

# Iowa Eligibility Application

FFY 06-07  
School Year 06-07

Complete one application per household. Each foster child is a household of one.

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> school meals                             | <input type="checkbox"/> children in center        | <input type="checkbox"/> children in home child care (HP) |
| <input type="checkbox"/> special milk (restrictions apply)        | <input type="checkbox"/> tier I home provider (HP) | Provider name: _____                                      |
| <input type="checkbox"/> foster child (ONE APPLICATION PER CHILD) | <input type="checkbox"/> Head Start/Even Start     |   |

**Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS. If applicable, list FIP or Food Assistance Case Numbers.**

List name(s) of all child(ren) enrolled. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code).

**Race:** A=Asian, B=Black or African American, I=American Indian or Alaska Native, P=Native Hawaiian or other Pacific Islander, W=White, O=Other  
**Ethnicity:** H=Hispanic or Latino, N= Non Hispanic or Latino

Last Name	First Name	Middle Name or Initial	Date of Birth	Grade	Race and Ethnicity (Optional)	School/Head Start/Child Care Center	FIP Case Number (1 per child)	Food Assistance Case Number (1 per family)
1								
2								
3								
4								
5								

**NOTE: REFER TO NOTICES OF DECISION FOR CASE NUMBERS.**

**Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2.**

Report the gross income received by EACH household member 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.

List the names of everyone living in your household, including the children listed in Part 1. Attach a separate page if more space is needed.	Age	Check if NO income	Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income		
			Amount paid weekly	Amount paid every 2 weeks	Amount paid twice a month	Amount paid monthly	Welfare Child Support Alimony Adoption Subsidies	Pension, retirement, social security, VA	All other income
Last Name	First Name								
1		<input type="checkbox"/>							
2		<input type="checkbox"/>							
3		<input type="checkbox"/>							
4		<input type="checkbox"/>							
5		<input type="checkbox"/>							
6		<input type="checkbox"/>							
7		<input type="checkbox"/>							

My Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security number.

If Part 3 is completed, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. Foster parents completing this application for a foster child are not required to provide their social security numbers. For all other applicants, providing social security numbers is voluntary. See Privacy Act Statement in the parent letter.

**Part 4. 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.

Signature of Adult Completing Form _____	Printed Name of Adult Completing Form _____	Date Signed _____
Address of Adult Completing Form _____	Town and ZIP _____	Work Phone _____ Home/Cell Phone _____

**Part 5. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.**

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:  Income  P/Food Assistance  Foster  Automatic Eligibility (CACFP HP only)  
 Temporary Approval (zero income) expires in 45 days on \_\_\_\_\_  Homeless/Migrant (Schools only)

Eligibility Determination:  Free Meals  Reduced Price  Title I Area (CACFP HP only)  Title I Income (CACFP HP only)  Free I \_\_\_\_\_

Application Denied:  Incomplete  Over income limits

Determining Official Signature _____ Effective Date _____	Confirming Official Signature (Schools only) _____ Date _____ Follow-Up Official Signature (Schools only) _____ Date _____
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