

ALBURNETT COMMUNITY SCHOOLS

Home of the PIRATES

P.O. Box 400 • 131 Roosevelt Street, Alburnett, Iowa 52202

Welcome to the Alburnett Community School District Child Nutrition Program!

The Child Nutrition Program offers nutritious, appealing and affordable breakfast and lunch meals every day of the school year. Breakfast service begins at 8:00 AM and is also available on late start days. We serve a combination of “grab & go” meals and serving line options. Proper nutrition is fundamental for the success of academic programs. Not only do our planned meals meet and exceed the USDA nutrition standards for school meals, we also strive to continuously improve the program by providing:

- Larger and varied servings of vegetables and fruits. We take pride in offering a wide variety of fresh, non-processed fruits & vegetables daily
- A wider variety of vegetables, including dark and red/orange vegetables and legumes
- Highlights of new menu items/recipes
- Taste-testing opportunities for new menu items/recipes
- Fat-free or 1% milk varieties
- Whole-grain rich grain options
- Less sodium and fewer processed foods
- Fresh, locally sourced ingredients/foods in our recipes & menu items

Menus

The Child Nutrition Program is committed to working with students and parents to engage students in lifelong healthy eating habits. Menu suggestions are always welcome and encouraged. We love to try new recipes too! Menus are available on the school website <https://alburnettcsd.org/district-info/departments/nutrition/>, are “live” on the school app and are posted throughout the school and may be emailed to staff & students. We encourage parents to look at menus with students and discuss their daily choices. Students may choose items to create a balanced meal but must include a minimum of 3 components, one of those being ½ cup of fruit or vegetable to qualify as a reimbursable meal. A wide variety of daily options empower students to make choices for an appealing & healthy meal. Menus are subject to change and menu item substitutions may be necessary due to a variety of reasons such as product shortages or vendor substitutions, quality issues and limited availability. Those adjustments are made on the school app daily.

2023-2024 Meal Prices:

Breakfast	Available to all students daily	\$1.70	Second meal/Guest/Adult-\$2.05
Lunch	PK-5 \$2.60	6-8 \$2.65	9-12 \$2.70
	Milk		\$0.45
	A la carte entree		\$1.75
	(available for grades 5-12)		

Free & Reduced Price School Meals

Due to the discontinuation of USDA waivers, free meals are no longer available for all students. If you do not receive an approval letter and feel you may qualify, please complete an application and return it to the Nutrition Department. An eligibility application is included in the packet for your convenience, are available here: <https://alburnettcsd.org/district-info/departments/nutrition/>, or you can request a mailed copy by contacting Denise Rawson (contact information at the bottom of this letter).

Any household may apply at any time throughout the school year. An approval lasts for the current school year and 30 days into the new school year at which time a new application is required. You may return the completed application and waiver to any school office, send it with your student to turn into the office, fax it to the above

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. Alburnett CSD Nutrition Programs offer healthy meals every school day. Breakfast costs **Pre-K-12 grades \$1.70**; lunch costs **Pre-K-5th \$2.60, 6-8 \$2.65, 9-12 \$2.70**. 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: **Denise Rawson, 131 Roosevelt St, P.O. Box 400, Alburnett, IA 52202, any school office (in an envelope Attn: Denise Rawson) or email to drawson@alburnettcsd.org.**

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 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

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: **Denise Rawson, 131 Roosevelt St, P.O. Box 400, Alburnett, IA 52202, 319-842-2261, drawson@alburnettcsd.org** immediately as eligibility for free or reduced price meals is extended to all school age children in a household. If you did not receive a letter from the school, but received a Free Lunch Notice from the Iowa Department of Health and Human Services (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

P.O. Box 400, Alburnett, IA 52202, any school office or email to drawson@alburnettcsd.org. to receive a Supplemental Worksheet.

17. WHO CAN GET FREE MILK? If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, 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, contact Denise Rawson at 319-842-2261 or drawson@alburnett.csd.org.

Sincerely,

Denise Rawson, Child Nutrition 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, 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-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

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 Alburnett CSD. 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: Denise Rawson, 131 Roosevelt St, P.O. Box 400, Alburnett, IA 52202, any school office (in an envelope, Attn: Denise Rawson) or email to drawson@alburnettcsd.org.** If at any time you are not sure what to do next, please contact Denise Rawson, 131 Roosevelt St, P.O. Box 400, Alburnett, IA 52202, 319-842-2261 or drawson@alburnettcsd.org.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include all members in your household who are:
Children age 18 or under **and** are supported with the household's income;
In your care under a foster arrangement or qualify as homeless, migrant or runaway youth;
Students attending Alburnett CSD, *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 Alburnett CSD. 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.**
- E) Share children's racial and ethnic identities (optional).** Next to each child's name, 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.

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)

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

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.

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 1. 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

E) 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

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.

for non-foster children.

Table 2. Sources of Income for Children

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"> ● A child is blind or disabled and receives Social Security

2023-2024 Iowa Application for Free and Reduced Price School Meals/Milk

Complete one application per household. Use a pen (not a pencil). Please read "How to Apply for Free and Reduced Price School Meals" for more information on completing this application.

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. 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.	Child's First Name	MI	Child's Last Name	Date of Birth	Student		Child's School	Grade	Foster Child	Homeless, Migrant, Runaway	OPTIONAL	
					Yes No				Check all that apply		Ethnicity	Race
											H=Hispanic or Latino N=Non-Hispanic/Latino	A=Asian W=White I=American Indian/Alaskan Native B=Black/African American P=Native Hawaiian/Other Pacific Islander

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: **SNAP, FIP or FDIPIR?**
 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 and EBT card numbers are NOT acceptable. Case Number: _ _ _ _ _ - - - - -

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Apply Online: <https://alburnmettcsd.org/> (Fillable application)

A. Total Number of All Household Members (Children + Adults)	B. Last Four Digits of Social Security Number (SSN) of Adult Household Member (last 4 digits)	C. Check No SSN (adult):
XXX-XX-		

D. 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.** 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.

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

E. 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. The sources of income for children section will help you with the Child Income.

Total Income Received by All Children	How Often? (mark "X" in box)			
	Weekly	Bi-weekly	2x Month	Monthly
\$				

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.

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

Waiver Information/Statement

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 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 waiver of school fees ONLY (this may include book/registration fees, Driver's Ed fees and band fees). I 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 _____

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

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/>.

Return completed form to:

Denise Rawson, 131 Roosevelt St, PO Box 400, Alburnett, IA 52202,
drawson@alburnettcsd.org or any school office (in an envelope, Attn: D Rawson).

MEAL CHARGES

In accordance with state and federal law, the Alburnett School District adopts the following policy to ensure school district employees, families, and students have a shared understanding of expectations regarding meal charges. The policy seeks to allow students to receive the nutrition they need to stay focused during the school day, prevent the overt identification of students with insufficient funds to pay for school meals, and maintain the financial integrity of the nonprofit school nutrition program.

Payment of Meals

Students have use of a meal account. When the balance reaches \$0.00, a student shall not be allowed to charge further a la carte items until the negative account balance is paid in cash at the time of purchase, payment at the school office, or through electronic payment.

Students who qualify for free meals shall never be denied a reimbursable meal, even if they have accrued a negative balance from previous purchases. Schools are encouraged to provide a reimbursable meal to students with outstanding meal charge debt. If an alternate meal is provided, the meal must be the same meal presented in the same manner to any student requesting an alternate meal.

Employees may use a charge account for meals, but may charge no more than \$8.00 to this account. When an account reaches this limit, an employee shall not be allowed to charge further meals or a la carte items until the negative account balance is paid.

Negative Account Balances

The school district will make reasonable efforts to notify families when meal account balances are low. Additionally, the school district will make reasonable efforts to collect unpaid meal charges classified as delinquent debt. The school district will coordinate communications with the student's parent or guardian to resolve the matter of unpaid charges. Parents or guardians will be notified of an outstanding negative balance once the negative balance reaches \$8.00. Parents or guardians will be notified by email and mailed letter. Negative balances of more than \$30.00 will be turned over to the superintendent or superintendent's designee for collection. Options for collection may include: collection agencies, small claims court, or any other legal method permitted by law.

Unpaid Student Meals Account

The district will establish an unpaid student meals account in a school nutrition fund. Funds from private sources and funds from the district flexibility account may be deposited into the unpaid school meals account in accordance with law. Funds deposited into this account shall be used only to pay individual student meal debt.