

SCHOOL SPIRIT



Monticello Community School District

Dr. Brian Jaeger, Superintendent

PH 319-465-3000

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WEB www.monticello.k12.ia.us

Hi everyone,

We are in full summer mode right now. That means hiring staff, cleaning buildings, summer sports, high school credit recovery, etc. If you have not heard yet, there is a nationwide teacher shortage and Iowa is not immune to this problem. With each position that is posted we have received a handful of applications or NO applications. That is incredible because 10 years ago we were getting over 100 applications for popular positions like elementary teacher. The number of college students going into teacher education programs has dropped significantly over the last 10 years so I expect this problem to get worse over the next 3-5 years. In fact, if you have a child, grandchild, niece, nephew, or other relative who is an educator that grew up in this area and would like to move back home, tell them this is the time to do it!!! This shortage of staff is not limited to teachers. All of the support staff areas we have open will also be hard to fill when we start hiring in July. I guess that is the world we live in right now. I would expect to see another 12-15 job openings for support staff before the year starts.

I want to give out a BIG THANK YOU to all of our teaching staff, support staff, and the administrative staff who are all working hard this summer to implement programming and also to get our schools ready for the fall. It takes a lot of people to keep this train on the tracks and I really appreciate everyone doing their part. In addition, a THANK YOU....to all of our summer coaches for your time and dedication to our programs and our student-athletes. THANK YOU to all of our volunteers that announce the games, run the scoreboard, take tickets, and work in the concession stand. The great athletic environment we have does not happen without your commitment and dedication. THANK YOU to Mr. Tim Lambert who is constantly adjusting to the weather and organizing officials to make our game experience the best that it can be. One more THANK YOU to all of our parents who come to the ball games. We appreciate your constant support of our programs, but more important than that, your kids appreciate your support. Even if they don't tell you that!!!

Finally, I just want to let everyone know that my door is always open to you if you have a question or a concern about the school district. We certainly do a lot of things right in our school district, but we are far from perfect. I always appreciate a good conversation with someone who has questions or would like to learn more about our school district. A school district is one of the cornerstones of a small community and I am proud to say that I think the relationship between our school and our community has been a strong one built on good communication. So never hesitate to send me an email or give me a call anytime.



Thank you ALL for your continued support of the Monticello Community School District.

Sincerely,

Brian Jaeger, Superintendent

*The **MISSION** of the Monticello Community Schools, a district striving for educational excellence, is to prepare students through challenging experiences, to be caring, productive, creative citizens, who will be life-long learners.*

July 2022

NEWS &

NOTES

of the
Monticello Community School District

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SPECIAL POINTS OF INTEREST

Free & Reduced Application for 2022-23 school year on pages 5-14

UPCOMING EVENTS

Events for July

- 1 9/10 SB DH vs Durant—10:00am
- 5 District Baseball @ Beckman—5:00pm
- 5-8 Youth Basketball Camps
- 6 Softball Regionals @ N. Fayette Valley-7:00pm
- 8 School Permit Meeting—7:45am
- 18 Board Meeting—6:00pm

School Permit Meeting

Wednesday, July 8

7:45am

High School Commons

This meeting is for students **AND** parents of those who wish to obtain school driving permits. Student and at least one parent must attend. Students must bring their driver's permit to the meeting.

IMPORTANT!

- ⇒ Before School starts in August all Kindergarten, 7th, and 12th grade students must have their expected immunizations per state law.
- ⇒ All Kindergarten and 9th grade students must have a current Dental screening certificate on file.
- ⇒ All Kindergarten students must be up to date on their preschool shots and have received their 4-year-old boosters of Dtap, Polio, MMR, and Varicella.
- ⇒ All 7th grade and above students must show proof of having received a Tdap (Tetanus/Acellular Pertussis) vaccination booster AND a Meningococcal vaccination on or after 10 years of age.
- ⇒ All students in grades 7-12 interested in participating in sports must have a current physical and concussion form on file.
- ⇒ All 12th grade students must show proof of receiving 2 DOSES of Meningococcal vaccine; or 1 dose if first dose was received at 16 years of age or older.

Get those appointments scheduled early!

FUEL UP™ FOR SUMMER FUN

Eat Smart. Play Hard.™

Join us for a FREE lunch!

- Open to all children and teens 1–18
- No registration or identification is required

Shannon Elementary:

321 W South St, Monticello

Dates: Monday thru Friday

June 8 – June 30, 2022

July 5 – July 31, 2022

August 1 – August 5, 2022

Breakfast hours: 8:00AM – 8:30 AM (Dine in only)

Lunch hours: 11:00 AM – 11:45 AM (Dine in only)

Contact: Pat Kelly, Food Service Director, 319-465-3000 or pat.kelly@monticello.k12.ia.us

This institution is an equal opportunity provider.

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Stop by for lunch after your open gym/practice or before going to the pool!

Summer Office Hours

The High School Office hours for July are Monday-Thursday from 8:00– Noon. Closed on Fridays. They will also be closed during Fair week. **All School Offices will be closed on July 4.**

The Shannon, Carpenter, and Middle School Offices are closed in July and will open again on August 1.

The District Office is open daily in the summer Monday-Friday from 8:00-4:00.

2022-23 School Year Important Dates:

- Registration is Tuesday, August 9 at the High School from 3-7pm
- Open House is Thursday, August 18 – Elementary from 4:30-6pm; MS from 5-6:30pm; HS from 5:30-7pm
- First Day of School is Tuesday, August 23
- Homecoming Week is September 26-30, 2022
- 2023 Spring Break is March 13-17
- 2023 Graduation is Sunday, May 28

The full 2022-23 calendar is available on our website.

2022-23 School Registration

2022-23 School Registration

Registration in the Monticello Community School District for 2022-23 has been scheduled for:

Tuesday, August 9 from 3-7:00pm @ Monticello High School

E-Registration will be available again this year. However we are switching over to a new student information system. We will no longer be using PowerSchool. The student information system is called Infinite Campus. We will be sending out more information soon. The e-Registration link won't be available until the first week of August. (please watch our website and Facebook page for updates) **Registration needs to be done by August 12.** If you are unable to attend registration on August 9 or register online, please call your building secretary by August 12. Preschool and kindergarten students new to the District will receive a registration letter in the mail in late July.

You are able to pay online again this year! This gives you the option of doing your registration and paying for fees (including lunches) online and not have to come to the high school to register. Also, you will be able to pay for your fees and lunch at registration OR online with a credit/debit card AND the convenience fee of 3.61% will be waived from **Monday, August 8-Friday, August 12 ONLY!** Schedules, padlocks, etc. can be picked up at registration or open house once fees have been paid. Chromebooks will be issued at Open House. **Please check our website and Facebook page regularly for updates.**

2022-23 School Fees & Lunch Prices:

School fees:

Elementary - \$50
MS - \$65 (optional padlock \$5)
HS—\$80

Lunch prices:

Elementary - \$2.40
MS & HS - \$2.50
Ala carte—Must have money in your lunch account to purchase
Extra Lunch (7-12 only) - \$2.60
Extra or Snack Milk—\$.40
Adult lunch - \$4.15
Student breakfast—\$1.70 Adult breakfast—\$2.00

*2022-23 School Year begins
Tuesday, August 23, 2022*

The 2022-23 School Calendar can be found on our website.

School supply lists are available in the District Office or on our website.

**Open House @ All Schools
Thursday, August 18**

****Staggered times for each building****

Elementary: 4:30-6:00 pm

Middle School: 5:00-6:30 pm

High School: 5:30-7:00 pm



Free/Reduced School Fees are determined by completing the free/reduced meals application that is in this newsletter. Please complete & return by Aug. 1; otherwise you will be charged the full fee at registration time. It only takes a few minutes!

Private Instruction— (Annual Notice)

Private Instruction is instruction using a plan and a course of study in a setting other than a public or organized accredited nonpublic school. It includes competent private instruction (CPI) by a licensed practitioner or a non-licensed person, independent private instruction (IPI), home school assistance programs (HSAP), and non-accredited nonpublic schools. Forms are available in the Superintendent's Office if needed.

Reminder to register for Kindergarten next year!

2022-23 Kindergarten Registration - Parents, if you have a child that is 5 by September 15, 2022, please register them by using the following link: <https://www.monticello.k12.ia.us/shannon-elementary/shannon-downloads/>. You can register by mail or electronically.

If you have any questions please call Sandy Hinrichs at 319-465-3000, option 5, or email at sandy.hinrichs@monticello.k12.ia.us

IMPORTANT INFO

**HELP
WANTED**

WE are in need of SUBS!

We are looking for the following substitute positions for the upcoming school year.

Substitute Special Education Associates

- \$11.00 per hour
- On call, as needed basis
- Provide one-on-one or small group assistance to special needs students
- Previous healthcare or working with children preferred

Substitute Bus Driver

- Must have a CDL license with the passenger & school bus endorsements
- \$19.50 per hour
- On call, as needed basis

Substitute Custodians

- \$12.00 per hour
- On call, as needed basis

Substitute Food Service

- \$13.00 per hour
- On call, as needed basis

Substitute Registered Nurse

- \$136 per day (based on 8 hour day)
- On call, as needed basis

Applicants must have a high school diploma and pass a background check. To apply please stop by the District Office @ 850 E Oak St, Monticello, IA or apply online at <https://www.monticello.k12.ia.us/district-2/human-resources/employment/>.

For questions or more information, please contact Brooke Scott at 319-465-3000, option1 or brooke.scott@monticello.k12.ia.us. EEO.

Silver Service Cord

High School students, summer is a great time to get started on earning your Silver Service hours.

The goal of the Silver Service Cord is to recognize students who have contributed to their community or school by volunteering their time and talents. An increasing number of scholarship applications require applicants to list service and experiences. Volunteer time often leads to employment and future educational opportunities as well as enabling students to understand the connection between school, work, and community. Interested MHS students must complete 300 hours of service during four years of high school starting with the summer after eighth grade, to receive the Silver Service Honor cord on Senior Honors night. For more information visit our website: <http://www.monticello.k12.ia.us/silver-service/>

Parents of next year's Seniors:



Summer is a great time to take senior portraits!

Senior and baby pictures for the yearbook are due **before winter break of senior year**. Plan to take photos over the summer and have one thing crossed off the senior to-do list! A free option is available for a yearbook photo on Halverson's school picture day in the fall also. Guidelines are listed below:

GUIDELINES FOR SENIOR PHOTOS FOR YEARBOOK

- head and shoulders only
- vertical format
- clothing should conform to school dress code
- no inappropriate poses
- no other people, animals, objects/props in photograph
- no sunglasses
- color or B/W are acceptable
- submit digitally or write name on back if submitting a hard copy.
- must be received by deadline (before winter break of senior year)

Hearing Screenings: Grant Wood Area Education Agency (GWAEA) screens all students in Alternative Kindergarten (AK), kindergarten, and grades 1, 2, and 5. Students in the Early Learning Program with IEP's will be screened. Students in grades 3, 4, middle, and high school, who are new to the school, that don't have a documented hearing test, and some students with a history of known hearing loss will also be tested. Follow up testing may occur periodically if previous hearing test results were not within normal limits. Parent/guardians not wishing their child's hearing tested should notify the health office in writing at the beginning of the year.

Parents/guardians with concerns about their child's hearing may contact their school nurse or Grant Wood Area Education Agency to schedule a hearing test at any time, (319) 399-6700.



Free and Reduced Lunch Application

The application for free and reduced price school lunch for the 2022-23 school year is included in this issue of the School Spirit. Please complete carefully. Families wishing to apply should complete the enclosed application **in its entirety** and return it to the Superintendent's Office, 850 E Oak Street or mail to Food Service, Monticello Schools, 850 E Oak Street, Monticello, IA 52310 by **August 1!** This will allow applications to be processed prior to school registration on August 9. Applications are also available on our website. **The State recommends you apply whether you think you qualify or not. If your child(ren) qualifies for free or reduced-price meals, you may also be eligible for other benefits (registration fees, etc.), so please complete and return to us! Thanks!**

PARENT/GUARDIAN INFORMATION LETTER FOR FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION

Frequently Asked Questions About Free and Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **Monticello Community School District** offers healthy meals every school day. Breakfast costs **\$1.70**; lunch costs **(K-4) \$2.40 per meal; MS & HS lunch costs \$2.50 per meal**. 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: **Pat Kelly, Monticello High School, 850 East Oak Street, Monticello, IA 52310 by August 1, 2022.**

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

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP-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 participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines below and submit an application for free and reduced price meals/milk.

FEDERAL INCOME ELIGIBILITY GUIDELINES for School Year 2022-2023

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional family member:	8,732	728	364	336	168

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: **Pat Kelly, Monticello High School, 850 East Oak Street, Monticello, IA, 52310, 319-465-3000, ext. 1374 or pat.kelly@monticello.k12.ia.us** immediately as eligibility for free or reduced price meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from 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, 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: **Superintendent Brian Jaeger, Monticello Community School District, 850 East Oak Street, Monticello, IA, 52310, 319-465-3000 or brian.jaeger@monticello.k12.ia.us.**
5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No, complete the applications for free and reduced price school meals for all the students in your household. We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes, your child's application is only good for that school year and for the first few days of this school year, through **October 5, 2022**. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carryover period ends, unless you are notified that your children will receive free meals or you submit an application that is approved, the children must pay full price for school meals. The school is not required to send a reminder or a notice of expired eligibility.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please complete and send in an application.
8. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes, you, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting SNAP, FIP or other benefits.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Superintendent Brian Jaeger, Monticello Community School District, 850 East Oak Street, Monticello, IA, 52310, 319-465-3000 or brian.jaeger@monticello.k12.ia.us.**
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive 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. 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 **Pat Kelly, Monticello High School, 850 East Oak Street, Monticello, IA, 52310, 319-465-3000, ext. 1374 or pat.kelly@monticello.k12.ia.us** to receive a Supplemental Worksheet.
17. WHO CAN GET FREE MILK? If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, 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 SNAP or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for Hawki (children's health insurance) or a waiver of school fees. Read the information on the back of the Application for Hawki information. A school waiver form is available from your school.
19. CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS? If a child has a disability, as determined by a licensed medical professional and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.
20. DO I NEED TO REPORT MY RACE AND ETHNICITY? It is optional to complete the racial/ethnic portion of the application however if you do not select race or ethnicity, one will be selected for you based on visual observation.
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, call **Pat Kelly, 319-465-3000, ext. 1374**.

Sincerely,

Pat Kelly, Food Service 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

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. 14th 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 programs rules.

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 **Monticello Community School District**. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. The application must be filled out completely to certify your children for free or reduced price school meals. **Completed applications should be mailed or returned to Completed applications should be mailed or returned to Pat Kelly, Monticello High School, 850 East Oak Street, Monticello, IA, 52310.** If at any time you are not sure what to do next, please contact **Pat Kelly** at **pat.kelly@monticello.k12.ia.us** or **319-465-3000, ext. 1374.**

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 **Monticello Community School District**, *regardless of age*.

- A) List each child's name and date of birth.** Print each child's first name, middle initial, last name and date of birth (optional). Use one line of the application for each child. If there are more children present than lines on the application, attach a Supplemental Worksheet, which can be obtained from the school, with all required information for the additional children.
- B) Is the child a student?** Mark 'Yes' or 'No' under the column titled "student" to tell us which children attend **Monticello Community School District**. If you marked 'Yes' write where the child attends school and write the grade level of the student in the "Grade" column to the right.
- C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are *ONLY* applying for foster children, after finishing STEP 1, go to "STEP 4". Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

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

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

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

- 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 SNAP, 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 total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- B) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided.
- C) You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."
- D) Report all income earned or received by children.** Refer to the table below titled "Sources of Income for Children" and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them with the rest of your household (income from a part-time job or from any funds provided to the child for the child's personal use). It is optional for the household to list foster children living with them as part of the household on an application for non-foster children.

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:

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

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.

What if I am self-employed?

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

- G) 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.
- H) 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) <p>Allowances for off-base housing, food and clothing</p>	<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

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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

- A) Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) Print and sign your name and write today's date.** Print the name of the adult signing the application and sign in the box labeled "Signature of adult completing the form."
- C) Mail or return completed form to: Pat Kelly, Monticello High School, 850 East Oak Street, Monticello, IA, 52310. 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 Hawki.** If you do not want your household information shared with Hawki, **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>.

NOTICE OF NONDISCRIMINATION-Students, parents, employees, and others doing business with or performing services for the Monticello Community School District are hereby notified that the District does not discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, sexual orientation, gender identity, or genetic information (for employment) in any of its education programs, activities, or employment opportunities, pursuant to Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other applicable state and federal laws. This prohibition on discrimination applies to admission and employment. The District has adopted grievance procedures for processing and resolving formal and informal Title IX sex discrimination and sexual harassment complaints and other discrimination complaints. Inquiries regarding sex discrimination pursuant to Title IX of the District's nondiscrimination policy may be directed to the District's Title IX Coordinator, Todd Werner, 860 East Oak Street, Monticello, Iowa 52310, 319-465-3000 ext.2101, todd.werner@monticello.k12.ia.us; other grievances or complaints related to the District's nondiscrimination policy may be directed to the District's Equity Coordinator, Todd Werner, at 860 East Oak Street, Monticello, Iowa, 319-465-3000 ext.2101, todd.werner@monticello.k12.ia.us. Inquiries related to sex discrimination pursuant to Title IX may also be referred to U.S. Department of Education (attn. Assistant Secretary, Office for Civil Rights; 400 Maryland Avenue Southwest, Washington, DC 20202; 800-421-3481; OCR@ed.gov). Inquires related to other grievances or complaints may be directed to the Director of the Office for Civil Rights U.S. Department of Education, Citigroup Center, 500 W. Madison Street, Suite 1475, Chicago, IL 60661-7204, Telephone: (312) 730-1560 Facsimile: (312) 730-1576, Email: OCR.Chicago@ed.gov

Monticello Community School District, 850 E Oak Street, Monticello, Iowa 52310

Dr. Brian Jaeger, *Superintendent*
Phone: 319-465-3000
Fax: 319-465-6050
www.monticello.k12.ia.us



Providing rigorous, authentic, personalized learning, utilizing the local and global community.

Board of Education: Craig Stadtmueller, Mandy Norton, John Schlarmann, Amanda Brenneman, Mark Rieken

Complete one application per household. Use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted. **Date Received:**

STEP 1 List ALL Household Members who are Infants, children, and students up grade 12 (if more spaces are required for additional names, attach the supplemental worksheet)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. 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		Child's School	Grade	Check all that apply		
					Yes	No			Foster Child	Homeless, Migrant, Runaway	

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FIP, or FDIPIR?
 Check one: Yes No If No, go to STEP 3. If you answered Yes, write a case number here then go to STEP 4. (Do not complete STEP 3).

Write only one case number in this space.
 Medicaid, Title XIX & EBT card numbers are not acceptable. Case Number: _____ To Apply On-Line go to:

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Total Number of All Household Members (Children+Adults)	B. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-	C. Check No SSN (adult):

Are you unsure what income to include here? Please read **How to Apply for Free and Reduced Price School Meals** for more information.

D. Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL gross earned income by all Children listed in STEP 1 here.

Names of All Adult Household Members	Gross Earnings from Work/All Other Income				Gross Public Assistance/Child Support/Alimony				Gross Pension/Retirement			
	How Often?				How Often?				How Often?			
First and Last Names. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly

E. All Adult Household Members (include yourself): List all Household Members not listed in STEP 1 even if they do not receive income. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Applications with blank income fields will be processed as complete. If more spaces are required for additional names, attach the supplemental worksheet.

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.

Signature of adult completing the form _____ Printed name of adult completing the form _____ Today's Date _____

Street Address (if available) _____ Apt. # _____ City _____ State _____ Zip _____ Daytime Phone (optional) _____ Email (optional) _____

DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY

Annual Income Conversion: Weekly x52 Bi-Weekly x26 Twice Monthly x24 Monthly x12 Yearly

Household Size: _____ Annual Household Income: \$ _____

Application Approval: Income Foster Child FIP/SNAP Head Start (documentation required) Homeless/Migrant/Runaway-Local Official Documentation Required

Eligibility Determination: Free Reduced Free Milk Application Denied: Incomplete Over Income Limits

Signature & Effective Date of Determining Official _____ Signature & Date of Confirming Official _____ Signature & Date of Follow-Up _____

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 & 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 _____

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 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.

USDA Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-06508-0002-508-11-28-17FaxMail.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

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

This institution is an equal opportunity provider.

Waiver Information

WAVER STATEMENT
If your children qualify for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees. I understand that I will be releasing information that will show that I applied for free and reduced price meals for my child(ren), give up my rights to confidentiality for waiver of school fees ONLY, certify that I am the parent/guardian of the child(ren) for whom application is being made. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.

Signature of Parent/Guardian _____ Date _____

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/>."

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

Return completed form to: Pat Kelly, MCSD
850 E Oak St.
Monticello, IA 52310

2022-2023 Iowa Application for Free and Reduced Price School Meals/Milk Optional Supplemental Worksheet
Additional Children in Your Household (not listed on page 1)

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

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)

Names of All Adult Household Members First and Last Names. Include children who are temporarily away at school or in college.	Gross Earnings from Work/All Other Income					Gross Public Assistance/Child Support/Alimony					Gross Pension/Retirement				
	Report income before deductions or taxes in whole dollars	Weekly	Bi-weekly	2x Month	Monthly	Yearly	Report income before deductions or taxes in whole dollars	Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars	Weekly	Bi-weekly	2x Month
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 loss from the business 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 7 \$ _____

Business Income or (Loss) Schedule 1 Part 1, LINE 3 \$ _____

Other Gains or (Losses) Schedule 1 Part 1, LINE 4 \$ _____

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5 \$ _____

Farm Income or (Loss) Schedule 1 Part 1, LINE 6 \$ _____

TOTAL \$ _____ Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$ _____ Gross Annual Income + 12)

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