Charter Oak-Ute Community School
Health/Emergency Information
Information obtained for this form will be kept confidential and be used exclusively as part of your child's health record

arent's Name	Makes	Last Name
Father	Mother	Lastinatio
ame of Children	Social Security Number	Birth Date
	Months of the Control	*
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ome Phone	Other Phone:	The second of th
other's Cell:		
other's Work:	Father's Work:	
mail Address:		
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To comply with r	oostal regulations please list your box n	umber if you rent a
To comply with r box from the por lealth Insurance? Yes	it office. Rural mail patrons, please list	your 911 address
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r's Name:		
it becomes necessary, take the child to	The management of the control of the	at the parent's expense
oes your child/children have any illr	Name of hospital	I should be aware of?
		I give the school permission to give my child
Yes No. please list child's name and de	scribe illness/allergy	Acetaminophen or Ibuprofen for headaches or minor
Child		injuries.
		Yes
and a second	en e	No

# Public Release for Schools Operating the National School Lunch and Breakfast Program

The lowa Department of Education, Bureau of Nutrition and Health Services, has finalized its policy for free and reduced price meals for students unable to pay the full price of meals served under the National School Lunch Program, School Breakfast Program, Special Milk Program and the Afterschool Care Snack Program.

State and Local school officials have adopted the following family size and income criteria for determining eligibility:

**INCOME ELIGIBILITY GUIDELINES (Effective 7-1-2023)** 

Household Size		F.	ree Meal	S		Reduced Price Meals				
	Yearly	Monthly	Twice a Month	Every two weeks	Weekly	Yearly	Monthly	Twice a Month	Every two weeks	Weekiy
1	18,954	1,580	790	729	365	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	55,500	4,625	2,313	2,135	1,068
5	45,682	3,807	1,904	1,757	879	65,009	5,418	2,709	2,501	1,251
6	52,364	4,364	2,182	2,014	1,007	74,518	6,210	3,105	2,867	1,434
7	59,046	4,921	2,461	2,271	1,136	84,027	7,003	3,502	3,232	1,616
8	65,728	5,478	2,739	2,528	1,264	93,536	7,795	3,898	3,598	1,799
For each additional family member add:	6,682	557	279	257	129	9,509	793	397	366	183

Households may be eligible for free or reduced-price meal benefits one of four ways

- 1. Households whose income is at or below the levels shown are eligible for reduced price meals or free meals, if they complete an application for free and reduced price school meals/milk. Households may complete one application listing all children and return it to your student's school. When completing an application, only the last four digits of the social security number of the household's primary wage earner or another adult household member is needed.
- 2. Supplemental Nutrition Assistance Program (SNAP) households, students receiving benefits under the Family Investment Program (FIP) and students in a few specific Medicaid programs are eligible for free or reduced price meals. Most students from SNAP and FIP households will be qualified for free meals automatically. These households will receive a letter from their student's schools notifying them of their benefits. Households that receive a letter from the school need to do nothing more for their student(s) to receive free or reduced price meals. No further application is necessary. If any students were not listed on the notice of eligibility, the household should contact the school to have free or reduced price meal benefits extended to them. If you feel you would qualify for free meal benefits and received notification qualifying for reduced price benefits, complete an application for free and reduced price meals. Households must contact the school if they choose to decline meal benefits.
- 3. Some SNAP and FIP households will receive a letter from the lowa Department of Health and Human Services (DHHS) which will qualify the children listed on the letter for free meals. Parents must take this letter to the student's school to receive free meals.
- 4. SNAP or FIP households receiving benefits that do not receive a letter from DHHS must complete an application with the abbreviated information as indicated on the application and instructions, for their students to receive free meals. When the application lists an assistance program's case number for any household member, eligibility for free benefits is extended to all students in a household.

Eligibility from the previous year will continue within the same school for up to 30 operating days into the new school year. When the carryover period ends, unless the household is notified that their students are directly certified or the household submits an application that is approved, the students must pay full price for school meals and the school

will not send a reminder or a notice of expired eligibility. An application cannot be approved unless complete eligibility information is submitted. Applications may be submitted at any time during the year. If a family member becomes unemployed the family should contact the school to complete an application. Households notified of their student's eligibility must contact the school if the household chooses to decline the free meal benefits.

Foster children are eligible for free meal benefits. Some foster students will be qualified for free meals automatically through the state direct certification process. Their host family will receive notification of these benefits. Families that receive this notification from the school need to do nothing more for their foster students to receive free meals. If a family has foster students living with them and does not receive notification and wishes to apply for such meals, instructions for making application for such students are contained on the application form. A foster student may be included as a member of the foster family if the foster family chooses to also apply for benefits for other students. Including students in foster care as household members may help other students in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, it does not prevent a foster student from receiving benefits. Special Supplement Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced price meals based on a completed application.

When known by the school, households will be notified of any child eligible for free meals if the children are enrolled in the Head Start/Even Start program or are considered homeless, migrant or runaway. If any children are not listed on the notice of eligibility, contact the school for assistance in receiving benefits. If households are dissatisfied with the application approval done by the officials, they may make a formal appeal either orally or in writing to the school's designated hearing official. The policy statement on file at the school contains an outline of the hearing procedure. School officials may verify the information in the application, and that deliberate misrepresentation of information may subject the applicant to prosecution under applicable state and federal criminal statutes. Households should contact their local school for additional information.

There will be no discrimination against individuals with Limited English Proficiency (LEP) in the school meal programs.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. 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: <a href="https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf">https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf</a>, 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

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Declaración de no Discriminación del Departamento de Agricultura de los Estados Unidos

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# 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. Charter Oak-Ute offers healthy meals every school day. Breakfast costs \$1.40; lunch costs \$2.25. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. Return or mail the completed application to: Charter Oak-Ute CSD, 321 Main St., Charter Oak, IA. 51439.

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 INC	OME ELIGIBILITY	GUIDELINES for SC	HOOL YEAR 2023-2024	
Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional					
family member:	9,509	793	397	366	183

FEDERAL INCOME ELIGIBILITY GUIDELINES for SCHOOL YEAR 2023-2024

- 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: Adam Eggeling, Charter Oak-Ute CSD, 321 Main St., Charter Oak, IA. 51439, 712-678-3325, <a href="mailto:aeggeling@co-u.net">aeggeling@co-u.net</a> 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 lowa Department of Health and Human Services (DHHS)', 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 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: Charter Oak-Ute CSD, Jen Kinsey, 712-678-3325, jkinsey@mvaoschool.org.

- 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, 2023. 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 <u>may</u> 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 your school officials. You also may ask for a hearing by calling or writing to: **Adam Eggeling, Charter Oak-Ute CSD, 321 Main St., Charter Oak, IA. 51439, 712-678-3325, aeggeling@co-u.net.**
- 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 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.
- 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 Adam Eggeling, Charter Oak-Ute CSD, 321 Main St., Charter Oak, IA. 51439, 712-678-3325, <a href="mailto:aeggeling@co-u.net">aeggeling@co-u.net</a> 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, 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.
- 21. Translated applications are available at: http://www.fns.usda.gov/school-meals/translated-applications.

If you have other questions or need help, call 712-678-3325 or aeggeling@co-u.net.

Sincerely,

# Adam Eggeling

# **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.

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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

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# 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.

P=Native Hawailan/Other Pacific Islander Monthly "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." Yearly □ Over Income Limits Responding to this section is optional and does not affect your children's eligibility for free/reduced price meals. 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). A=Asian W=White
I=American Indian/Alaskan Native
B=Black/African American additional names, attach the supplemental worksheet. The sources of income for adults section will help you with the adult income. Report all income in whole dollar amounts before deductions or taxes. D. All Adult Household Members (include yourself): List all Household Members not listed in STEP 1 even if they do not receive income from any source, write '0'. If you How Often? (mark "X" in box) Today's Date □ Foster Child □ FIP/SNAP □ Head Start (confirmation required) □ Homeless/Migrant/Runaway-Local Official confirmation Required 2023-2024 lowa Application for Free and Reduced Price School Meals/Milk Complete one application per household. Use a pen (not a pencil) 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 Month Gross Pension/Retirement **ERROR PRONE APPLICATION** C. Check No SSN (adult) Monthly How Often? (mark "X" in box) Date Received: Bi-weekly Signature and Date of Verification Follow-Up OPTIONAL Return completed form to: ADAM EGGELING, CO-U CSD SUPERINTENDENT'S OFFICE PAGE TWO CONTAINS MORE INFORMATION 2x Month Weekly programs: BNAP, FIP or FDPIR? Email (optional) Apply Online: NOT APPLICABLE H=Hispanic or Latino N=Non-Bi-weekly Hispanic/Latino Ethnicity □ Incomplete Please read "How to Apply for Free and Reduced Price School Meals" for more information on completing this application. XX-XX w ₩ Weekly Case Number: Homeless, Migrant, Runaway Monthly Application #: Check all that apply Application Denied How Often? (mark "X" in box) (SSN) of Adult Household Member (last 4 digits) Printed name of adult completing the form Gross Public Assistance/Child to any nousenoid members (including you) currently participate in one or more of the following assistance pro 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 B. Last Four Digits of Social Security Number Daytime Phone (optional Total Income Received by All Children 2x Month Foster Child Support/Alimony Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) weekly Grade ä Total Income: Do any Household Members (Including you) currently participate in one or more of the follow Weekly Child's School Signature and Date of Confirming Official Student ŝ ΖİD ☐ Free Milk ₩ ₩ ₩ M Yes Write only one case number in this space. Medicaid and EBT card numbers are NOT acceptable. Yearly Yearly DO NOT WRITE BELOW THIS LINE. FOR SCHOOL ADMINISTRATIVE USE ONLY State E. Child Income: Sometimes children in the household earn or receive income. Please Date of Birth Gross Earnings from Work/All Other Income include the TOTAL gross earned income by all Children listed in STEP 1 here. The Monthly How Often? (mark "X" in box) Monthly Child's Last sources of income for children section will help you with the Child Income. 2x Month Contact Information and Adult Signature Name Reduced 2x Month Bi-weekly A. Total Number of All Household Members (Children + Adults) <u>≩</u> x26 Bi-Weekly Z Weekly Signature and Effective Date of Determining Official Child's First □ Income Weekly Signature of adult completing the form x52 □ Free ₩ ₩ First and Last Names. Include children who are temporarily away at school or in college. Names of All Adult Household Application Street Address (if available) Annual Income Conversion definition of Homeless, Migrant care and children who meet the or Runaway are eligible for free Member: "Anyone who is living and helps to make sure we are meals. We are required to ask Eligibility Determination with you and shares income children's race and ethnicity. This information is important fully serving our community. related." Children in Foster for information about your and expenses, even if not Members Definition of Household Household Size: S Ge STEP 4 STE 

# Low-Cost Health Insurance for Children

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 share this information. Specifically, we will give them your child's name, your name and address. Medicaid and Hawki can only use the information to identify children who may be eligible for free or lowcost 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 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 and Hawki, the State's medical insurance program for children. Private schools, RCCIs and childcare organizations may choose to 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

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

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 eligibility information with 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 look into violations of 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 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 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

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responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact 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 USDA through the Federal Relay Service at (800) 877-8339.

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 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 AD-3027 form or letter must be submitted to USDA by:

- \* naii:
- Office of the Assistant Secretary for Civil Rights Washington, D.C. 20250-9410; or 1400 Independence Avenue, SW U.S. Department of Agriculture

\*Do not mail applications to this address, only

discrimination. complaints of

- XC. ď
- (833) 256-1665 or (202) 690-7442; or
  - email က

program.intake@usda.gov

This institution is an equal opportunity provider.

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

# Waiver Information

school fees. I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for school fees. I understand that I am the parent/quardian of the child(ren) for whom application is being made. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET If your child(ren) qualifies 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

waiver of school fees ONLY. I certify that I am the parent/guardian of the child(ren) for whom application is beling made. TOO FFREE OR REDUCED PRICE MEALS.
--

lowa Non-Discrimination Statement: "It is lowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related 50319-1004; phone number 515- 281-4121 to compliance with this policy by this CNP employment practices as required by the identity, national origin, disability, age, or Rights Commission, Grimes State Office discriminate on the basis of race, creed, building, 400 E. 14th St. Des Moines, IA Provider, please contact the lowa Civil color, sex, sexual orientation, gender the policy of this CNP provider not to religion in its programs, activities, or 800-457-4416; website:

Return completed form to: https://icrc.iowa.gov/.

Charter Oak-Ute CSD Att: Adam Eggeling 321 Main St.

ŏ Charter Oak, IA 51439 aeggeling@co-u.net

		DistOncomity / ocception A sister of	
Sources of Child Income	Earnings from Work (Adult Income Sources)	Support (Adult Income Sources)	All Other Income (Adult Income Sources)
<ul> <li>Earnings from work</li> <li>Social Security (disability payments and survivor's benefits)</li> <li>Income from person outside the household</li> <li>Income from any other source</li> </ul>	Salary, wages, cash bonuses (before deductions or taxes)     Net income from self-employment (farm or business)     If you are in the U.S. Military:     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	Cash Assistance from State/local government Supplemental Security Income Unemployment benefits Worker's compensation Alimony or child support payments Veteran's benefits	<ul> <li>Social Security</li> <li>Disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Rental income</li> </ul>
	5. Another 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Strike benefits	<ul> <li>Regular cash payments from outside household</li> </ul>

# Optional Supplemental Worksheet 2023-2024 lowa Application for Free and Reduced Price School Meals/Milk

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

Child's First Name MI	Child's Last Name	Care				2	children's eligibility for free/reduced price meals.
	Child's Last Name	4		Child's	Foster Migrant,		Race
		Birth Y	YES NO	School			A=Asian W=White i=American Indian/Alaskan Native B=Black/African American
					Check all that apply	ily Hispanic/Latino	P=Native Hawaitan/Other Pacific Islander

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

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

Names of All Adult Household Members	Gross Earnings from Work/All Other Income	Gross Public Assistance/Cnild Support/Alimony	Gross Pension/Retirement
	How Offen? (mark "X" in box)	How Often? (mark "X" in box)	How Often? (mark "X" in box)
First and Last Names. Include children who are	Weekly Bi- 2x Monthly Yearly weekly Month	Weekly Bi- 2x Monthly weekly Month	Weekly Bi- 2x Monthly weekly Month
हिम्मित्व । प्रे वस्त्वर्ग वर उदाख्या है।	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	4	49
		49	\$
	•	69	49
	•	· 69	\$
	•	\$	\$
	49	69	\$

# Self-Employment Income Calculations

Gross Annual Income ÷ 12) 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 the 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 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 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 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 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 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. Gross Annual Income Before Any Deductions. Report in Step 3 under All Other Income (Computed Monthly Income \$\_ 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: Rental real estate, royalties, partnerships, S corporations, trusts, etc. Schedule 1 Part 1, LINE 5 Business Income or (Loss) Schedule 1 Part 1, LINE 3 Capital Gain or (Loss) Form 1040 or 1040-SR, LINE 7 Other Gains or (Losses) Schedule 1 Part 1, LINE 4 Farm Income or (Loss) Schedule 1 Part 1, LINE 6

# Charter Oak-Ute Community School District HOME LANGUAGE SURVEY

Stude	nt Name;	Birth Da	te:	managan sa na kata a sa			Sex	:: 🖵 Male	☐ Female
Parent	t/Guardian Name:			and the second s	er e	***************************************	***************************************		
Addre	ss:	***************************************		***************************************			on the state of th		
Home	Telephone:	Work Te	lephone:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AVENNETTE		Wilder College and a second se
Schoo		Grade:	·		·····		_ Dat	te:	MANAGO MANAGO PER PERANGAN PE
1,	Was your child born in the United States?			Q.	Yes		o	No	
	If yes, in which state?			www	AND STREET, ST				»·····································
	If no, in what other country?			andress			V <sub>P</sub> ARANNING STATE OF THE STATE		Mille frequencial
2.	Has your child attended any school in the United States for any three years during their lifetime?			u	Yes		Q	No	
	If yes, please provide school name(s), state, and dates attended:								
	Name of School								
	Name of School								
	Name of School	**************************************	State _		00000	Dates.	Attend	ded	######################################
3.	What language is spoken by you and your family most of the time	at home	∍?	3090900	pri dažionajai kritini sa <del>natalini</del>	***************************************			
4.	If available, in what language would you prefer to receive communication from the school?				***************************************				
5.	Is your child's first-learned or home language anything other than	n English	?		Yes		ū	No	
If you	responded "Yes" to question number 5 above, please answ	er the fo	llowing	ques	itions	*			
6.	What language did your child learn when he/she first began to ta	ılk?		James			0) (v.) robensk (liky) / Pilekok		
7.	What language does your child most frequently speak at home?					Water-1000-1000-1000-1000-1000-1000-1000-10		······································	
8.	What language do you most frequently speak to your child?		(Father	1)		-	garlanghan congreje e ber		V(3))//
			(Mothe	er)			. area revenuencementalistica da		
9.	Please describe the language <u>understood by your child</u> . (Check A. Understands only the home language and no English B. Understands mostly the home language and some E C. Understands the home language and English equally D. Understands mostly English and some of the home language. Understands only English.	n. Inglish. /-	)						
	Parent or Guardian's Signature	20118			C	ate	•••••••••••••••••••••••••••••••••••••••	V/s/2004/2014/2014/2014/2014/2014/2014/2014	

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	OFFICE USE ONLY	나 보이는 그렇지 않는 것은 다양을 하면 되는 일이 있었다. 그 사람들은 사람들은 사람들이 되었다. 그는 사람들이 되었다.	
	V4 4 4 V 4 V 4 V 4 V 4 V 4 V 4 V 4 V 4	사람들은 하나 보다 하는 사람들은 이 이 이 하는 사람들은 사람들은 사람들이 하는 것이 사람들은 사람들은 사람들이 가지 않는 것이다.	
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	***************************************		
	Date Received		
Student ID# Date Distributed	I Date Received		
	생기가 얼마나가 되었다. 이 나는 걸 집에 되었다면 얼마를 했다. 그리아 내 내지가 되었다. 하나 없이나 하다		
[2017] 12 : 10 : 10 : 10 : 10 : 10 : 10 : 10 :	導한 사람이 가는 경기가 되어 가지 않는 생각을 하는 것이 살아 먹는 것이 바람이 되어 하는 것이 되었다. 그 그리는 것도 하는 것이 없다.		
	를 받는다. 그렇게 하는 사람들이 보고 하면 없었다면서 보고 있다는 것이 되었다면 하는 사람들이 되었다면서 되었다면 하는데	는 100kg 전 10kg (10kg 10kg 10kg 10kg 10kg 10kg 10kg 10kg	
	텔레임 (Barrier Partie) (Barrier Salaria Salaria Barrier Salaria Barrier Barrier Barrier Barrier Barrier Barrier		
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	A.,		

# Charter Oak-Ute Community School District

# PARENTAL INSURANCE WAIVER

Student(s) Name:	
We, the undersigned, feel we have adechild (ren) while practicing or participather school sponsored activities.	equate insurance protection for our pating in interscholastic sports, or
Parent/Guardian Signature	Date

# INTERNET ACCESS PERMISSION (ONE FORM NEEDED PER FAMILY)

Your child has access to electronic communication known as the Internet. The Internet is a collection of more than 20,000 interconnected computer networks. The vast domain of information contained within Internet's libraries can provide unlimited opportunities to students.

Students will be able to access the Internet through their teachers. Individual student accounts and electronic mail addresses will not be issued to students at this time. If a student already has an electronic mail address, he/she may, with permission of the supervising teacher be permitted to use the address to send and receive mail at school.

Students will be expected to abide by the following network etiquette:

- The use of the network is a privilege and may be taken away for violation of board policy or regulations. As a user of the Internet, students may be allowed access to other networks. Each network may have its own set of policies and procedures of these other networks.
- Students will respect all copyright and license agreements.
- Students will cite all quotes, references, and sources.
- Students will only remain on the system long enough to get needed information.
- Students will apply the same privacy, ethical and educational considerations utilized in other forms of communication.
- Student access for electronic mail will be through the supervising teacher's account. Students should adhere to the following guidelines:
  - a. Others may be able to read or access the mail, so private messages should not be sent.
  - b. Delete unwanted messages immediately.
  - c. Use of objectionable language is prohibited.
  - d. Always sign messages.
  - e. Always acknowledge receipt of a document or file.
- Students accessing Internet services that have a cost involved will be responsible for payment of those costs.

Please complete and sign the bottom of this form if you would like your child to be granted Internet access during his/her entire school years at CO-U and return it to your child's school.

Student Name(s):	YOUR HOUSEHOLD.
I have granted my child(ren) Internet access, and he/she  He/she has read the expected network provisions.  He/she understands that violation of thes revocation of Internet privileges.  He/she agrees to be responsible for payment services that have a cost involved.	etiquette and agrees to abide by these ee provisions may constitute supervision or
Parent/Guardian's Signature	Dale .

# Field Trip/Picture/Video Parental Permission Form (ONE FORM NEEDED PER FAMILY)

During the school year students are taken on field trips occasionally. Some of these trips are in town and some of them are outside the communities. You will be notified in advance of any trips that include time out of the regular school day or are taken outside the community. We are asking you to sign this permission slip to cover all field trips taken by your child.

I/We give the following student(s) listed below permission to go on school sponsored field trips during his/her entire school years at CO-U.

Please list all students in your household. Student(s):
stoderii(s).
Parent/Guardian Signature
I also understand that pictures/videos maybe taken of my son/daughter involving school and classroom activities.
I/We give permission for the following student(s) to be involved and understand that the photos and videos could be used in local newspaper, the annual or other publications or media during his/he entire school years at CO-U.
Please list all students in your household. Student(s):
Parent/Guardian Signature

# Charter Oak-Ute Community School District Student Race and Ethnicity Reporting

Student Name:			Date Form Completed:				
Date of Birth:			ı Ma	ıle		Female	
Person Completing This Form:		nt		Other:	wasan ngawanganah.		
The U.S. I	Department of Education has implemented new standards for ers to the following will be held strictly confidential and data v	scho vill b	ool di e use	stricts to ed only in	repo	ort student race and ethnicity. aggregate.	
	our child of Hispanic, Latino, or Spanish ethnicity: udes persons of Cuban, Mexican, Puerto Rican, South or Cer	itral	Ame	☐ Ye rican, or		☐ No er Spanish culture or origin.	
If you ans	wered "Yes" to question #1, you may also check one or more "No", please check one or more of the following racial catego	of th	ie rad	cial cate	gorie	s in question #2. If you	
2. Racial (	Dategories:						
a	American Indian or Alaska Native Origins in any of the original peoples of North, Central, and affiliation or community attachment.	Soi	uth A	merica \	who i	maintaín a tribal	
٩	Asian Origins in any of the original peoples of the Far East, Soutl example Cambodia, China, India, Japan, Korea, Malaysia, Vietnam.	neas Pak	t Asi istan	a, or the , Philipp	India ine Is	an subcontinent for slands, Thailand, and	
Q	Black or African American Origins in any of the black racial groups of Africa						
	Native Hawaiian or Other Pacific Islander Origins in any of the original peoples of Hawaii, Guam, Sa	noa	, or c	ther Pac	cific I	slands.	
Ç	White Origins in any of the original peoples of Europe, the Middle East, or North Africa.						
Please co	emplete the entire form and return it to:						
Name: _	Phone Number:					mber:	
Address:	City:			State:	***************************************	Zip;	