



**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:** (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 (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, D.C. 20250-9410; or
2. fax:
  - (833) 256-1665 or (202) 690-7442; or
3. email:
  - [program.intake@usda.gov](mailto: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>

**Waiver Information**

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. I understand that I will be releasing information that will show that I applied for free/reduced school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees only. Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<p style="text-align: center;"><b>Sources of Child Income</b></p> <ul style="list-style-type: none"> <li>• Earnings from work</li> <li>• Social Security (disability payments and survivor's benefits)</li> <li>• Income from person outside the household</li> <li>• Income from any other source</li> </ul>	<p style="text-align: center;"><b>Earnings from Work (Adult Income Sources)</b></p> <ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses (before deductions or taxes)</li> <li>• Net income from self-employment (farm or business)</li> <li>• If you are in the U.S. Military:                             <ul style="list-style-type: none"> <li>a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>b. Allowances for off-base housing, food and clothing</li> </ul> </li> </ul>	<p style="text-align: center;"><b>Public Assistance/Alimony/Child Support (Adult Income Sources)</b></p> <ul style="list-style-type: none"> <li>• Cash Assistance from State/local government</li> <li>• Supplemental Security Income</li> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Alimony or child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<p style="text-align: center;"><b>All Other Income (Adult Income Sources)</b></p> <ul style="list-style-type: none"> <li>• Social Security</li> <li>• Disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>
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**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 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, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>"

Return completed form to:

**Colo-NESCO Schools**  
 919 West Street  
 P.O. Box 136  
 Colo, IA 50056

# 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
										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

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

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

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

**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. For a household with income wages and self-employment, each amount must be listed separately. 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)

