

# Hudson Community School District 2020-2021 Annual Topics



Photo Courtesy of Wayne Haskovec

July 1, 2020

Dear Parent/Guardian:

I am so thrilled to welcome you to the 2020-2021 school year! We have missed everyone so much and it is hard to believe that our last time together as a school community was March 13! A lot has changed in the interim, including the addition of several new faculty members that I can't wait for you to meet! We are also pleased to announce the completion of our Phase III construction project and I am super excited for you to see all the new improvements to our facilities and to tour the new addition.



Included in this packet of materials is everything you will need to register for the 2020-2021 school year. Our online registration process that was launched for the first time last year not only provides you with greater convenience and flexibility, but also streamlines the process. Detailed instructions are included in this Topics newsletter, and at the same time if you have questions please don't hesitate to contact our office. We would ask that you complete the registration process by August 1<sup>st</sup> so we can finalize schedules and class lists.

We value your input, feedback, and questions! For this reason we take our responsibility to interact with the public very seriously and strive to ensure that timely pertinent information is readily available for you, and that you have an opportunity to interact with your superintendent as seamlessly as possible. There are several ways to receive district wide communication:

**The School Website** hosts a plethora of information that is of value to our patrons, including staff directories, lunch menus, activities and events, and even school news. You are encouraged to become a regular user of our website, located at [www.hudsonpiratepride.com](http://www.hudsonpiratepride.com).

**Superintendent's Blog** is a weekly column that is generally published every Wednesday online and the following Thursday in the Hudson Herald. This column is used to share school news and locally contextualize statewide and national policy proposals. It is also used to educate our public on a variety of education related topics. You can find and subscribe to the blog at <http://superintendentvoss.blogspot.com/>.

To make sure you don't miss any articles, please consider subscribing by typing your email address in the subscription box on the right hand side of the screen.

**Twitter** For those of you who are tech savvy, I would also invite you to follow me on Twitter at [www.twitter.com/anthonydvoss](http://www.twitter.com/anthonydvoss). This is a great way to keep up with what is going on in school, and who knows, you may even see a picture with some familiar faces from time to time!

In this packet, you will find registration and meal fees the Board has established for the 2020-2021 school year. We are happy to announce a reduction in fees for the new school year along with the elimination of the \$50 computer deposit, and a freeze on breakfast and hot lunch prices. We ask that you submit one check for the registration fees and a separate check for the lunch/breakfast fees. If you would prefer to pay online, the lunch/breakfast and registration fees may instead be submitted through the district website at [www.hudsonpiratepride.com](http://www.hudsonpiratepride.com).

We are excited to be continuing our web-based registration process this year. Parents/Guardians will be inputting the information needed in an on-line application using your own computer or stopping in at the Central Office to complete the process. You will also have the option of using our online system to complete the payment process. As has been the case in prior years, you may stop into the Central Office with check or credit/debit card.

For parents/guardians with students that were in the Hudson Community School last year, please see the enclosed instruction sheet.

For parents with new students, please contact the Central Office. We will set up your password and get you started.

Once you have completed the process, you will be instructed on how to complete your registration payment online. The link to online payments is <https://hudsonpiratepride.revtrak.net>. This is the same system as the 2019-2020 school year, and your login credentials from last year will be necessary. If you have not used the system before, please start by creating an account with a password. You will be asked to add your student in with the last name and PIN# (your PIN# is your JMC password, and is either letters or numbers). If your last name is different from your student's and you are the primary contact in our system, please use your last name and the password that you created for JMC. Thank you again for supporting Hudson Schools in this effort!

Board Policy [506.1](#), [506.1E8](#), [506.2](#), and [506.2E1](#) are included at the beginning of the online registration. These refer to the Annual Notice of the Family Educational Rights and Privacy Act (FERPA). The Authorization for Releasing Student Directory Information should only be signed and submitted if you want your student to be omitted from inclusion in the honor roll list, pictures in the newspaper and/or yearbook, etc. Detail is listed in the policy. It may be viewed or printed from the site. If you have any questions, please do not hesitate to contact us at 319-988-3233!

[Dr. Tony Voss, Superintendent](#)

2020-2021 Online Registration Instructions- If you do not have access to a computer, please stop in at the Central Office at 136 S Washington Street in Hudson – Monday-Thursday 7 am- 4 pm.

- Go to <https://www.hudsonpiratepride.com>
- Hover over parents and click on 'JMC'
- Click on the blue link <https://hudsoncommunityschool.onlinejmc.com/>
- Click on 'Parents'
- Change the school year to 2020-2021 by clicking on the black arrow on the right side of school year
- Enter your username (last name)
- Enter your JMC password (contact the Central Office if you need this information)
- Click on 'Register for 2020-2021' on the Left hand side
- Click on 'Start/Continue Registration Process'
- Read and Follow the Instructions in the middle of the screen 'Note from the District'
- Please read through the entire page, it gives directions for the complete process. There is a lot of information on this page, but it can be accessed at any time by using the back button. Or you can sign in at a later time to read policies or download forms.
- Click 'next'
- Contact information, please read, if incorrect, please make the corrections or changes. On this screen, **please add in an emergency phone number that can be used in an emergency if we are unable to reach the parents/guardians.** Click 'next'.
- Health fields – complete all information and use the word 'none' if needed. Scroll to the bottom to answer all questions. Then click 'next'
- Student information, please update. Then click 'next'
- Custom Fields – answer each question. The system will not let you move on without an answer. You will have an option to add in notes on a later screen. Click 'next'
- Notes to the office - this is optional. Click 'next'
- Final Screen - please read this page completely before moving on. There is one final step. Click 'Finish'
- Payment options. (Do not use the Tuition/Fees tab on the left) You may pay online at <https://hudsonpiratepride.revtrak.net/> This is the same payment processor that was used last year. If you don't have an account, please follow these instructions:
  - Click on create an account
  - Complete the information and click create account

You will need to add each item to your cart. Choose from the boxes. Some of you will want to pay for school registration, purchase a yearbook, athletic passes, band/choir uniform fee and lunch money. You will need to choose from each box and load to your cart.

In **mid-July** you will be able to apply for free/reduced lunch online- click on the 'Meal Application' on the left side of the screen.

If you have completed free/reduced lunch paperwork and are requesting a waiver of school fees, you do not have to pay at this time.

You may also mail a check to: Hudson Community School, Attn. School Registration P.O. Box 240, Hudson, IA 50643 or drop off at the Central Office

## ARRIVAL AND DISMISSAL

School begins daily at 8:05 a.m. and dismisses at 3:15 p.m. On Wednesday's school will begin at 8:05 and dismiss at 1:40. This schedule may be adjusted due to the Return to Learn Process – watch for updates to come.

## BUS ROUTES

You will find information on the 2020-2021 bus routes posted at K-12 Open House on August 19. In most cases, the route has not changed very much. Please look them over carefully. If you have any questions regarding your bus route, please call the superintendent's office at 988-3233 x4. The times listed for picking up students are estimated. Please have your children ready several minutes early during the first week of school in case minor adjustments need to be made in the bus route schedule. If there are times when your child(ren) will **NOT** be riding the bus, **PLEASE** call the superintendent's office at 988-3233 so we can notify the bus driver.

## LATE STARTS OR EARLY DISMISSAL DUE TO WEATHER

During periods of poor weather, we encourage parents to listen to the following stations for school announcements regarding early dismissals or late starts: KCRG-TV9, KWVL-TV7 and KGAN-TV 2.

You also have the ability to sign up for both text and email alerts from our school announcement system. We recommend signing up for both text and email messages. This system also gives you the option to sign up for building specific notifications. For example, if you are only interested in announcements related to the elementary school, please sign up for elementary only. Obviously, if you have children in multiple buildings then you might want to check multiple boxes on that screen. One of the unique attributes of this system is the ability to personalize it to your preferences. We also use this system to send out important press releases.

The subscription box can be found at the bottom of the main page of our website at:

[www.hudsonpiratepride.com](http://www.hudsonpiratepride.com)



You will need to submit a subscription for each medium (text/email) that you would like to receive notifications through. Again, you have the option of receiving notifications through email, text or both. If you have changed phone numbers, you will need to re-submit your information.

## BAND/CHOIR PACKETS

Students that are enrolled in band and or choir, please use the following fee information:

5-12 grade percussion fee: \$15.00

9-12 grade band and choir uniform rental/cleaning fee: \$15.00 (\$30 for both)

7-12 grade instrumental rental fee : \$50.00

If your student is enrolled in band, you received a separate packet in the mail

## SPEECH-LANGUAGE SCREENING

Communication is a very important skill that helps your child in learning and progressing in school. Screening of communication skills for a student at any grade level is conducted by a speech-language pathologist upon the request of parents, teachers or other professionals. Parental consent must be given before the screening occurs.

You may request a screening of your child's communication skills by contacting the speech-language pathologist at the school. Following the assessment, you will be notified of the results. If you have any questions, please contact the school.

## SCHOOL PICTURES

School pictures for Fall 2020 have been scheduled for Thursday, October 8.

### **PHYSICAL FORM INFORMATION**

Every year each student (grades 7-12) shall present to the school superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

### **CONCUSSION FORM INFORMATION**

Annually, each school district and nonpublic school shall provide to the parent or guardian of each student a concussion and brain information sheet, as provided by the Iowa High School Athletic Association and Iowa Girls High School Athletic Union. The student and student's parent or guardian shall sign and return the concussion and brain injury information sheet to the student's school prior to the student's participation in any interscholastic activity for grades seven through twelve. This form must be signed annually by parents/guardians and their students in grades 7-12 before the student(s) can participate in interscholastic athletics, cheerleading, and show choir.

### **OPEN ENROLLMENT**

Hudson Schools is proud to be the school destination of choice for numerous families in the Cedar Valley. The following procedures are outlined in Iowa Code 282.18 and 281—IAC Ch. 17.

Parent / Guardian Responsibilities:

File application form with resident and receiving district on or before March 1 of the school year prior to the open enrollment year.

- If good cause applies, file the application form with both districts by the Thursday before the third Friday in September.
- If the application is for a kindergarten student, file the application form with both districts on or before September 1 of the school year in which open enrollment is requested.
- If the district has a diversity plan, file the application with the resident district by March 1<sup>st</sup>.
- Carefully review the application for accuracy.
- Be sure to indicate whether or not the student is in a special education program. You may request an attendance center with the understanding the district does not have to honor the request.
- [Parents/Guardians] Provide for transportation of students.
- If meeting economic eligibility requirements, apply with the resident district for transportation assistance.
- If the family qualifies, transportation assistance may be actual transportation or a reimbursement paid directly to the parent/guardian.
- If desiring to change receiving district, file petition with receiving district by March 1 of the preceding school year.
- Notify the districts concerned if there is any change in the residence of the student during the open enrollment period.
- If terminating the open enrollment, notify both districts involved.
- If open enrollment is denied, the parent/guardian may appeal to Iowa District Court. If the application meets good cause due to repeated acts of harassment or if the child has a serious health condition that the resident district cannot adequately address, an appeal may be filed with the Iowa State Board of Education.
- If the student moves from the district in which s/he currently lives during the term of the open enrollment, it is the parent/guardian's responsibility to notify the former resident district and the new resident district.
- Approval for one child in a family does not guarantee approval for younger children in the same family. Each child in a family must have an open enrollment request filed for him/her.
- A pupil, who transfers school districts under open enrollment in all grades 9 through 12, shall not be eligible to participate in varsity contests and competitions during the first 90 school days of transfer. For questions on eligibility please contact the Iowa Girls High School Athletic Union at (515) 288-9741 or the Iowa High School Athletic Association at (515) 432-2011.
- For more information on Open Enrollment, please refer to the Iowa Department of Education website page on open enrollment.

### **HIGHLY QUALIFIED TEACHERS**

Parents/Guardians in the Hudson Community School District have the right to learn about the following regarding their child's teacher's qualifications: state licensure status, special endorsements for grade level/subject area taught, and baccalaureate/graduate certification/degree.

You may access this information by searching for a practitioner's license on the Iowa Board of Educational Examiners [website](#).

For additional information on the credential of your child's teacher parents/guardians may contact the Office of the Superintendent by calling (319) 988-3233 or sending a letter of request to Office of the Superintendent, 136 S. Washington St., PO Box 240, Hudson, IA 50643.

### **NOTIFICATION TO PARENTS CONCERNING HIGHLY QUALIFIED TEACHERS AND PARAPROFESSIONALS**

Parents will be notified by the school if their child has been assigned, or will be taught for four or more consecutive weeks by a teacher who is not highly qualified.

### **PHYSICAL RESTRAINT OF STUDENTS**

State law forbids school employees from using corporal punishment against any student. Certain actions by school employees are not considered corporal punishment. Additionally, school employees may use "reasonable and necessary force, not designed or intended to cause pain" to do certain things such as prevent harm to persons or property.

State law also places limits on school employees' abilities to restrain or confine and detain any student. The law limits why, how, where, and for how long a school employee may restrain or confine and detain a child. If a child is restrained or confined and detained, the school must maintain documentation and must provide certain types of notice to the child's parent.

If you have any questions about this state law, please contact your building principal. The complete text of the law and additional information is available on the [Iowa Department of Education's website](#).

### **SCHOOL CALENDAR**

The [school calendar](#) can be accessed via our website at [www.hudsonpiratepride.com](http://www.hudsonpiratepride.com). The calendar will contain current, up-to-date changes or additions will be added as they occur during the school year. If you are unable to access our website, a calendar can be printed for you by calling the Central Office (988-3233) and making a request.

### **SCRIP PROGRAM**

The Music Booster Scrip Program information can be found at [hudsonpiratepride.com](http://hudsonpiratepride.com), hover over 7-12, click on Music Boosters

### **SENIOR CITIZEN PASSES**

Senior citizen passes are available to Hudson Senior Citizens (60 yrs and older) to be used for athletic and fine arts activities sponsored by Hudson School. Please visit the Superintendent's office at 136 S. Washington Street between the hours of 8:00 a.m. and 3:30 p.m. if you would like a pass.

### FREE-REDUCED PRICE MEALS

Enclosed in this mailing are the guidelines and application forms for free and reduced price meals. If you wish to apply, please complete the application form. The application will also be available online beginning in mid-July within our school registration page. Free/Reduced students who want just a carton of milk when bringing in cold lunch or additional milk with their hot lunch will need to put money in their lunch account for that item.

### HOT LUNCH PROGRAM

Welcome to the 2020-2021 school year! We are excited to be beginning our third year with OPAA! The Hudson School Lunch Program is continuously making changes and improvements. The Hudson School District would like every child to have a healthy learning environment which includes a healthy, good-for-you lunch. Menus will have food choices from every food group. Breading and sandwiches will be made from whole grains. We would like to challenge students to try new things. Please encourage your student to try something new!

Hudson School has a web based lunch accounting system. The system is designed for families to deposit any amount of money into their family account by bringing the money to the school or depositing on-line via our school website ([www.hudsonpiratepride.com](http://www.hudsonpiratepride.com)). Each student in that family will draw from that one family account. If you do not want your student to purchase ala carte items and/or seconds, please contact the Central Office.



Lunch and breakfast charges per day are as follows:

K-4 Lunch	\$3.05
5-12 Lunch	\$3.20
K-12 Reduced Lunch	\$ .40
Adult Lunch	\$3.85
K-12 Breakfast	\$2.05
K-12 Reduced Breakfast	\$ .30
Adult Breakfast	\$2.30
Extra Milk	\$ .30

Notices are emailed weekly for lunch account balances indicating the family lunch account needs replenishing. A detailed explanation of your account (current year only) may be obtained by contacting the school. School policy states when a student lunch account reaches a negative amount, extras, doubles and ala carte will not be available until money has been deposited. If your student's lunch account was negative at the end of the 2019-2020 school year, it will need to be brought up to a positive balance at the beginning of the school year.

Finally I would remind you to utilize our [school meal menu](#) which is accessible from the front page of the school website. Our menus provide nutritional information on the items served along with a picture of the food being served. There is even a place where you can rate the meal, which is very valuable for our nutrition staff when planning menus.

### DRIVER EDUCATION

Hudson's Driver Education is contracted through StreetSmarts, an Iowa Youth Driver Education program. The student's driving schedule will be set up at the first class. Students will be driving outside of the school day and outside of the driver education class time. Driving times will occur at various times to accommodate the needs of the students. All of the scheduled classes are state certified and include 30 hours of classroom instruction, with 4 hours of instruction covering alcohol and drug abuse as it relates to the driving task and 6 hours of actual on-street driving. The cost is \$365 and is paid directly to StreetSmarts. Sign-up on their [website](#) for classes at Hudson. If you have questions, StreetSmarts can be reached at (515) 279-1122.

### FACILITY USE

The Hudson School Board has established a variety of [policies](#) for community use of facilities, such as the gymnasiums, auditoriums, and kitchens. Please contact the district central office at 988-3233 if you or your group would like to use these facilities. School policy prohibits the use of facilities on Wednesday evenings after 6:00 p.m. and all day on Sunday without authorization from the Superintendent.

### POST SECONDARY ENROLLMENT ACT

This Act allows high school students to take college courses during the school day with the school district paying up to \$250.00 per class. There is criteria that must be met before you are eligible. If you are interested, see the Guidance Counselor.



### DRUG-FREE WORKPLACE

To be eligible for Federal procurement contract and Federal grants, an employer must certify that it will provide a drug-free workplace by:

- Publication and dissemination of each covered employee of a statement that abuse (manufacture, distribution, possession or use) of a controlled substance in the workplace is prohibited.
- Establishment of a drug-free awareness program to educate employees about the dangers of drug abuse and make them aware of available drug counseling programs, as well as the drug-free workplace policy and the penalties that may be imposed for violations of the policy.
- Notice to each covered employee that as a condition of employment, the employee must abide by the policy and must notify the employer within five days of any conviction involving a controlled substance in the workplace.
- Imposition of sanctions and the requirement to receive rehabilitation for any employee convicted (found guilty in a court of law) involving a controlled substance in the workplace. There is no requirement that the rehabilitation be at employer expense. The employer must notify the Federal agency within ten days after receiving notice that the employee has been convicted of a crime involving a controlled substance in the workplace, or within ten days after otherwise receiving actual notice of such conviction. The statute covers only controlled substances and crimes involving such substances that occur in the workplace. The Act does not address employee convictions for crimes away from the workplace, even if that crime involves controlled substances. The rules do not apply to alcohol related convictions.

The Act requires an employer to make a good faith effort to maintain a drug-free workplace. Determination as to whether the Act has been violated will be made on a case-by case basis.

### YEARLY ASBESTOS NOTIFICATION

The Asbestos Program Coordinator for the Hudson Community School District is [Bryant Budensiek](#). He can be reached by calling 988-3233.

An AHERA three year asbestos re-inspection was completed April 15, 2019. Asbestos surveillance inspections are made every six months between re-inspections. Only small scale response actions will be conducted if needed. The next three-year re-inspection will be due April 2022.

All asbestos was removed from the 1915 building in December 2001 with demolition of the building in June 2002.

For information regarding prior and future response activities, removal projects, or general asbestos related information for the Hudson Community School District, contact [Superintendent Dr. Anthony Voss](#) or review the Asbestos Management Plan located in the district maintenance office.

### **ADMINISTRATION OF MEDICINE**

All medication, including cough drops, needing to be taken by students during the school day must be given to the school nurse or the office secretaries to be distributed and recorded by them. The medication must be in the original container for all prescriptions and over the counter medications. The following information must accompany the medication either on the prescription bottle, in the instruction sheet, or in the parental authorization: name of the student; name of the medication; directions for use including dosage, times, and duration; name, phone number and address of the pharmacy (if applicable); date of prescription (if applicable); name of the physician (if applicable); potential side effects; and emergency numbers of the parents.

### **REGARDING HEALTH FORMS**

Preschool: Current immunization record, copy of physical (from within current calendar year).

Kindergarten: Current immunization record, copy of physical (including lead screening and vision testing results), dental screening.

7<sup>th</sup> grade: Tdap vaccine for students born after 9/15/2000. Meningococcal vaccine for students born after 9/15/2004. (Both immunizations are required and there is no provisional.)

9<sup>th</sup> grade: Dental screening form to be completed by dentist.

12<sup>th</sup> grade: Students born after 9/15/1999 shall have two doses of meningococcal vaccine; or one dose if first dose received when a student 16 years of age or older. (Both immunizations are required and there is no provisional.)

Please return the completed forms (which were mailed to you) to the school prior to the start of the new school year in August. Thank you.

### **SCHOOL HEALTH GUIDELINES**

The following is information regarding school health procedures for dealing with health problems during school hours with regard to illnesses and absences. Please keep your child home or the student will be sent home for any of the following symptoms:

- Temperature of 100 or above. Must stay home until fever-free for 24 hours (without the use of fever reducing medication).
- Sore throat- if reddened, glands swollen, or tonsils inflamed. If diagnosed with strep throat- student must remain home on medication for 24 hours.
- Uncontrolled coughing
- Severe earache or any ear drainage.
- Vomiting. Must be 24 hours symptom- free before returning to school.
- Diarrhea. Must be 24 hours symptom-free before returning to school.
- Body rashes will be assessed by the school nurse.
- Inflammation of the eyes or pink eye with discharge. If treated by a physician, students need to be on medication for 24 hours before returning to school. If not treated, to remain at home until condition clears.
- Untreated impetigo or ringworm. After treatment, students may return to school with the area covered. If not treated, remain at home until condition clears.
- Dental emergencies.
- Serious head injuries.
- Suspicious bone or joint injury, fracture or severe sprain.
- Communicable diseases.

Keeping children at home who are ill instead of sending them to school, allows them to feel more comfortable during their illnesses and will help reduce the amount of sicknesses spread among classrooms.

Only a physician is qualified to make a diagnosis. Therefore, the child's parent will be notified with a suggestion that a physician examine the child if the nurse or other school personnel feel it is advisable. No student will be allowed to leave school without permission from a parent. In most cases, the parent is responsible for the child's transportation home when ill or injured.

[Jan Brandhorst, School Nurse](#)

## ANNUAL NOTICE OF NONDISCRIMINATION

The Hudson Community School District offers career and technical programs in the following areas of study:

- Family and Consumer Science
- Business
- Agriculture
- Industrial Technology

It is the policy of the Hudson Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact:

[Jeff Bell](#), Equity Coordinator, 136 S. Washington Street. Phone number 319-988-3233



## HOMELESS EDUCATION INFORMATION

All children have a right to a free, appropriate education. The McKinney-Vento Homeless Assistance Act (Public Law 107-110) effective July 1, 2002, requires that homeless children:

- Be enrolled immediately in school, even if lacking documentation normally required for enrollment such as immunization or other health records, previous academic records, birth certificates, proof of residence, or proof of guardianship.
- Have a choice in where to enroll: their school of origin or the local school for their current residence.
- Have access to services comparable to those that housed students receive, including Title 1, Part A, services.

For more information, please contact [Jeff Bell](#) at 988-4137.



## Hudson Community Schools Computer Loan Agreement Checklist

### Parent Responsibilities

Your son/daughter has been issued an iPad computer to improve and personalize his/her education this year. It is essential that the following guidelines be followed to ensure the safe, efficient, and ethical operation of this computer.

- I will supervise my son's/daughter's use of the iPad at home. I will discuss our family's values and expectations regarding the use of the Internet and email at home and will supervise my son's/daughter's use of the Internet and email.
- I will not attempt to repair the iPad, nor will attempt to clean it with anything other than a soft, dry cloth.
- I will report to the school any problems with the iPad. I will not load or delete software from the iPad. I will make sure that my son/daughter recharges the iPad battery nightly.
- I will make sure my son/daughter brings the iPad to school every day. I understand that if my son/daughter comes to school without his/her computer, that he/she may not be able to participate in classroom activities, and his/her grade could be affected. I agree to make sure that the iPad is returned to the school when requested and upon my son's/daughter's withdrawal from Hudson Community Schools.

### Student Responsibilities

Your iPad is an important learning tool and is for educational purposes only. In order to take your iPad home each day, you must be willing to accept the following responsibilities.

- When using the iPad at home, at school, and anywhere else I may take it, I will follow the policies of the Hudson Community Schools, and abide by all local, state, and federal laws.
- I will treat the iPad with care by not dropping it, getting it wet, leaving it outdoors, leaving it in a car in extreme weather conditions, or using it with food or drink nearby.
- I will not lend the iPad to anyone, not even my friends or siblings; it will stay in my possession at all times.
- I will not load any software on the iPad.
- I will not remove programs or files from the iPad.
- I will honor my family's values when using the iPad.
- I will not give personal information when using the iPad.
- I will bring the iPad to school every day.
- I agree that email (or any other computer communication) should be used only for appropriate, legitimate, and responsible communication.
- I will keep all accounts and passwords assigned to me secure, and will not share these with any other students.
- I will not attempt to clean or repair the iPad.
- I will recharge the iPad battery each night.
- I will return the iPad when requested and upon my withdrawal from Hudson Community Schools.
- I will keep the iPad in its Logitech Rugged Combo 3 case.
- I will place my iPad in a secure location when not in use (locked up when possible).

## Hudson Community Schools Computer Loan Agreement

One Apple iPad, keyboard and charger are being lent to the Student/Borrower and are in good working order. It is Student/Borrower's responsibility to care of the equipment and insure that it is retained in a safe environment. This equipment is, and at all times remains, the property of Hudson Community Schools, and is lent to the Student/Borrower for educational purposes only for the academic school year.

Student/Borrower may not deface or destroy this property in any way. Inappropriate use of the device may result in the Student/Borrower losing his/her privilege to use this iPad or other district computers. The equipment will be returned to the school when requested by Hudson Community Schools, or sooner, if the Student/Borrower withdraws from Hudson Community Schools prior to the end of the school year.

The District property may be used by Student/Borrower only for non-commercial purposes, in accordance with the District's policies and rules, the Hudson Community School's Parent-Student Handbook, as well as, local, state, and federal statutes. Student/Borrower may not install or use any software other than software owned or approved by the District and made available to Student/Borrower in accordance with this Receipt and Agreement.

One user account with specific privileges and capabilities has been set up on the iPad for the exclusive use of the Student/Borrower to which it has been assigned. The Student/Borrower agrees to make no attempts to change or allow others to change the privileges and capabilities of this user account.

The Student/Borrower agrees to make no attempts to add, delete, access, or modify other user accounts on the iPad and on any school-owned computer. The Hudson Community Schools network is provided for the academic use of all students and staff. The Student/Borrower agrees to take no action that would interfere with the efficient, academic use of the network.

Identification and inventory labels/tags have been placed on the iPad. These labels/tags are not to be removed or modified. If they become damaged or missing, contact the office for replacements. Additional stickers, labels, tags, or markings are not to be added to the iPad.

It is the Student's/Borrower's responsibility to regularly back up his/her files to their gmail drive. The District is not responsible for any computer or electronic viruses that may be transferred to or from Student/Borrower's flash drives or other data storage medium and Student/Borrower agrees to use his/her best efforts to assure that the District Property is not damaged or rendered inoperable by any such electronic virus while in Student/Borrower's possession.

If an iPad is damaged, the school must be notified immediately (319 988-4226). If a student damages an iPad due to negligence, the student/student's family is responsible for paying repair costs. HCSD reserves the right to charge the Student and Parent the full cost for repair or replacement when damage occurs due to gross negligence as determined by administration. Examples of gross negligence include, but are not limited to: *Leaving equipment unattended and unlocked. This includes damage or loss resulting from an unattended and unlocked iPad while at school or away. Lending equipment to others other than one's parents/guardians. Using equipment in an unsafe environment or in an unsafe manner.*

Code 281-IAC 18.4 indicates Districts may charge a fine for overdue, lost or damaged school property. Student/Borrower acknowledges and agrees that his/her use of the District Property is a privilege and that by Student/Borrower's agreement to the terms hereof, Student/Borrower acknowledges his/her responsibility to protect and safeguard the District Property and to return the same in good condition and repair upon request by Hudson Community Schools.

## INTERNET ACCESS PERMISSION LETTER TO PARENTS

Your child will have access to a computer and the Internet. The primary goal of the Hudson Community School District's (HCSD) available technology is to enrich the learning that takes place in and out of classrooms. In particular, technology offers opportunities for exploration and analysis of academic subjects in ways that traditional instruction cannot replicate. Academic work for courses always takes priority over any other use of the computer and other media center equipment.

*Network Resources* in this document refers to all aspects of the school's owned or leased equipment, including computers, printers, scanners and other peripherals, as well as email, Internet services, servers, network files and folders, and all other technology-related equipment and services. These rules apply to any use of the school's network resources whether this access occurs while on or off campus.

Students will:

- Access the system for educational purposes during school hours, (this may include the use of networked servers and printers in the building).
- Use appropriate language and be respectful of others. HCSD takes cyberbullying seriously.
- Observe and respect license and copyright agreements.
- Keep passwords and personal information confidential (Student names, telephone numbers, and addresses should not be revealed over the system).
- Access student/learner management systems (i.e. JMC, Canvas, etc)
- Apply the same privacy, ethical, and educational considerations utilized in other forms of communication.

Students may NOT use network resources:

- To create, send, share, access or download material, which is abusive, hateful, threatening, harassing, sexually explicit, etc.
- To download, stream or listen to Internet-based music, video and large image files not for school work, as this slows the performance of the network for all users. The school will monitor the network for violations. This does not include iTunes.
- To send file attachments through the school's email system that are greater than 10MB in size (the transfer process can hinder network speed and access to others).
- To alter, add or delete any files that affect the configuration of a school computer.
- To conduct any commercial business that is not directly related to a class (i.e. Entrepreneurship class).
- To conduct any illegal activity (this includes adhering to copyright laws).
- To access the data or account of another user (altering files of another user is considered vandalism).
- To install any software onto HCSD computers with out permission from administration.
- To copy HCSD school software (copying school owned software programs is considered theft).

The HCSD is advancing through a model of 21<sup>st</sup> century learning which is shaping k-12 education. Students will have access to technology and the internet in the Hudson Community School District.

**Please sign the with your electronic signature in the online parent portal** if you would like your child to be granted Internet access and return the permission form to your child's school. If you do not grant permission, please follow up with the building administrator before the first day of school to establish a plan.

If you have granted your child Internet access, please have them respond to the following:

- I have read the expected network etiquette and agree to abide by these provisions. I understand that violation of these provisions may constitute suspension or revocation of Internet privileges and/or loss of computer privileges.
- I agree to be responsible for payment of costs incurred by accessing any Internet services that have a cost involved.

**INFORMATION LETTER FOR WEB-BASED APPLICATIONS**  
**Frequently Asked Questions About Free And Reduced Price School Meals**

Dear Parent/Guardian:

Children need healthy meals to learn. **Hudson Community School** offers healthy meals every school day. Breakfast cost **\$2.05**; lunch **costs \$3.05 (K-4), \$3.20 (5-12)**. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. If you need assistance completing this web-based application contact Jeff Bell, At Risk Coordinator, Hudson Community School 319-988-3233 ext. 4.

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 Food Assistance, 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. (Requires submitting an Application for Free and Reduced Price Meals/Milk.)

**FEDERAL INCOME ELIGIBILITY GUIDELINES for School Year 2020-2021**

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Each additional person:	8,288	691	346	319	160

2. SHOULD I COMPLETE 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: **Jeff Bell, 136 S Washington St. 319-988-3233 ext. 4** [jeffbell@hudschools.org](mailto:jeffbell@hudschools.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 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 automatically, 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: **Hudson Community School, Jeff Bell, 136 S Washington St. Hudson, IA 50643, 319-988-3233 ext. 4** [jeffbell@hudschools.org](mailto:jeffbell@hudschools.org)
5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Complete the Web-based Application for Free and Reduced Price School Meals for all students in your household.* We cannot approve an application unless complete eligibility information is submitted, so be sure to complete all required information.
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, 2020. You must complete a new application unless the school told you that your child is eligible for the new school year. When the carry-over 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 the web-based 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 web-based 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 Food Assistance, 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: Dr. Anthony Voss, 136 S Washington St. Hudson, IA 50643 319-988-3233 ext. 4  
drvoss@hudschools.org
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 type 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. There are currently no active Military Housing Projects in Iowa as found on [Active Military Housing Projects](#). 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. 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.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Food Assistance or other assistance benefits, contact your local assistance office or call **1-877-347-5678**. Your children may be eligible for **hawk-i** (children's health insurance) or a waiver of school fees. Read the information included in the web-based application for **hawk-i** information. A school waiver form may be part of the web-based application or available from your child's school.
18. 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.
19. 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.
20. If you decide you do not want to complete an application electronically, you can obtain a paper application by contacting Jeff Bell, 319-988-3233 ext. 4, jeffbell@hudschools.org
21. Translated applications are available at: <http://www.fns.usda.gov/school-meals/translated-applications>.

If you have other questions or need help, call 319-988-3233 ext. 4.

*Sincerely,*

*Dr. Anthony Voss, Superintendent*

## USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
This institution is an equal opportunity provider.

## Iowa Non-Discrimination Statement:

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

## Information Statement

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA), 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 Hudson 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 Hudson Community School 136 S Washington St Hudson, IA 50643.** If at any time you are not sure what to do next, please contact Hudson Community School District, 319-988-3233 ext. 4. [jeffbell@hudschools.org](mailto:jeffbell@hudschools.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 Hudson Community School, 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 Hudson 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 FOOD ASSISTANCE, 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 Food Assistance Program (FA)
- 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 FA, 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 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 "Total 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**

<b>What is Child Income?</b>	
Child income is money received from outside your household that is paid <b>directly</b> 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.	
<b>Sources of Child Income</b>	<b>Example(s)</b>
<ul style="list-style-type: none"> <li>• Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>• 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.)</li> </ul>
<ul style="list-style-type: none"> <li>• Social Security               <ul style="list-style-type: none"> <li>○ Disability Payments</li> <li>○ Survivor's Benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A child is blind or disabled and receives Social Security benefits.</li> <li>• A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from person <i>outside</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>• A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• A child receives regular income from a private pension fund, annuity, or trust.</li> </ul>

**FOR EACH ADULT HOUSEHOLD MEMBER:**

- B) List Adult Household member's name.** Print the name of each household member in the boxes marked "Name of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.**

**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.

- C) 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.

**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

- D) 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.

- E) 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**

<b>Earnings from Work</b>	<b>Public Assistance/ Alimony/Child Support</b>	<b>Pensions/Retirement/All Other Income</b>
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• <b>Net</b> income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>• Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability benefits</li> <li>• Regular Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment Income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>

- F) 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.
- G) 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. **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.”

#### 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 that person signs in the box. “Signature of adult completing the form.”
- C) Mail or return completed form to:** Hudson Community School, 136 S Washington St. PO Box 240 Hudson, IA 50643. **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 *hawk-i*.** If you do not want your household information shared with *hawk-i*, **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>.

# 2020-2021 Iowa Application for Free & Reduced Price School Meals/Milk Return completed form to:

Complete one application per household. Please use a pen (not a pencil). This application cannot be approved unless complete eligibility information is submitted.

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

<p><b>Definition of Household Member:</b> "Anyone who is living with you and shares income and expenses, even if not related." Children in <b>Foster care</b> and children who meet the definition of <b>Homeless, Migrant or Runaway</b> are eligible for free meals. Read <b>How to Apply for Free and Reduced Price School Meals</b> for more information.</p>	Child's First Name	MI	Child's Last Name	Date of Birth	Student? Yes No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, FIP, or FDPIR? Circle one: Yes / No 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: \_\_\_\_\_

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

Are you unsure what income to include here? Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here. Total Child Income

\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	How often?
					Weekly Bi-Weekly 2x Month Monthly
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. 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.**

Name of Adult Household Members (First and Last)	C. Earnings from Work	How often?					D. Public Assistance/ Child Support/Alimony	How often?				E. Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Monthly	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**F. Total Household Members (Children and Adults)**

**G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member**

Check if no SSN

## STEP 4 Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt. #	City	State	Zip	Daytime Phone (optional)	Email (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult completing the form			Signature of adult completing the form			Today's date

### DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY. Date Received by SFA: \_\_\_\_\_

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12  
 Household Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Twice Monthly  Monthly  Annually Household Size: \_\_\_\_\_  
 Application Approved:  Income  Foster Child  FIP/Food Assistance  Head Start (documentation required)  Homeless/Migrant/Runaway-Local Official Documentation Required  
 Eligibility Determination:  Free  Reduced  Free Milk Application Denied:  Incomplete  Over income limits

Determining Official \_\_\_\_\_ Effective Date \_\_\_\_\_ Confirming Official \_\_\_\_\_ Date \_\_\_\_\_ Follow-up Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 & **hawk-i**, 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 & **hawk-i** 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 hawk-i, you must tell us by completing the information below.** If you want further information, you may call **hawk-i** at 1-800-257-8563. Also, if you are already receiving Medicaid or **hawk-i**, 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 **hawk-i**.

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 Food Assistance (FA), 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
  - (2) fax: (202) 690-7442; or
  - (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).
- \*only use this address if you are filing a complaint of discrimination

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

This institution is an equal opportunity provider.

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

Waiver Information

# 2020-2021 Iowa Application for Free and Reduced Price School Meals/Optional Supplemental Worksheet

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

Child's First Name	MI	Child's Last Name	Student?		Child's School	Grade	Foster Child		Homeless, Migrant, Runaway	
			Yes	No			Child	Runaway		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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)

Name of Adult Household Members (First and Last)	Earnings from Work	How often?					Public Assistance/ Child Support /Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<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 least income 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 6	\$ _____
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	\$ _____
<b>TOTAL</b>	<b>\$ _____ Gross Annual Income Before Any Deductions.</b>

**Computed Monthly Income** \$ \_\_\_\_\_ (Gross Annual Income ÷ 12 = Computed Monthly Income.)

The computed monthly income should be reported in Step 3 on the Application for Free and Reduced Price School Meals under All Other Income.