

# Iowa Eligibility Application

FFY 21-22

**Complete one application per household. Fiscal Year 2021-2022**

**Part 1. Check all applicable boxes:**

<input type="checkbox"/> school meals	<input type="checkbox"/> children in child care center	<input type="checkbox"/> children in child care home (HP)
<input type="checkbox"/> special milk (restrictions apply)	<input type="checkbox"/> Tier I home provider (HP)	Provider name: _____
	<input type="checkbox"/> Head Start/Even Start	

**Part 2. Check if any child is Homeless, Migrant, or a Runaway and call your child's school.**       Run away     Migrant     Homeless

**Part 3. FIP or SNAP Eligible:** Enter the FIP or SNAP Case Number for ANY household member as listed in the Notice of Decision (10 digits, include zeros). NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable. Skip part 5.

Name of household member with Case Number \_\_\_\_\_ List Case Number \_\_\_\_\_ - - - - -

**Part 4. Children enrolled: REQUIRED OF ALL APPLICANTS.**

List name(s) of all enrolled child(ren) in your household.	Ethnicity: H=Hispanic or Latino N=Not Hispanic or Latino	Race: A = Asian    B = Black or African American I = American Indian or Alaska Native W=White
<i>If ethnicity &amp; race are not completed, the form will be completed based on visual observation</i>		

Last Name	First Name	Middle Name or Initial	Check box for FOSTER child <th rowspan="2">Date of Birth</th> <th rowspan="2">Grade</th> <th colspan="2">OPTIONAL</th> <th rowspan="2">Name of School/Head Start/Child Care Center/Home</th>	Date of Birth	Grade	OPTIONAL		Name of School/Head Start/Child Care Center/Home
						ETHNICITY	RACE	
1.			<input type="checkbox"/>					
2.			<input type="checkbox"/>					
3.			<input type="checkbox"/>					
4.			<input type="checkbox"/>					
5.			<input type="checkbox"/>					

**Part 5. Total Household Gross Income: DO NOT COMPLETE PART 5 IF YOU LISTED A FIP OR SNAP NUMBER IN PART 3.**  
Report the gross income received by EACH household member one time in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side of this application.

List the names of <u>everyone</u> living in your household, including the children listed in Part 4. Attach a separate page if more space is needed. For FOSTER children, include only money available for child's personal use or child's own income.				<b>Gross Income: Report income by how often the household member is paid.</b>				Other Monthly Payments or Income Received.		
Last Name	First Name	Age	Check if NO Income	Gross amount earned weekly	Gross amount earned every 2 weeks	Gross amount earned twice a month	Gross amount earned monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA benefits	All other income
1.			<input type="checkbox"/>							
2.			<input type="checkbox"/>							
3.			<input type="checkbox"/>							
4.			<input type="checkbox"/>							
5.			<input type="checkbox"/>							

Last four digits of my Social Security Number: X XX - X X - \_\_\_\_ \_\_\_\_ \_\_\_\_       I do not have a Social Security Number.  
If Part 5 is completed, the adult signing the form must provide the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **For further information refer to the Privacy Act Statement in the parent letter.**

**Part 6. Certification and Signature. REQUIRED OF ALL APPLICANTS.**

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted. Email of Adult Completing Form \_\_\_\_\_

Signature of Adult Completing Form \_\_\_\_\_ Printed Name of Adult Completing Form \_\_\_\_\_ Date Signed \_\_\_\_\_

Address of Adult Completing Form \_\_\_\_\_ Town \_\_\_\_\_ ZIP Code \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Part 7. TO BE COMPLETED BY CENTER STAFF.**

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12  
Household Income: \$ \_\_\_\_\_  Weekly     Every 2 Weeks     Twice Monthly     Monthly     Annually    Household Size \_\_\_\_\_

Application Approved: <input type="checkbox"/> Income <input type="checkbox"/> Foster Child (free) <input type="checkbox"/> Head Start DOCUMENTATION REQUIRED <input type="checkbox"/> FIP/SNAP <input type="checkbox"/> Homeless/Migrant/Runaway (Schools only)	CACFP HP ONLY: <input type="checkbox"/> Tier 1 Area (Provider's own children) <input type="checkbox"/> Tier 1 Income (All children) <input type="checkbox"/> Tier 1 Child (Tier 2 mixed)
Eligibility Determination: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals <input type="checkbox"/> Free Milk Application Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Over income limits	

Determining Official Signature \_\_\_\_\_ Effective Date \_\_\_\_\_