

Name of adult completing form \_\_\_\_\_

**hawk-i /Medicaid Information Form**

Read this information and **sign if you decide you do not want** your name released to **hawk-i** or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now allows us to share your free and reduced price meal eligibility information with Medicaid and **hawk-i**, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and **hawk-i** can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the **hawk-i** program. It will not affect your children's eligibility for free and 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 at the time you complete your free/reduced application. If you want further information, you may call **hawk-i** at 1-800-257-8563.

**I DO NOT** want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or **hawk-i**. Also, if you are already receiving Medicaid or **hawk-i**, please sign below. This will avoid another contact.

Child's Name: _____	School/Child Care/Head Start Center: _____
Child's Name: _____	School/Child Care/Head Start Center: _____
Child's Name: _____	School/Child Care/Head Start Center: _____
Parent/Guardian Name (Printed) _____	Signature _____ Date _____

**SCHOOL FEE WAIVER  
2006-2007 Application for Waiver of Confidentiality**

Dear Parent or Guardian,

If your child(ren) qualify for free or reduced price meals, you may also be eligible for other benefits. One of the benefits is free or reduced textbook and other class fees. Complete this form and return with your application for free/reduced price meals.

**SCHOOL FEE WAIVER: YES.** I wish to apply for a waiver of payment of textbook and other school fees for my student(s). School personnel may release my student(s) free and reduced-price meal eligibility status to determine eligibility for school fee waivers. (This does not include activity pass fees)

I understand that I will be releasing information that will show that I applied for free and reduced-price school meals for my child(ren). I give up my rights to confidentiality for textbook and other school fees. This authorization is in effect for one year. I understand that I may revoke this release in writing at any time.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

## Self-Employment Income Worksheet

This worksheet will assist you in calculating the amount to report if you engage in farming, a proprietorship or have income from other sources.

Persons engaged in farming or who operate other types of private businesses where cash flow varies throughout the year, making it impossible to predict monthly income with any accuracy, may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. For example, if you operated a business at a net loss but held additional employment for which you received a salary, your income for purposes of applying for free or reduced price meals would be the value of the income from your salary only, since the loss from the business cannot be deducted from the amount of the income earned in the additional employment. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 3 of the application. **The least income possible is zero (no income).**

The necessary and appropriate information for arriving at allowable income from private business operation is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040 in the following manner. Lines 13 and 14 should only be used once if you are engaged in two or more types of business activities.

**Farming Income** - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
Line 18 - Farm income or (loss)	\$ _____
	Total A \$ _____*

**Proprietorship Income** - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 12 - Business income or (loss)	\$ _____
Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
	Total B \$ _____*

**Income from Other Sources** - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$ _____
	Total C \$ _____*

\*Total A + Total B + Total C = \_\_\_\_\_ +12 = \_\_\_\_\_

Enter amount in the "All Other Income Last Month" column in Part 3 on the front of Iowa Free and Reduced Price Meal and Free Milk Application.

