Instructions for Completing Iowa Eligibility Application
Complete both sides of an application for each household. Each foster child is a household of one.

Part 1. **All applicants should complete this part.** This application may be used to apply for benefits in school meals or milk programs, children's care centers and home based care for children. Check all boxes that apply to your family. You may make copies of a completed application for each program in which your child participates.

If any household member receives **FIP or FOOD ASSISTANCE, or your child is in Head Start or Even Start**, follow these instructions.

Part 2. If **any** household member receives FIP or Food Assistance list the name of the household member and the FIP or Food Assistance **Case Numbe**r in the area provided. List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. List one FIP or Food Assistance Case Number per household. **Use the Case Number listed in the Notice of Decision**. Eligibility based on Head Start or Even Start is available only if your child is enrolled in Head Start and documentation from the Head Start agency is provided. **NOTE: Medicaid, Title XIX, FIP card number and EBT card numbers are not acceptable.** Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.
Part 3. Skip this section.
Part 4. Read the certification and fill in all the blanks in this section.

If applying for a **FOSTER CHILD**, follow these instructions. A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court, and is considered a household of one.

Part 1. Check the box for foster child.
Part 2. List the child's name, date of birth, grade (if applicable), name of school/Head Start/child care center attended. Use one application for each foster child. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.
Part 3. Complete this section only if the child receives money for personal use or has other regular personal income. If the child has no income, check the box indicating no income. A Social Security Number is not required. DO NOT include the stipend received by the foster family to provide care to the child.
Part 4. Read the certification and fill in all the blanks in this section.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions.

Part 2. List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.
Part 3. Follow these instructions to report total household income from last month.
  Name: List the last and first names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.
  Age: List the age of each household member.
  Check if No Income: Put a mark in the box if the household member **does not** have an income.
  Gross Income last month and how it was received: Report the amount of income received in the appropriate Gross Income column (weekly, every 2 weeks, twice monthly, **or** monthly). List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income.
  Other Monthly Payments or Income: List the amount each person got last month from welfare, child support, alimony, adoption subsidies, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income Last Month** column, include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME**. Use the Self-Employment Income Worksheet on the back of the application to calculate net income for self-owned businesses, farm, or rental income and report in the **All Other Income Last Month** column. **Do not report**: Scholarships, educational benefits, lump sum payments, combat pay or children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass. If you are in the Military Housing Privatization Initiative or get combat pay do not include these allowances.
  Social Security Number: If the application is being made on the basis of income, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. If you do not provide your Social Security number or mark the box, your application cannot be processed.
Part 4. Read the certification and fill in all the blanks in this section.