

Iowa Eligibility Application

FFY 21-22

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

Part 1. Check all applicable boxes:

- school meals
 special milk (restrictions apply)
 children in child care center
 Tier I home provider (HP)
 Head Start/Even Start
 children in child care home (HP)
 Provider name: _____

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		OPTIONAL		Name of School/Head Start/ Child Care Center/Home
Last Name	First Name	Middle Name or Initial	Check box for FOSTER child	Date of Birth	Grade	ETHNICITY	RACE		
1.			<input type="checkbox"/>						Southwest Valley ECEC
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 everyone 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.				Gross Income: Report income by how often the household member is paid.				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 - XX - _____ 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. 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: <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 Application Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Over income limits	<input type="checkbox"/> Free Milk	

_____ Determining Official Signature _____ Effective Date

Your child is enrolled in a center that participates in the Child and Adult Care Food Program (CACFP). By participating in this Program, the center follows federal meal pattern requirements and receives reimbursement to assist with food costs. The CACFP requires parents to provide specific enrollment information on an annual basis. This form will be placed in center files and treated as confidential information. Complete one form for all of your children who are enrolled at the center.

Iowa Child and Adult Care Food Program Child Care Enrollment Form

Last Name, First Name	Birthdate	Times of Care		Regular Days of Care							Meals Served During Care				Ethnicity/Race*			
		Arrival	Departure	M	T	W	Th	F	S	S	B	AM Sn	Lu	PM Sn	D	E Sn	Ethnicity	Race

*Ethnicity (Select one and enter in the chart above): H=Hispanic or Latino or N=Not Hispanic or Latino
 *Race (Select one or more and enter in the chart above): W=White, B=Black or African American, I=American Indian or Alaska Native, A=Asian, and P=Native Hawaiian or Other Pacific Islander This information is requested by the Federal Government in order to monitor compliance with Civil Rights law. You are not required to furnish this information, but are encouraged to do so. The law requires that organizations may not discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, the center's Program representative is required to note race/ethnicity on the basis of visual observation.

Infants only (0 to 12 months): I am not enrolling an infant (skip this section)

As a participant in a USDA Child Nutrition Program, our center offers meals to children of all ages; you are not required to provide infant food or formula. Infant feeding is based on Academy of Pediatrics nutrition guidelines. Infant foods served are appropriate for the age and developmental readiness of your infant. Mark (X) to indicate your choice(s) below:

- I will provide breastmilk for my infant. Yes No **If infant is still hungry and no breastmilk is available, list what to feed** _____
- I would like to breastfeed on site, if this option is available. Yes No If yes, time(s) _____
- I will provide formula for my infant. Name of formula (must be iron-fortified and manufactured in the USA): _____
- I accept the center's formula for my infant. Name of iron-fortified formula: Similac Advanced
- I will submit a Diet Modification Request Form for non-reimbursable formula. Name of formula: _____
- I accept the center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver.
- I will provide solid foods for my infant². The center may supplement with additional solid foods when my infant needs them: Yes No

Parent Signature _____ Date: _____
 Parent Signature _____ Date: _____ (Make any needed changes above, sign and date)
 Parent Signature _____ Date: _____ (Make any needed changes above, sign and date)

¹Ask your center if you can breastfeed on-site.
²The parent may provide no more than one required meal component in order for the center to claim reimbursement for the meal. DHS licensed centers must follow CACFP infant meal pattern requirements regardless of who supplies the food. Your center can provide a copy of the CACFP infant meal pattern and a list of reimbursable foods upon request.

This institution is an equal opportunity provider.

NONPRICING POLICY STATEMENT FOR FREE AND REDUCED-PRICE MEALS

**CHILD AND ADULT CARE FOOD PROGRAM
(No Separate Charge for Meals)**

The Southwest Valley E.C.E.C.
Name of Organization

assures the Bureau of Nutrition and Health Services at the Iowa Department of Education, that all enrolled children/adults at the sites listed below are served the same meals at no separate charge regardless of race, color, national origin, age, disability, sex, creed, sexual orientation, gender identity, or religion.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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Site names and locations:
(Willisca) Southwest Valley E.C.E.C. West
(Corning) Southwest Valley E.C.E.C. East

