

INDIANOLA

COMMUNITY SCHOOL DISTRICT

2025-26 District Fees

Please complete both sides of this form and return it with your payment. You may write one check to pay fees for multiple children. You may also pay fees online.

Go to <https://www.indianola.k12.ia.us/departments/information-technology/powerschool/paying-fees-fines/>

Payments are not accepted before July 1st, but are due by the first day of school.

Parent/Guardian Name(s) _____

Parent/Guardian Phone Number(s) _____

1st Student Name _____ **2025-26 Grade** _____

2025-26 Attendance Building _____

Please check the items you are purchasing for this student. Fee information is on the next page.

☐ Textbook/Curriculum Fee ☐ Activity Ticket ☐ Food Service Account ☐ Junior Prom Fundraiser

2nd Student Name _____ **2025-26 Grade** _____

2025-26 Attendance Building _____

Please check the items you are purchasing for this student. Fee information is on the next page.

☐ Textbook/Curriculum Fee ☐ Activity Ticket ☐ Food Service Account ☐ Junior Prom Fundraiser

3rd Student Name _____ **2025-26 Grade** _____

2025-26 Attendance Building _____

Please check the items you are purchasing for this student. Fee information is on the next page.

☐ Textbook/Curriculum Fee ☐ Activity Ticket ☐ Food Service Account ☐ Junior Prom Fundraiser

4th Student Name _____ **2025-26 Grade** _____

2025-26 Attendance Building _____

Please check the items you are purchasing for this student. Fee information is on the next page.

☐ Textbook/Curriculum Fee ☐ Activity Ticket ☐ Food Service Account ☐ Junior Prom Fundraiser

5th Student Name _____ **2025-26 Grade** _____

2025-26 Attendance Building _____

Please check the items you are purchasing for this student. Fee information is on the next page.

☐ Textbook/Curriculum Fee ☐ Activity Ticket ☐ Food Service Account ☐ Junior Prom Fundraiser

(Please use an additional page if needed.)

		Amount (per child)	Quantity Purchased	Amount Enclosed
Textbook/Curriculum Fee	Elementary (K - 5 th Grade)	\$80.00		
	Middle School	\$100.00		
	High School	\$130.00		
Athletic Activity Passes (Fee waivers do not apply.)	Elementary	\$25.00		
	Middle School	\$50.00		
	High School	\$50.00		
Food Service Accounts	Added to each child's account			
	1			
	2			
	3			
	4			
	5			
Miscellaneous Charges (Fee waivers do not apply.)	Juniors Only —Prom Fundraiser*	\$40.00		

*Juniors may participate in the fundraiser or pay \$40 now to lower their prom ticket cost. Prom tickets are usually \$55. Watch for fundraising information after school starts.

Food Service Notes

ICSD Food Service offers a School Meal Program which includes breakfast and lunch. Parents/guardians participating in this program may place money in each student's food service account. The amount is deducted as the meal or item is served to each student.

The program item costs are as follows:

Grades	Item	Daily	Weekly	20 Days
K-5	Breakfast	\$2.20	\$11.00	\$44.00
K-5	Lunch	\$3.30	\$16.50	\$66.00
6-12	Breakfast	\$2.25	\$11.25	\$45.00
6-12	Lunch	\$3.40	\$17.00	\$68.00
6-12	Ala Carte	Item price varies.		
All	Extra Entrée	\$2.50	\$12.50	\$50.00
All	Milk	\$.60	\$3.00	\$12.00
Adult	Breakfast	\$2.45	\$12.25	\$49.00
Adult	Lunch	\$5.00	\$25.00	\$100.00

Parents/guardians are encouraged to put money in each student's food service account at <https://linqconnect.com/main>. Cash is also accepted at the time of purchase.

Free and Reduced Meal Applications may be completed online. Go to <https://linqconnect.com/main> and select "Free & Reduced Meal Application".

The Indianola Community School District has contracted with Credit Bureau Services of Iowa to collect unpaid student textbook/curriculum fees and food service account balances. Your cooperation in paying fees due by the first day of school is appreciated and will avoid initiation of the collection process. Fee waivers are available to those who qualify. Please contact the Indianola Food Service Department at 515-961-9591 if you would like more information about fee waivers.

PARENT/GUARDIAN INFORMATION LETTER FOR FREE MILK MEAL APPLICATIONS

Frequently Asked Questions About Free and Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Indianola Community School District offers healthy meals every school day. Breakfast costs \$2.20 for Elementary and \$2.25 for Middle School and High School; lunch costs \$3.30 for Elementary and \$3.40 for Middle School and High School. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is \$0.00 for breakfast and \$0.00 for lunch. Please visit our website to complete an application at:

<https://linqconnect.com/main>

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Family Investment Program (FIP) or a few specific Medicaid programs are eligible for free or reduced price meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program 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 and apply for free and reduced price meals/milk.

FEDERAL INCOME ELIGIBILITY GUIDELINES for SCHOOL YEAR 2025-2026

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,345	1,696	848	783	392
2	27,495	2,292	1,146	1,058	529
3	34,645	2,888	1,444	1,333	667
4	41,795	3,483	1,742	1,608	804
5	48,945	4,079	2,040	1,883	942
6	56,095	4,675	2,338	2,158	1,079
7	63,245	5,271	2,636	2,433	1,217
8	70,395	5,867	2,934	2,708	1,354
Each additional family member:	7,150	596	298	275	138

2. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your notification, contact: **Beth Drummond, 515.961.9591, beth.drummond@indianola.k12.ia.us** immediately as eligibility for free or reduced price meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from the Iowa Department of Health and Human Services (Iowa HHS), submit this letter to your children's school. You may add any students living in your household who are not listed on the letter. Also, if someone in your household receives SNAP or FIP benefits and you did not receive either of these letters, you may complete an application listing the case number as this will qualify all school age children in your household for free meals. If you were informed that your children will get reduced price meals, see the income guidelines above and if you feel you would qualify for free meal benefits, complete an application for free and reduced price meals.
3. WHAT IF WE HAVE FOSTER CHILDREN? Households with foster and non-foster children may choose to 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.
4. 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 contact: Sarah Baker, 1301 E 2nd Ave, Indianola, IA 50125, 515.961.9500, sarah.baker@indianola.k12.ia.us

5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No, complete the applications for free and reduced price school meals for all the students in your household. We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes, your child's application is only good for that school year and for the first few days of this school year, through **August 20, 2025 for Irving and October 7, 2025 for all other buildings**. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carryover period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please complete and send in an application.
8. MAY 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.
9. 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.
10. 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 or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to your school officials. You also may ask for a hearing by calling or writing to: Brian Bartz, 1301 E 2nd Ave, Indianola, IA 50125, brian.bartz@indianola.k12.ia.us
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 the 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. 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 Beth Drummond, 601 S 15th St, Indianola, IA 50125, 515.961.9591, beth.drummond@indianola.k12.ia.us to receive a Supplemental Worksheet.
17. WHO CAN GET FREE MILK? If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, are not eligible to receive free milk.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for Hawki information. A school waiver form is available from your school.

19. 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.
20. DO I NEED TO REPORT MY RACE AND ETHNICITY? It is optional to complete the racial/ethnic portion of the application, however, if you do not select race or ethnicity, one will be selected for you based on visual observation.
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, call **515.961.9591**.

USDA Nondiscrimination Statement: 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, DC 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** Program.Intake@usda.gov

This institution is an equal opportunity provider.

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 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the Iowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: <https://icrc.iowa.gov/>.

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.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

Please use these instructions to help you fill out the application for free or reduced price school meals/milk. You only need to submit **one** application per household, even if your children attend more than one school in the Indianola Community School District. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. **Completed applications should be mailed or returned to Indianola Community School District, Food Service Office, 601 S. 15th St., Indianola, IA 50125** If at any time you are not sure what to do next, please contact **Abbi Costigan, 515.961.9591, abbi.costigan@indianola.k12.ia.us**

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include all members in your household who are:
Children age 18 or under **and** are supported with the household's income;
In your care under a foster arrangement or qualify as homeless, migrant or runaway youth;
Students attending Indianola Community School District, regardless of age.

- A) List each child's name and date of birth.** Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.
- B) Is the child a student?** Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend Indianola Community School District. If you marked 'Yes' write where the child attends school and write the grade level of the student in the "Grade" column to the right.
- C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are *ONLY* applying for foster children, after finishing STEP 1, go to "STEP 4". Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- D) Are any children homeless, migrant or runaway?** If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**
- E) Share children's racial and ethnic identities (optional).** Next to each child's name, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN the Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP) OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

The Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa)
The Family Investment Program (FIP)
The Food Distribution Program on Indian Reservations (FDPIR)

- If 'NO', go to STEP 3. (Leave the rest of STEP 2 blank)
- If 'YES,' provide a case number for SNAP, FIP, or FDPIR. You only need to write **one** case number. Case numbers are located on your Notice of Decision. **Go to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes.

Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums or any other amounts taken from your pay.

Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be investigated.

- A) Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- B) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided.
- C) You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

FOR EACH ADULT HOUSEHOLD MEMBER:

- D) List all adult household member’s name.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.**

Who should I list here?

When filling out this section, please include **all** adult members in your household who are:

Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

Do not include:

People who live with you but are not supported by your household’s income AND do not contribute income to your household.

Children and students already listed in Step 1.

Report earnings from work. Refer to the chart below titled “Sources of Income for Adults” and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are self-employed or farm owner, you will report your net income. Adults who have both income from work and are self-employed should report each income source separately. If you need assistance with this, ask your children’s school for the Supplemental Worksheet which has self-employment calculations.

What if I am self-employed?

If you are self-employed, report income from work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts and revenue. Ask your school for a Supplemental Worksheet to assist you in determining your monthly gross annual income before deductions.

Report income from public assistance/child support/alimony. Refer to the chart below titled “Sources of Income for Adults” and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If

income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

Report income from pensions/retirement/all other income. Refer to Table 2 below titled “Sources of Income for Adults” and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

Table 1. Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker’s compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran’s benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Regular Income from trusts or estates Annuities Investment Income Earned interest Rental income Regular cash payments from outside household

- E) Report all income earned or received by children.** Refer to the table below titled “Sources of Income for Children” and report the combined gross income for ALL children listed in Step 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them with the rest of your household (income from a part-time job or from any funds provided to the child for the child’s personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Table 2. Sources of Income for Children

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)
<ul style="list-style-type: none"> Social Security <ul style="list-style-type: none"> Disability Payments Survivor’s Benefits 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none"> Income from person <i>outside</i> the household 	<ul style="list-style-type: none"> A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

- A) Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) Print and sign your name and write today's date.** Print the name of the adult signing the application and sign in the box labeled "Signature of adult completing the form."
- C) Mail or return completed form to: Indianola Community School District, Food Service Office, 601 S. 15th St., Indianola, IA 50125. Please do not mail completed form to the Department of Agriculture as this will delay processing.**
- D) Decline having your information released to Hawki.** If you do not want your household information shared with Hawki, **print, sign and date in the box provided.**
- E) Obtaining translated applications.** If you need a translated application with instructions, they can be found in 49 languages at: <https://www.fns.usda.gov/school-meals/translated-applications>.

USDA Nondiscrimination Statement: 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, audiotope, 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, DC 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** Program.Intake@usda.gov

This institution is an equal opportunity provider.

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 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the Iowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: <https://icrc.iowa.gov/>.

2025-2026 Iowa Application for Free and Reduced Price School Meals/Milk Complete one application per household. Use a pen (not a pencil).
Please read “How to Apply for Free and Reduced Price School Meals” for more information on completing this application.

STEP 1		List ALL Household Members who are infants, children, and students up grade 12 (if more spaces are required for additional names, attach the supplemental worksheet)													
Definition of Household Member: “Anyone who is living with you and shares income and expenses, even if not related.” Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. 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.		Child’s First Name	MI	Child’s Last Name	Date of Birth	Student		Child’s School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL			
						<div>YesNo</div>						Responding to this section is optional and does not affect your children’s eligibility for free/reduced price meals.			
												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	

STEP 2	Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP or FDIPI? If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4 (Do not complete STEP 3).											
Write only one case number in this space. Medicaid and EBT card numbers are NOT acceptable.										Case Number: _____ - ____ - ____ - ____		

STEP 3	Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)										Apply Online: https://linqconnect.com/main					
A. Total Number of All Household Members (Children + Adults)								B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits)				XXX-XX-_____		C. Check No SSN (adult):		
D. All Adult Household Members (include yourself): List all Household Members not listed in STEP 1 even if they do not receive income . If they do not receive income from any source, write ‘0’. If you enter ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet. The sources of income for adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes.																
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)					How Often? (mark “X” in box)					How Often? (mark “X” in box)				
First and Last Names. Include children who are temporarily away at school or in college.		Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly		
		\$					\$					\$				
		\$					\$					\$				
		\$					\$					\$				
		\$					\$					\$				
E. Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here. The sources of income for children section will help you with the Child Income.							Total Income Received by All Children			How Often? (mark “X” in box)						
							\$			Weekly	Bi-weekly	2x Month	Monthly	Yearly		

STEP 4	Contact Information and Adult Signature										PAGE TWO CONTAINS MORE INFORMATION										
“I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”																					
Signature of adult completing the form										Printed name of adult completing the form						Today’s Date					
Street Address (if available)										Apt. #		City		State		Zip		Daytime Phone (optional)		Email (optional)	
DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY										Return completed form to: ICSD Food Service, 601 S 15th St, Indianola, IA 50125											
Annual Income Conversion		x52 Weekly	x26 Bi-Weekly	x24 2x Month	x12 Monthly	Yearly	Total Income: \$_____			Application #:			Date Received:								
Household Size: _____										<input type="checkbox"/> ERROR PRONE APPLICATION											
Signature and Effective Date of Determining Official						Signature and Date of Confirming Official						Signature and Date of Verification Follow-Up									
Application		<input type="checkbox"/> Income <input type="checkbox"/> Foster Child <input type="checkbox"/> FIP/SNAP <input type="checkbox"/> Head Start (confirmation required) <input type="checkbox"/> Homeless/Migrant/Runaway-Local Official confirmation Required																			
Eligibility Determination		<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Free Milk <input type="checkbox"/> Application Denied <input type="checkbox"/> Incomplete <input type="checkbox"/> Over Income Limits																			

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

***Do not mail applications
to this address, only
complaints of
discrimination.**

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:

**ICSD Food Service
601 S 15th St
Indianola, IA 50125**

This institution is an equal opportunity provider.

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

Waiver Statement

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees and drivers education. 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 waiver of school fees and driver education ONLY. I certify that I am the parent/guardian of the child(ren) for whom application is being made. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

Parent/guardian signature _____ Date _____

Sources of Child Income	Earnings from Work (Adult Income Sources)	Public Assistance/Alimony/Child Support (Adult Income Sources)	All Other Income (Adult Income Sources)
<ul style="list-style-type: none">• Earnings from work• Social Security (disability payments and survivor's benefits)• Income from person outside the household• Income from any other source	<ul style="list-style-type: none">• Salary, wages, cash bonuses (before deductions or taxes)• Net income from self-employment (farm or business)• If you are in the U.S. Military:<ul style="list-style-type: none">a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)b. Allowances for off-base housing, food and clothing	<ul style="list-style-type: none">• Cash Assistance from State/local government• Supplemental Security Income• Unemployment benefits• Worker's compensation• Alimony or child support payments• Veteran's benefits• Strike benefits	<ul style="list-style-type: none">• Social Security• Disability benefits• Regular income from trusts or estates• Annuities• Investment income• Rental income• Regular cash payments from outside household

Optional Supplemental Worksheet 2024-2025 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					Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals.					
										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)					How Often? (mark "X" in box)				How Often? (mark "X" in box)			
First and Last Names. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			
	\$					\$				\$			

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)

Diet Modification Request Form

Modifications are required by The United States Department of Agriculture (USDA) to accommodate a disability. Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. **“Major life activities” are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. “Major life activities” also include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.**

This form must be completed by a “medical authority” that is authorized by state law to write medical prescriptions: In Iowa this includes only Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Physician’s Assistants (PA), Advanced Registered Nurse Practitioners (ARNP) or Dentists.

Return the completed form to your organization or provider: _____
(Head Start, Summer Meal Provider, Day Care, Home Provider, or School)

Participant’s Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian: _____
(Name) (Phone or email)

1) Describe the medical need related to the diet order and “major life activity” (see above) affected. <i>Example: Allergy to peanuts affects ability to breathe.</i>	
2) Explain what must be done to accommodate the medical need:	
Food(s) or Formula to Omit:	Food(s) or Formula to Substitute:
Complete the back to provide additional details	
Modified Texture: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed	
Modified Thickness of Liquids: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Spoon or Pudding Thick	
Special Feeding Equipment: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Equipment Needed: _____ (Example: large handled spoon, sippy cup, etc.)	
Infants under one year of age must receive iron-fortified infant formula or breast milk unless a Diet Modification Request Form is on file.	

Licensed prescribing medical professional: _____
(Name, print or type) (Title)

(Signature of medical professional) (Date)

The program must make accommodations for disabilities. Accommodation is encouraged for other medical conditions.

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without direction from a medical professional. This site chooses to offer this nutritionally equivalent product: _____. Check here if you would like to request the milk substitute listed in place of fluid milk and list the reason for the request. ☐ _____
USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods: ☐

Parent/Guardian signature: _____ Date: _____
(To document choices and permission to share with appropriate staff as needed to make accommodations.)

This institution is an equal opportunity employer and provider.

Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p>Lactose/milk – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes __no</p> <p><input type="checkbox"/> Yogurt</p> <p><input type="checkbox"/> Milk based desserts such as ice cream and pudding</p> <p><input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese</p> <p><input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza</p> <p><input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich</p> <p><input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers</p>	<p>Serve these items instead:</p>
<p>Soy - Do not serve the items checked below:</p> <p><input type="checkbox"/> Protein products extended with soy</p> <p><input type="checkbox"/> Processed items cooked in soy oil</p> <p><input type="checkbox"/> Food products with soy as one of the first three ingredients</p> <p><input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list</p>	<p>Serve these items instead:</p>
<p>Egg - Do not serve the items checked below:</p> <p><input type="checkbox"/> Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold</p> <p><input type="checkbox"/> Eggs used in breading or coating of products</p> <p><input type="checkbox"/> Baked products with eggs such as breads or desserts</p>	<p>Serve these items instead:</p>
<p>Seafood – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fish (Cod, tuna, tilapia, haddock, salmon, etc.)</p> <p><input type="checkbox"/> Shrimp</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>
<p>Peanuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> Peanuts, individually or as an ingredient</p> <p><input type="checkbox"/> Foods containing peanut oil</p> <p><input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts</p>	<p>Serve these items instead:</p>
<p>Tree nuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> All nuts</p> <p><input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>
<p>Grains – Do not serve the items checked below:</p> <p><input type="checkbox"/> Foods containing wheat</p> <p><input type="checkbox"/> Foods containing gluten</p> <p><input type="checkbox"/> Oats</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>