

Registration 2020-2021



MOC-Floyd Valley Community School District

Registration Newsletter

MOC-Floyd Valley Community School Online Registration Information

Current school start date is set for August 24, 2020

Find the most up-to-date school information on our homepage: www.mocfv.org

The MOC-Floyd Valley Community School District has adopted a full online school registration option for the 2020-21 school year and it is now open. We will not have a district in-person registration day. All signups and fees may be done electronically through your Infinite Campus Parent Portal or through a mailed-in/dropped off cash/check to PO Box 257, 709 8th St SE, Orange City, IA 51041. You will find attached the assessed Registration Fees for your student(s). These fees may be paid, along with any optional fees you wish to choose, through your Campus Parent Portal with NO CONVENIENCE FEE if you

complete your online registration on or before August 17th. After Aug. 17th a credit/debit card convenience fee of 4% of your total amount will be collected.

FREE ONLINE PAYMENTS

We are excited to announce that Infinite Campus has updated their online payment options to now allow us to offer FREE ONLINE PAYMENTS when you use your bank account information (checking/savings account). **This will be a free option for online payments starting with your online registration fees.** You may save your bank account information in the secure payment fields and enjoy free online payments of all fees & lunch money deposits year

round. Note, all credit/debit card deposits will be assessed a card convenience fee of 4% after Aug. 17th.

INFINITE CAMPUS PORTAL

If you do not have an Infinite Campus Parent Portal or if you have forgotten your login or password, please contact our tech department and they will get you setup.

rnoteboom@mocfv.org;
jbonnecroy@mocfv.org;
anorman@mocfv.org or call 712.737.4606 and we will be happy to help you.

New Family Registration

New families to our district that have not filled out enrollment paperwork can call Cathy at 712.737.4606 to set up a personal registration time during the week of Aug 3rd-7th.

2020-21 Registration Fee Description

ENROLLMENT FEES-

TK-5th Grade - \$15.00
6th-12th Grade - \$25.00

LUNCH/MILK ACCOUNT DEPOSIT

TK-12 Breakfast - \$1.15 each
KG-5 Lunch - \$2.00 each
6-12 Lunch - \$2.15 each
TK-5 Milk Break Drink - \$.35 each

OTHER/OPTIONAL FEES-

Band Uniform Rent: 6/\$5, 7&8/\$15, HS-\$40
School Instrument Rent: \$60
Percussion Rent: 6-8-\$30, HS-\$60
Athletic Activity Pass: Family-\$180, Adult-\$75, College Stud-\$50, Student (TK-12)-\$35
Music Pass: Family-\$30, Adult-\$20, Student (TK-12)-\$15

Dutchmen Booster Options

Sports Boosters (MS/HS)- Purple	\$75.00
Sports Boosters (MS/HS) - Silver	\$50.00
Sports Boosters (MS/HS) - White	\$30.00
Band Parent Boosters (6th-12th)	Single \$10.00 Family \$20.00
Speech Boosters (HS)	\$25.00
Vocal/Strings Boosters (HS)	\$25.00

MOC-FV CONTACT INFORMATION:

Administrative Office: 712.737.4873

Russ Adams - radams@mocfv.org

High School Office: 712.737.4871

Mike Mulder - mmulder@mocfv.org

Middle School Office: 712.756.4128

Cam Smith - csmith@mocfv.org

Hospers Elementary Office: 712.752.8480

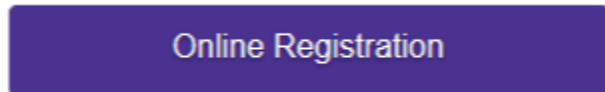
Marcia De Graaf - mdegraaf@mocfv.org

Orange City Elem Office: 712.737.4606

Mike Landhuis - mlandhuis@mocfv.org

Registration/Online Payments Instructions

Step 1—On the mocfv.org website homepage select the Online Registration button.

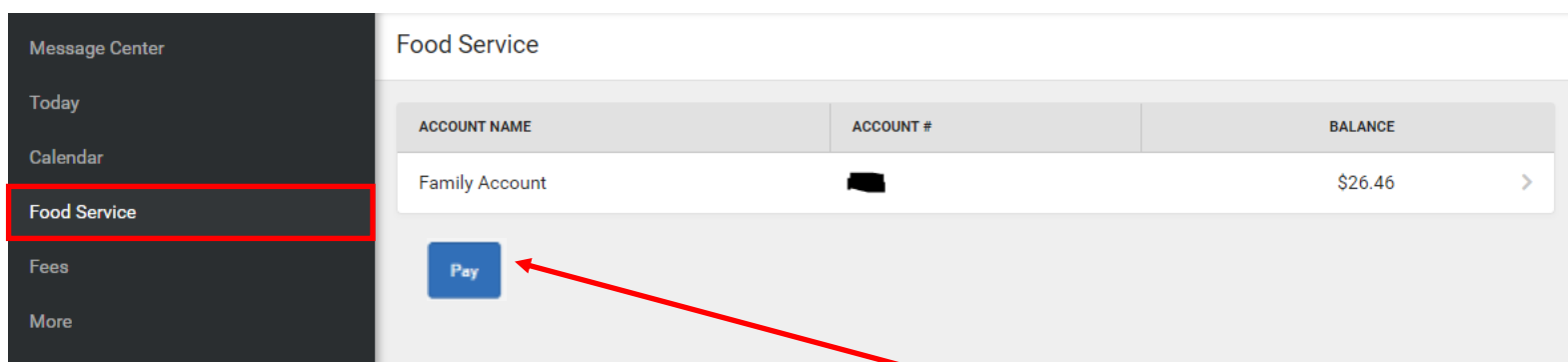


This will direct you to instructions and then to the Infinite Campus portal.

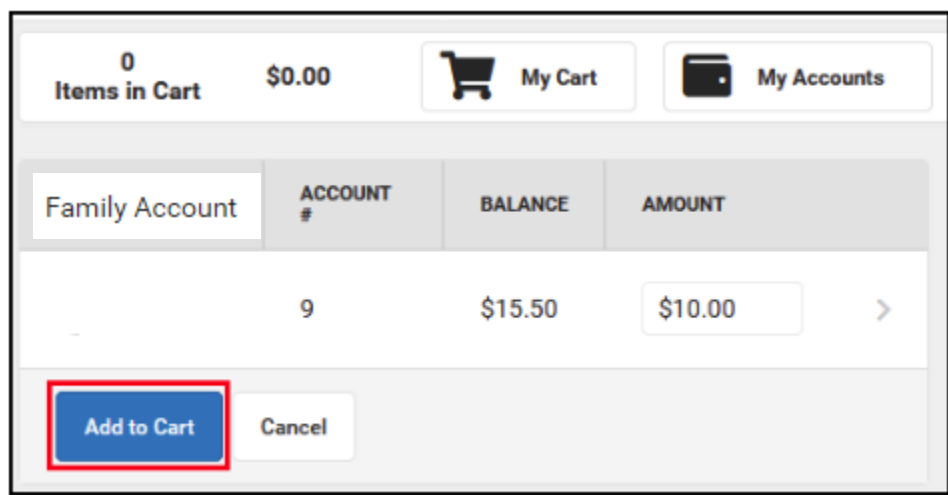
***If you need help creating a parent portal, please email Ryan at rnoteboom@mocfv.org.**

Step 2— Choose Campus Parent and log into the parent portal.

Step 3— Select the **Food Service** tab on the left to view your lunch account.



Step 4—If you would like to add money to your lunch account click the Pay button, enter the amount you would like to add, and click Add to Cart.



Step 5—Select the **Fees** tab on the left. Here you will see enrollment and other required fees listed. Select Add to Cart next to each fee listed.

Message Center
Today
Calendar
Food Service
Fees
More

Fees

Person: All School Year: 2020-2021 Type: Unpaid

Total Due: \$40.00

DESCRIPTION	DUE DATE	PERSON	FEE BALANCE	
Enrollment Fee TK-5-OC Elem	08/17/2020	[REDACTED]	15.00	Add to Cart
Enrollment Fee 6-8	08/17/2020	[REDACTED]	25.00	Add to Cart
Subtotal			40.00	

[Print](#) [Optional Payments](#)

0 Items in Cart \$0.00
[My Cart](#)
[My Accounts](#)

Step 6—Select the Optional Payments button if you are interested in purchasing passes for events or booster club items. Add to Cart any items you wish to purchase.

Step 7—Select My Cart when finished and complete your payment.

Step 8—Select the **More** tab on the left. From there you can update Address Information, Demographics, and Family Information for each student.

Message Center
Today
Calendar
Food Service
Fees
More

More

- [Address Information](#)
- [Demographics](#)
- [Family Information](#)
- [Important Dates](#)

Step 9—You're done!

Health Information For School Registration From the School Nurses

Karina Nonnemacher & Ashley Van Voorst

Another year and another promise from your school nurses to do our best to keep your kids safe and healthy at school!

UP-TO-DATE HEALTH & WELLNESS GUIDELINES AND INFORMATION WILL BE POSTED ON OUR HOMEPAGE TO ALLOW FOR CHANGES & ADJUSTMENTS AS WE START THE SCHOOL YEAR

Infinite Campus Student Health Questionnaire

Again, we ask that you fill out a *new* individual “*Health Questionnaire and Consent*” for EACH child through Infinite Campus Parent Portal prior to the first day of school. Access to this questionnaire will be in your Infinite Campus Parent Portal homepage or located in your Messages under “Inbox”. It will be labeled “*Health Questionnaire and Consent for 2020-2021 School Year*”. There will be an option to say ‘no change in health status from last year’s questionnaire. This will allow you to keep us informed of general health information, any health concerns or medical requirements and to give consent to allow over-the-counter medications, screenings, etc. to be given through the health office. Please make sure you complete the online health questionnaire as part of the registration process.

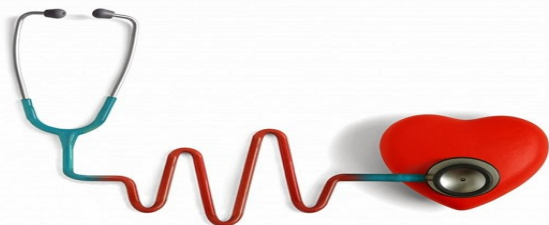
Does Your Child Need Medication at School???

If you have a child that will need prescription medication while at school, please complete the Medication Authorization and Permission form found under ‘Start of School Lists and Forms.’ This form, along with your child’s medication in the original pharmacy issued bottle WITH the prescription sticker can be brought to the office anytime during office hours August 17-21 or at your child’s open house event.

Allergy Policy still in effect for 2020-2021 school year

Due to a high number of Food Allergies in the district, our schools implemented a new **ALLERGY POLICY** for all buildings last school year. What does this mean for you?

- ♦ -Be on the lookout for a note from your child’s teacher about any specific allergies in your child’s classroom.
- ♦ **-All foods brought in to share MUST be pre-packed with a food ingredient list label. No home baked goods will be allowed.** This includes all buildings in the district. We, as staff want to thank you for taking this into consideration last school year and doing such a great job keeping our environments allergy aware.
- ♦ **Orange City Elementary will remain Peanut/Peanut Butter Aware,** which means peanut/peanut butter is not allowed to be brought into the school in any form.
- ♦ We want to insure all students are offered healthy and nutritious snacks when being treated during the school day so our school nurses have prepared a list of MOC-FV approved snacks that are allowed to be brought into the school buildings. You can find this information on our school home page under ‘Start of School Lists and Forms’ or you may get a copy at any school office. This list includes suggestions for daily snacks as well as special occasions like birthdays.



Health Requirements:

Due to online registration this year, dental, immunization, and vision requirement forms can be faxed, mailed, or dropped off to any school office during school hours. Please have all requirements turned in by September 1st.

Only NEW district students OR students entering KG, 3rd, 7th, 9th, and 12th grades have health requirements to turn in.

Kindergarten & 9th Grade Dental Requirement

The State of Iowa requires all students entering Kindergarten and 9th grade to have a dental screening. Kindergarten screenings can be done at any time between ages 3-6. For 9th grade students, a dental screening needs to be completed within the past year—so anytime after August 23, 2019. The “Certificate of Dental Screening” form needs to be completed by your dentist and turned into the office to complete this requirement (it may be faxed). The form can be found in the office, at registration, or on the district website under ‘Start of School Lists and Forms.’

Kindergarten and 3rd Grade Vision Requirement

A vision screening is required for all children entering Kindergarten or 3rd Grade. This screening needs to be within the past year, so after August 23, 2019. Please have your eye doctor fill out the Certificate of Vision Screening found on the district website under ‘Start of School Lists and Forms.’

Transitional Kindergarten & Kindergarten

Iowa law requires submission of immunization records before a child may attend the first day of kindergarten or transitional kindergarten. If you have not already done so, please turn in your child’s completed immunization records. We would be required to send your child home from school if these records are not on file. A complete checklist of needed health requirements for TK and KG are located on the district webpage www.mocfv.org under ‘Start of School Lists and Forms.’ This checklist includes: Dental Screening Form, Vision Form, Immunization Certificate, Lead Screening, and Physical Form.

7th Grade and 12th Grade Immunization Requirement

****REMINDER**For all incoming 7th & 12th graders for the 2020-21 school year**

7th grade– Please turn in ‘Certificate of Immunization’ with the required doses of **Tdap and Meningococcal (MCV4) immunization.**

12th grade– Please turn in ‘Certificate of Immunization’ that includes the required **2nd dose of Meningococcal vaccine (MCV4).** (Only 1 dose needed if 1st dose was given after the age of 16).

How to get your child’s Immunizations Completed

If you have health insurance that covers immunizations, please contact your child’s medical provider. Some clinics require a student to have a yearly physical done before receiving immunizations, so plan accordingly. If you have Medicaid insurance, do not have insurance, or your health insurance does not cover vaccines, please call Community Health Partners where vaccines are offered on a donation basis.

*Community Health Partners Vaccine Clinic, 211 Central Ave SE
Orange City 712-737-2971*

HOSPERS ELEMENTARY SCHOOL SUPPLY LIST 2020-21

KINDERGARTEN

- 1 pkg #2 Pencils
- 1 Bottle Elmer's School Glue
- 1 School Supply Box
- Scissors-Fiskars (Pointed)
- Eraser (Large)
- Beach Towel for Rest Time
- 3 Boxes Crayons (Box 24)
- 2 Crayola Washable Markers (Classic Colors-not thin)
- 4 large Glue Sticks (or 8 small)
- 2 Folders with Pockets (no prongs)
- 2 1" 3 Ring Binders (1-black/1-any color)
- 1 Box Snack Size Ziploc Bags (Boys)
- 1 Box Quart Size Ziploc Bags (Girls)
- 6 Fine Tip Expo Dry Erase Markers
- 1 Wide Ruled Spiral Notebook
- 1 Container Antibacterial/Clorox Wipes
- Head Phones (No Earbuds Please)

FIRST GRADE

- School Supply Box (Cigar Size Box)
- 4 Thin Expo White Board Markers
- 2 Big Pink Erasers
- Pencil Top Erasers
- 1 Blue Folder with Fasteners & Pockets
- 12 Pencils (No Mechanical Please)
- Elmer's School Glue & 8 Large Glue Sticks
- Scissors
- Crayons (Box of 24)
- 1 Purple Folder with Pockets
- 3 Ring Binder (1")
- Crayola Washable Markers (Classic Colors -8)
- 1-Box Gallon Size Baggie
- Head Phones (no Earbuds Please)

SECOND GRADE

- #2 Pencils – 20 count & 1 Pencil Box
- 8-10 Thin Expo Whiteboard Markers & Eraser/Old Sock
- 2 Composition Notebooks
- Scissors
- 3 or 4 Glue Sticks
- Crayons (Box of 24)
- Markers (Box of 8)
- Pocket Folder-any design
- 2 Large Erasers (No pencil top erasers)
- 1 Clip Board
- Ruler
- Head Phones (No Earbuds Please)
- 3 Ring Binder (1/2")
- 1 Highlighter-any color

ALL STUDENTS

- Tennis shoes for PE (An Extra Pair for locker is a great idea!)
- Back pack/Book bag ●Paint shirt with name for art class
- 2 boxes of tissues ●water bottles-optional-No twist top

THIRD GRADE

- Markers (10 or less)
- Scissors (make sure fits hand)
- #2 Pencils (whole year)– NO MECHANICAL PENCILS
- Pencil Box
- 10 Thin Expo Whiteboard Markers (Dark Colors-No Neon)
- Whiteboard Eraser or cloth/old sock
- 4 Folders (Green, Yellow, Red, Blue)
- 2 Wide-lined Notebooks
- 1 2" WHITE 3 Ring Binder
- Colored Pencils
- 2 Highlighters
- 1 Post-It Note Package (3 x 3)
- 1 set of earbuds or headphones for iPad-use/keep at school

FOURTH GRADE

- 1 Notebook (Wide Ruled)
- 3 Ring Binder (1") with 5 Tab Dividers & Wide Lined Loose Leaf Paper (No Zippered Binders-Please)
- 1 Composition Notebook
- 3 Folders w/ Pockets & Fasteners (Red, Blue, Green)
- 1 Pkg Large 4 x 6 size White Index Cards with lines
- 2 Pads 3 x 3 Yellow Sticky Notes
- 6 Ink Pens (2 each: Red, Blue & Black)
- 1 Eraser (large)
- 2 Thin Expo Whiteboard Markers & Eraser
- 4 Highlighters (2 each: Yellow & Pink)
- 1 Ruler (Inch & Metric)
- Pencils
- Crayons & Colored Pencils (Markers Optional)
- Scissors
- Glue Sticks
- Headphones or Earbuds

FIFTH GRADE

- 3 Notebooks (College Ruled)
- 1" 3 Ring Binder with 5 tab dividers & College Ruled Paper (No Zippered Binders please)
- 4 Folders w/ Pockets & Fasteners-red/blue/green/yellow
- 1-Large 4x6 Size White Index Cards with Lines
- 2-Pads of Yellow 3 inch Sticky Notes
- 6-Ink Pens (3 each-Blue & Black)
- 1-Big Eraser
- 2-Thin Expo Whiteboard Markers & 1 Whiteboard eraser
- 4-Highlighters (2 each yellow & pink)
- 1-Ruler (inch & metric)
- Pencils & Pencil Box (may need more during the year)
- Crayons & Colored Pencils (markers optional)
- Scissors
- Glue Sticks
- Headphones or Earbuds

ORANGE CITY ELEMENTARY SCHOOL SUPPLY LIST 2020-21

KINDERGARTEN

- #2 Pencils (10 count) & Large Eraser
- 2-4 oz Bottles Elmer's Glue (White only)
- School Bag to Carry Papers Home Each Day
- Beach Towel for Rest Time (No Pillows, Rugs or Mats)
- 2 Boxes Crayons (24 Count or Twistable Crayolas)
- Fiskars Scissors – Metal Blades (Pointed)
- Large Washable Markers (8-10 Count Primary Colors)
- 4 Thin Expo Dry Erase Markers
- Pencil Box (Small)
- 2 2-Pocket Sturdy Folders
- 2 Wide Line Spiral Notebook (No Neatbooks)
- 3 LARGE Glue Sticks (Elmer's Brand)

FIRST GRADE

- Large Washable Markers-Primary Colors (Not fine tip)
- 1 Sturdy Pocket Folder – not vinyl
- Eraser (Pink Pearl)
- 4 Glue Sticks
- 1 Large Bottle Elmer's Glue (White Only)
- Fiskars Scissors (Pointed)
- 1 or 2 Expo Dry Erase Markers
- Crayola Crayons (24 Count)
- #2 Yellow Pencils & Small Pencil Box
- Colored Pencils

SECOND GRADE

- 1 - 3 Ring Binder (1")
- Small Scissors
- 4 Black Dry Erase Expo Markers (fine tip only)
- 2 Glue Sticks
- 10 - #2 Yellow Pencils (sharpened)
- 2 Boxes Crayons (24 Count)
- 2 Spiral Notebooks
- 2 Erasers (big)
- 1 Container Clorox Wipes – Boys
- 1-2 Bottles Hand Sanitizer – Girls
- 3 Pocket Folders – 1 Red/1 Orange/1 Blue
- 1 Pencil Box & 1 Zippered Pencil Bag
- 4 Mechanical Pencils
- Earbuds (in-ear headphones)

THIRD GRADE

- 2 Packs Expo Dry Erase Markers (Thin)
- #2 Pencils & Zippered Pencil Bag
- Bottle of Glue
- Crayons (48 or less)
- Scissors
- 2 Erasable Pens (No Red Pens)
- 1 Pocket Folder
- 3 Ring Binder (1") No Trapper Keeper

- 1 – 5 pack of 3 Ring Binder Dividers
- Old Sock/rag for eraser
- 2 Composition Notebooks – (9 ¾" x 7 ½ ")
- Earbuds (in-ear headphones)

FOURTH GRADE

- 24 - #2 Pencils
- Small bottle of glue
- Wide Lined Paper (White)
- Crayons – any size
- Scissors (Pointed)
- 5 Pocket Folders (red, blue, purple, green & yellow)
- 2 Red Ball Point Pens
- 12" Ruler with Inches & Centimeters
- 4 Dry Erase Markers
- Eraser for White Board
- Eraser or Pencil Erasers
- 2 Wide Ruled Spiral Notebooks (No Trapper Keeper or Binders)
- Colored Pencils
- 1 Composition Notebooks (9 ¾" x 7 1/2 "-100 sheets)
- 2 Highlighters
- Zipper Pencil Bag
- Earbuds (in-ear headphones)

FIFTH GRADE

- #2 Pencils
- 2 Smaller Notebooks – approx. 5 x 7 size
- 3 Ring Binder (1") – Social Studies
- Pencil bag (not box)
- 6 – 2 pocket folders (red, blue, purple, green, black, & yellow)
- 6 – Spiral Wide Ruled Notebooks – same colors as folders)
- Ball Point Pens – Blue & Red
- Colored Pencils
- 4 Dry Erase Markers & Eraser (can be old sock)
- Ear Buds (in-ear headphones)
- Yellow Highlighter

TRANSITIONAL KINDERGARTEN

- 1 medium Bottle Elmer's Glue (4 oz – white only)
- School Bag to Carry Papers Home Each Day
- 3 Boxes Crayola Crayons-24 count-(Not washable)
- Boys – 1 Box of Gallon Size Ziplock Bags
- Girls – 1 Box of Quart Size Ziplock Bags
- 6 Elmer's brand Glue Sticks
- Crayola Classic Color Fine Line Markers-set of 10
- 1 Bottle of FOAMING Hand Soap

ALL STUDENTS

- Tennis Shoes for PE
- 2 Large Boxes of Tissues

No Backpacks with Wheels-too big for lockers

MIDDLE SCHOOL STUDENT MATERIALS 2020-21

6th GRADE

- 1 Green 3 Ring Binder (1") w/ 4 Dividers-English
- 1 Green Pocket Folder with fasteners-English
- 1 Purple 3 Ring Binder w/ 5 Dividers-Reading
- 2 packs Loose Leaf College Ruled Paper- (1 for Reading/English & 1 for other subjects)
- 1 Dark Blue 3 Ring Binder - Science
- 1 Black Spiral Notebook & 3 Ring Binder w/ 5 Dividers - Social Studies
- 1 Red Spiral Notebook & 3 Ring Binder-Math
- 1 Pocket Folder with fasteners-Music
- #2 Pencils and Blue or Black Pens
- Colored Pencils
- Scissors
- Ruler (inches & centimeters)
- 1-2 highlighters
- Inexpensive headphones
- 1 transparent, inexpensive Protractor
- Inexpensive Calculator (not Scientific)
- 2 Paper Grocery Bags to cover books
- 2 Boxes Tissues for STAR teacher
- **Lockers are small-backpacks with wheels do not fit

7th GRADE

- 1-Blue 3 Ring Binder (1 ½") & 5 Dividers-Science
- 1-Green 3 Ring Binder (1") & 5 Dividers-English
- 1-White 3 Ring Binder (1") & 5 Dividers-Reading
- 1-Red 3 Ring Binder (1 ½") & 5 Dividers-Math
- 1-Black 3 Ring Binder (1") & 6 Dividers-Social Studies
- 3 pkg College Ruled Loose Leaf Paper-English & Math
- 1 Pocket Folder-Exploratory
- # 2 Pencils
- Pens (Black or Blue)
- Colored Pencils
- 1 pack Highlighters
- Calculator (inexpensive but needs square root symbol)
- Inexpensive earbuds or headphones
- 2 Pkgs 3 x 5 Lined Index Cards
- 3 brown Grocery Bags to cover books
- 2 Boxes of Tissues for STAR teacher

8th GRADE

- 3 Ring Binder (1-1 ½") & 5 Dividers-Math
- 3 Ring Binder (1") & 5 Dividers-Literature
- 3 Ring Binder (1 ½") & 8-10 Dividers-Science
- 3 Ring Binder (1") & 5 Dividers-History
- 3 Ring Binder (1") & 5 Dividers-English
- 2 pkgs Loose Leaf Paper
- 1 pkg Graph Paper-Math
- Colored Pens-English/Literature
- #2 Pencils-1 pkg
- Colored pens for English/Literature
- 1 pkg small Post It Notes
- 2 Pkgs-3 x 5 lined index cards
- 1 Pkg of multi-colored highlighters
- Calculator (Similar to a TI 30)-Math
- 2 Boxes Tissues for STAR teacher
- 2 Paper Grocery Bags to cover books
- Inexpensive earbuds or headphones

Please keep in mind that these are highly recommended supplies. The colors help our students organize themselves within the framework of our program. We hope that your student(s) will have these supplies **before** the first day of school.

HIGH SCHOOL STUDENT MATERIALS 2020-21

ALL STUDENTS

- *Kleenex box for their locker*
- **Most classes require a Notebook, Folder, Pens & #2 Pencils**
- **Locker Shelves: The only shelves that will fit are 10 ½" wide and 11 ½" long with folding legs. Any other shelf breaks the lockers and will not be allowed.**
- **-ALL students will need to supply their own towels for PE & athletics. The school & opposing schools will no longer be supplying towels**

English: (Senior)

Sturdy Folder, Lined Paper, Pens and Pencils, Highlighters – pkg of at least 4 colors, 2nd semester-memoir project: 1" soft or hardcover binder and at least 50 clear pages to hold memoir pages in binder

English: (Junior)

2 folders (must be able to "clip" notebook paper inside, 1 pkg. college-ruled notebook paper, 1 pkg. of 4"x6" notecards, 1 pkg. of #2 pencils, 1 pkg. of blue or black pens, and 1 pkg. of highlighters

English: (Sophomore)

2- pocket folder for handouts, 1 notebook or 3 ring binder (with paper), 1 pkg. black or blue pens, 1 pkg. pencils, 1 pkg. highlighters, 1 pkg. colored pencils or markers, 1 box of facial tissues

English: (Freshman)

Binder or folder for holding handouts, loose leaf paper for handwritten assignments, notebook or loose leaf in binder for taking notes, highlighter, book cover, 2 black expo markers

Study Skills & Sr. Trans:

2 notebooks, pencils, 1 box of Kleenex

Spanish:

*I: 3-ring binder with 5 dividers, notebook paper, 1 pack of regular index cards, 1 highlighter, 1 dry-erase marker & eraser

*II: 3-ring binder with 8 dividers, notebook paper, 1 pack of regular index cards, 1 highlighter, 1 dry-erase marker and eraser

*III: notebook paper, 1 highlighter, 1 dry erase markers & eraser

IV- 100 index cards cut into thirds (300 total), quart size "ziplock"baggie, rubber band

Math: Scientific Calculator, pencil/pens, paper, positive attitude

Health

*I: 2 pencils, 2 red pens, 1 notebook, 1 folder

*II: 2 Pencils, 2 blue pens, 1 notebook, 1 folder

Biology & Adv. Bio: 1 inch binder, 1 pack loose leaf paper, binder dividers, paper bag for book cover, box of Kleenex

Forensics: 1 inch binder, composition notebook, loose leaf paper, ruler, box of Kleenex

Chemistry & Physics: notebook, folder, scientific calculator

Basic Chemistry: notebook calculator with scientific notation

Anatomy & Physiology: 2 pencils, 1 Highlighter, 1 notebook, 1 folder, 2 blue pens

History:

World History, Sociology, TOKPR (Religions): 2- pocket folder (Vinyl), 1-2 Notebooks, writing and highlighting utensils, 3-ring binder (optional), box of tissues and notecards (class donation for year)

Accounting I & II:

2 inch 3-ring binder, calculator, box of Kleenex

Econ/Personal Finance & Business Management:

1 inch 3-ring binder, box of Kleenex

All classes need a calculator

Computer Applications:

folder, recommend a USB flash drive (not necessary), remote mouse recommended (not necessary)

FACS:

Skills for Living: Notebook, folder, brown paper grocery sack to use as book cover

Foods: Notebook, folder, brown paper grocery sack to use as book cover

Creative Fashions: sewing materials for project of choice; Notebook, folder, brown paper grocery sack to use as book cover

Housing: Notebook, folder, brown paper grocery sack to use as book cover

Family Living: Notebook, folder, brown paper grocery sack to use as book cover

Child Development: Notebook, folder, brown paper grocery sack to use as book cover

Art I: Large eraser, 1 pkg.(doz) #2 Pencils, 2 each: black sharpie fine/extra fine, 2 black ink pens; Optional: Colored Pencils.

Drawing Class: 1pkg (doz.) #2 pencils, 1 pkg. colored pencils, 2 each: black sharpie fine & extra fine tip, black pens, folder.

Science (Freshman):

Notebook, folder, and calculator

Intro to Engineering and Principle of Engineering: : 2-inch 3 ring binder, Quad. Ruled composite notebook, 4G flash drive

INFORMATION LETTER

Frequently Asked Questions About Free And Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **MOC-Floyd Valley School** offers healthy meals every school day. Breakfast cost **\$1.15**; lunch costs **\$2.00 (PK-5) & \$2.15 (6-12)**. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch. Return or mail the completed application to: **MOC Floyd Valley School, PO Box 257, Orange City, IA 51041**

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 Food Assistance, 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. (Requires submitting an Application for Free and Reduced Price Meals/Milk.)

FEDERAL INCOME ELIGIBILITY GUIDELINES for School Year 2020-2021

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Each additional person:	8,288	691	346	319	160

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: **Rachel Duesenberg, 712-737-4873, rduesenberg@mocfv.org** 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 DHS, 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 food assistance 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 automatically, 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: **Mike Landhuis, 712-737-4606; mlandhuis@mocfv.org**
5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all 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 **10/5/20**. You must send in a new application unless the school told you that your child is eligible for the new school year. When the carry-over 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 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 Food Assistance, FIP or other benefits.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Russ Adams, PO Box 257, Orange City, IA 51041, 712-737-4873, radams@mocfv.org**
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 some 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. There are currently no active Military Housing Projects in Iowa as found on [Active Military Housing Projects](#). 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 **Rachel Duesenberg, PO Box 257, Orange City, IA 51041, 712-737-4873, rduesenberg@mocfv.org** 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, they 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 Food Assistance or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for **hawk-i** (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for **hawk-i** 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.

If you have other questions or need help, call **712-737-4873** or email **rduesenberg@mocfv.org**

Sincerely,

Russ Adams

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 in **MOC-Floyd Valley**. Please follow these instruction 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 MOC-Floyd Valley, PO Box 257 Orange City, IA 51041.** If at any time you are not sure what to do next, please contact **Rachel Duesenberg, 712-737-4873, rduesenberg@mocfv.org.**

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 **MOC-Floyd Valley**, 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 **MOC-Floyd Valley**. 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.**

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FOOD ASSISTANCE, 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 Food Assistance Program (FA)
- The Family Investment Program (FIP)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'NO' and go to STEP 3. (Leave the rest of STEP 2 blank)

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'YES' and provide a case number for FA, FIP, or FDPIR. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, it is located on your Notice of Decision. **You must provide a case number on your application if you circled "YES".**
- 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.
- Mark how often each type of income is received using the check boxes to the right of each field.

A) 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 "Total 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.

Table 1. Sources of Income for 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.

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.

FOR EACH ADULT HOUSEHOLD MEMBER:

- B) List Adult Household member's name.** Print the name of each household member in the boxes marked "Name 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.

- C) 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 business or farm owner, you will report your net income. 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

- D) 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.
- E) 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 2. 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

- F) 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.
- G) 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. **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.”

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 that person signs in the box. “Signature of adult completing the form.”
- C) Mail or return completed form to: MOC Floyd Valley, PO Box 257, Orange City, IA 51041. Please do not mail completed form to the Department of Agriculture as this will delay processing.**
- D) Share children’s racial and ethnic identities (optional).** On the back of the application, 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. If you do not select race or ethnicity, one will be selected for you based on visual observation.
- E) Decline having your information released to *hawk-i*.** If you do not want your household information shared with *hawk-i*, print, sign and date in the box provided.
- F) 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>.

2020-2021 Iowa Application for Free & Reduced Price School Meals/Milk Return completed form to:

Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted.

STEP 1 List ALL Household Members who are infants, children, and students up to and including 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. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Date of Birth	Student? Yes No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, FIP, or FDPIR? Circle one: Yes / No 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, Title XIX & 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)

Are you unsure what income to include here? Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here. Total Child Income \$ _____

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. 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.**

Name of Adult Household Members (First and Last)	C. Earnings from Work	How often?					D. Public Assistance/ Child Support/Alimony	How often?				E. Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Monthly	Monthly	Annually		Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly
	\$ _____						\$ _____					\$ _____				
	\$ _____						\$ _____					\$ _____				
	\$ _____						\$ _____					\$ _____				

F. Total Household Members (Children and Adults) _____

G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member ☒ ☒ ☒ ☒ ☒ ☒ ☐ ☐ ☐ ☐ Check if no SSN ☐

STEP 4 Contact Information and Adult Signature

"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."

Street Address (if available)	Apt. #	City	State	Zip	Daytime Phone (optional)	Email (optional)
Printed name of adult completing the form			Signature of adult completing the form			Today's date

DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY. Date Received by SFA: _____

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12
Household Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Twice Monthly ☐ Monthly ☐ Annually Household Size: _____
Application Approved: ☐ Income ☐ Foster Child ☐ FIP/Food Assistance ☐ Head Start (documentation required) ☐ Homeless/Migrant/Runaway-Local Official Documentation Required
Eligibility Determination: ☐ Free ☐ Reduced ☐ Free Milk Application Denied: ☐ Incomplete ☐ Over income limits

Determining Official	Effective Date	Confirming Official	Date	Follow-up Signature	Date
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OPTIONAL **Children's Racial and Ethnic Identities**

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. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one will be selected for you based on visual observation.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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 & **hawk-i**, 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 & address. Medicaid & **hawk-i** 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 hawk-i, you must tell us by completing the information below.** If you want further information, you may call **hawk-i** at 1-800-257-8563. Also, if you are already receiving Medicaid or **hawk-i**, 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 **hawk-i**.

Parent/Guardian Name (Printed) _____ **Signature** _____ **Date** _____

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA), Family Investment Program (FIP) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

USDA Nondiscrimination Statement: 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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

*only use this
address if you are
filing a complaint
of discrimination

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 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, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

This institution is an equal opportunity provider.

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

Waiver Information

2020-2021 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

Additional Children in Your Household (not listed on page 1)

Child's First Name	MI	Child's Last Name	Student?		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway
			Yes	No				
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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

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

Name of Adult Household Members (First and Last)	Earnings from Work	How often?					Public Assistance/ Child Support /Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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 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. Add together the amounts reported on the following lines:

Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 6 \$ _____

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.

Computed Monthly Income \$ _____ (Gross Annual Income ÷ 12 = Computed Monthly Income.)

The computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income.