

TOTAL \$ \_\_\_\_\_ Gross Annual Income Before Any Deductions.  
 Computed Monthly Income \$ \_\_\_\_\_ (Gross Annual Income ÷ 12 = Computed Monthly Income.)

The computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income.