

## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Norwalk Community Schools** offers healthy meals every school day. Breakfast costs **\$2.35**; lunch costs **\$3.40** for secondary (High School and Middle School) and **\$3.30** for elementary level. Your child(ren) may qualify for free meals or for reduced-price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process. Return or mail the completed application to: Nutrition Department, 1130 W. North Avenue, Norwalk, IA 50211.

### 1. Who can get free or reduced-price meals?

- All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP-formerly Food Assistance in Iowa), 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 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 submit an application for free and reduced price meals.

| Federal Income Eligibility Guidelines for School Year 2025-2026 |          |         |                 |                 |        |
|---|----------|---------|-----------------|-----------------|--------|
| Family Size   | Annually | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1   | \$28,953 | 2,413   | 1,207           | 1,114           | 557    |
| 2   | 39,128   | 3,261   | 1,631           | 1,505           | 753    |
| 3   | 49,303   | 4,109   | 2,055           | 1,897           | 949    |
| 4   | 59,478   | 4,957   | 2,479           | 2,288           | 1,144  |
| 5   | 69,653   | 5,805   | 2,903           | 2,679           | 1,340  |
| 6   | 79,828   | 6,653   | 3,327           | 3,071           | 1,536  |
| 7   | 90,003   | 7,501   | 3,751           | 3,462           | 1,731  |
| 8   | 100,178  | 8,349   | 4,175           | 3,853           | 1,927  |
| For each additional family member add:                          |          |         |                 |                 |        |
|   | 10,175   | 848     | 424             | 392             | 196    |

- Should I complete 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: DeeAnna Serres, 1130 W. North Avenue, Norwalk, IA 50211, by telephone at 515-981-9876 or via email at [deeanna.serres@norwalkschools.org](mailto:deeanna.serres@norwalkschools.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 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 reduce-price meals.
- 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.
- 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 call or e-mail Aimee Rhode at 515-981-0676 or by email to: [aimee.rhode@norwalkschools.org](mailto:aimee.rhode@norwalkschools.org)
- Do I need to fill out an application for each child? No, complete the application for free and reduced price school meals 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. Return or mail the completed application to: Nutrition Department, 1130 W. North Avenue, Norwalk, IA 50211.
- 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 10/7/2025. 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 or reduced price 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.
- 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.
- 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.
- 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.
- 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 you start getting SNAP, FIP or other benefits.
- What if I disagree with the school's decision about my application? You should talk to the Nutrition Department at 515-981-9876 or via email at [michelle.stockwell@norwalkschools.org](mailto:michelle.stockwell@norwalkschools.org) or deeanna.serres@norwalkschools.org. You also may ask for a hearing by calling or writing to: Shawn Holloway, Superintendent at 380 Wright Road, Norwalk, IA 50211, 515-981-0676 or via email: [shawn.holloway@norwalkschools.org](mailto:shawn.holloway@norwalkschools.org)
- 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.
- 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.
- 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.
- 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.
- 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 DeeAnna Serres, 1130 W North Ave., Norwalk, IA 50211, 515-981-9876 or email [deeanna.serres@norwalkschools.org](mailto:deeanna.serres@norwalkschools.org) to receive a Supplemental Worksheet.
- 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 box is part of application or is available from the Nutrition Department and must be submitted to the Nutrition Department no later than September 30, 2025.
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 515-981-9876.

Sincerely,

DeeAnna Serres  
Nutrition Program Director

### 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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](mailto: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 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. 14<sup>th</sup> St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

### Information Statement

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 social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), 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.

Norwalk Community Schools  
2025 - 2026 Application for Free and Reduced Price Meals  
Complete one application per household. Please use a pen (not a pencil).

Apply online at  
<https://schoolcafe.com>

**STEP 1 — All Children in the Household**

| Student ID (optional) | Last Name | First Name | MI | Date of Birth | Grade (Optional) | Foster | Homeless | Migrant | Runaway | Head Start |
|-----------------------|-----------|------------|----|---------------|------------------|--------|----------|---------|---------|------------|
|                       |           |            |    |               |                  |        |          |         |         |            |
|                       |           |            |    |               |                  |        |          |         |         |            |
|                       |           |            |    |               |                  |        |          |         |         |            |
|                       |           |            |    |               |                  |        |          |         |         |            |
|                       |           |            |    |               |                  |        |          |         |         |            |

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

Translated applications are available in 34 languages at:  
<http://www.fns.usda.gov/school-meals/translated-applications>

**STEP 2 — Assistance Programs**

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, Family Investment Program (FIP), or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number then skip to STEP 4.

Case Number:

**STEP 3 — All Household Member Income (including children) - Skip this step if you answered 'Yes' in STEP 2**

List all household members (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Household Member Name<br>(First and Last) | Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly |            |   |   |   |   |            |   |   |   |  |            |   |   |   |
|---|--|------------|---|---|---|---|------------|---|---|---|--|------------|---|---|---|
|   | Earnings from Work   | How Often? |   |   |   | Public Assistance / Child Support / Alimony | How Often? |   |   |   | Pensions / Retirement / All Other Income | How Often? |   |   |   |
|   |  | W          | E | T | M |   | W          | E | T | M |  | W          | E | T | M |
|   |  |            |   |   |   |   |            |   |   |   |  |            |   |   |   |
|   |  |            |   |   |   |   |            |   |   |   |  |            |   |   |   |
|   |  |            |   |   |   |   |            |   |   |   |  |            |   |   |   |
|   |  |            |   |   |   |   |            |   |   |   |  |            |   |   |   |
|   |  |            |   |   |   |   |            |   |   |   |  |            |   |   |   |
|   |  |            |   |   |   |   |            |   |   |   |  |            |   |   |   |

|   |  |  |            |  |                 |  |
|---|--|--|------------|--|-----------------|--|
| Total Household Size<br>(Children and Adults) |  | Last Four Digits of Social Security Number (SSN) of<br>Primary Wage Earner or Another 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."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

**OPTIONAL — Children's Racial and Ethnic Identities — If race or ethnicity is not selected, 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  
☐ Black or African American  
☐ Asian  
☐ Native Hawaiian or Other Pacific Islander  
☐ White



5921



2025-2026 WAIVER REQUEST FORM  
NORWALK COMMUNITY SCHOOL DISTRICT

**Optional Waiver Information**

**Release of Confidential Information for School Year 2025-2026**

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits if this waiver is submitted to the Nutrition Office at 1130 W. North Avenue, Norwalk, Iowa 50211 or via email to [deeanna.serres@norwalkschools.org](mailto:deeanna.serres@norwalkschools.org), **prior to September 30, 2025**. I understand that I will be releasing information that will show I applied for free and reduced-price school meal assistance for my child(ren). **You do not have to sign below to receive free or reduced-price school meals.** I give up my rights to confidentiality for:

- ☐ The release of information to the District's Assessment Coordinator to allow him/her to inform parents and/or guardians of resources which may be of help to you and your child(ren) such as the Backpack Buddy Program.
- ☐ Consideration for a full or partial waiver of:
  - a) Books
  - b) Band Uniforms
  - c) Choir Robe
  - d) Drivers Education
  - e) Transportation

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

This institution is an equal opportunity provider.

**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 & 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 & address. Medicaid & 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** \_\_\_\_\_