



Central Lyon Community School

Serving Rock Rapids, Doon and Surrounding Area

1105 S. Story Street, P.O. Box 471

Rock Rapids, IA 51246

SPECIAL BOARD MEETING THURSDAY, JUNE 20, 2013 12:00 P.M (NOON) CENTRAL LYON BOARD ROOM

AGENDA

- I. Call Special Meeting to Order
 - Roll Call
 - Pledge of Allegiance
- II. Approve Agenda
- III. Old Business
 - A. Approve Administrator, Supervisor Benefits for 2013-2014
 - B. Approve Textbook Fees for 2013-2014
- IV. New Business
 - A. Approve Free and Reduced Lunch Policy Statement
- V. Other Business
- VI. Announcements
- VI. Adjourn

*The mission of the Central Lyon Community School District is to provide an education
and the opportunity for all students to become productive, life-long learners.*

Memorandum

To: Board of Education
From: David Ackerman
Date: June 13, 2013
Re: 2013-2014 Administrator, Supervisor Increases

| | |
|-----------------------------------------------------|------|
| Dave Ackerman, Superintendent/HS | 3.9% |
| Dan Kruse, EL/MS Principal | 3.9% |
| Steve Breske, Bldgs/Grounds/Transportation | 3.9% |
| Jackie Wells, Business Manager/Board Secretary | 3.9% |
| Marla Freese, Administrative Assistant | 3.9% |
| Joella Postma, Food Service Supervisor | 3.9% |
| Todd Kelderman, Assistant Transportation Supervisor | 3.9% |
| Jeremy Sprock, Assistant Buildings and Grounds | 3.9% |
| Curtis Eben, Technology | 3.9% |

The above increases reflect the similar increases as the certified and classified staff for a total package of 3.9% to include IPERS.

It is recommended that the District approve the Administrator, Supervisor increases for 2013-2014 be approved.

Memorandum

To: Central Lyon Board of Education
From: David Ackerman
Date: June 13, 2013
Re: 2013-2014 Fees

It is recommended that the following fees be established for the 2013-2014 school year:

Textbook Fees

Grades PS-8..... \$40.00

(It is recommended that \$10 of casino funds be used to supplement the textbook fee to make the actual final cost of the fee \$30)

Grades 9-12 \$50.00

(It is recommended that \$10 of casino funds be used to supplement the textbook fee to make the actual final cost of the fee \$40)

Drivers Education \$230.00 (approved June 13, 2013)

Substitute Teacher \$100.00 per day (approved June 13, 2013)

Activity Tickets

Student..... \$40.00 (approved June 13, 2013)

Adult Athletic..... \$75.00 (approved June 13, 2013)

Senior Citizen (65 yr. and older)..... \$45.00 (approved June 13, 2013)

Textbook fees and drivers Education fees have been increased \$5.00. Activity tickets have been increased \$10.00 which is the first increase in five years. AP/ICN College Courses fees have been removed because it is not allowed to charge these course fees any longer. Student supplies may be resold as needed, such as eye protection devices and other school supplies.



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Dear Parent/Guardian:

Children need healthy meals to learn. **Central Lyon** offers healthy meals every school day. **Breakfast costs \$1.30; lunch costs for grades TK-5 \$1.85; \$1.95 grades 6-8; and \$2.10 for grades 6-12 and snacks costs (if available) for n/a. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast, \$.40 for lunch and n/a for snack, if available.**

1. Do I need to fill out an application for each child? **Complete the Iowa Eligibility Application for your household with all children listed. We cannot approve an application that is not complete, so be sure to fill out all required information.** Return the completed application: Marla Freese, Central Lyon CSD, Po Box 471, Rock Rapids, IA 51246.
2. **Who can get free meals?** Children in households getting Food Assistance or FIP and most foster children can get free meals regardless of household income. Children enrolled in Head Start can get free meals regardless of income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **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 have an afternoon milk break are not eligible to receive free milk.
5. **Can homeless, runaway and migrant children get free meals?** Yes. Please call [school, homeless liaison, or migrant coordinator] to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
6. **Who can get reduced price meals?** Your child(ren) can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart on the back of this page.
7. **I currently receive Food Assistance or Family Investment Program (FIP) benefits; do I need to fill out an application?** Perhaps. School enrollment records have been compared to records from the Department of Human Services to identify children who are members of households receiving Food Assistance or FIP benefits. If ANY of your child(ren) are identified during this process all your children will be directly certified as eligible to receive free meal benefits and you will be notified of their eligibility by the school. Parents need to do nothing more for their children to receive free meal benefits.

Some eligible children may not be identified in this process. Households with children who were not identified should receive a Free Lunch Notice from DHS. Children on these letters will receive free meal benefits only if parents provide the letter to the school. Instructions to parents are included on the letter.

If you receive a notice from EITHER THE SCHOOL OR DHS that only SOME of your children are eligible because of direct certification, CONTACT THE SCHOOL. You may need to complete an application for the children who were not identified or provide additional information to the school.

8. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but do not include overtime if you get it only sometimes.
9. **Will the information I give be checked?** Yes, we may ask you to send written proof. You are not required to provide proof with your application.
10. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Assistance, FIP, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
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: **School Board President, PO Box 471 Rock Rapids, IA 51246 712-472-2664**
12. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all children who live with you. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child.
14. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
15. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross

income. There are currently no active Military Housing Projects in Iowa. For a listing of the Military Housing Projects by state visit the following web site: <http://www.acq.osd.mil/housing/mhpi.htm>.

16. **What other benefits might I be eligible for?** Your child may be eligible for other benefits including *hawk-i* (children's health insurance) or for a waiver of school fees. Read the information on the back of the Iowa Eligibility Application for *hawk-i* information. A school fee waiver form is available from your school.
17. **Can children with disabilities get food substitutions?** If a child has a disability, as determined by a licensed physician, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed physician. 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.
18. **Income Guidelines effective July 1, 2013.**

If you have other questions or need help, call 712-472-2664.

| Household Size | Federal Income Chart | | | | |
|-----------------------------|----------------------|---------|-----------------|-----------------|--------|
| | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1 | 21,257 | 1,772 | 886 | 818 | 409 |
| 2 | 28,694 | 2,392 | 1,196 | 1,104 | 552 |
| 3 | 36,131 | 3,011 | 1,506 | 1,390 | 695 |
| 4 | 43,568 | 3,631 | 1,816 | 1,676 | 838 |
| 5 | 51,005 | 4,251 | 2,126 | 1,962 | 981 |
| 6 | 58,442 | 4,871 | 2,436 | 2,248 | 1,124 |
| 7 | 65,879 | 5,490 | 2,745 | 2,534 | 1,267 |
| 8 | 73,316 | 6,110 | 3,055 | 2,820 | 1,410 |
| For each additional person: | 7,437 | 620 | 310 | 287 | 144 |

Households: Your children may qualify for reduced or free price meals if your household income falls within the limits on this chart.

Privacy Act Statement: This explains how we will use the information you give us.

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, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410* or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact *USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)*. USDA is an equal opportunity provider and employer."

Iowa Non-Discrimination Notice: "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, or religion in its programs, activities, or employment practices as required by the Iowa Code section 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; web site: <http://www.state.ia.us/government/crc/index.html>."

Iowa Eligibility Application

FFY 13-14

Complete one application per household. School Year 2013-2014

Part 1. Check all applicable boxes:

- | | | |
|------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> school meals | <input type="checkbox"/> children in child care center | <input type="checkbox"/> children in child care home(HP) |
| <input type="checkbox"/> special milk (restrictions apply) | <input type="checkbox"/> Tier I home provider (HP) | Provider name: _____ |
| | <input type="checkbox"/> Head Start/Even Start | |

Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS. If eligible, list FIP or Food Assistance Case Number.

List name(s) of all enrolled child(ren) in your household. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code).

Ethnicity: H=Hispanic or Latino, N=Non Hispanic or Latino
Race: A=Asian, B=Black or African American, I=American Indian or Alaska Native, P=Native Hawaiian or other Pacific Islander, W=White

| Last Name | First Name | Middle Name or Initial | Check box for FOSTER child | Date of Birth | Grade | OPTIONAL | | Name of School/Head Start/Child Care Center/Home |
|-----------|------------|------------------------|----------------------------|---------------|-------|-----------|------|--------------------------------------------------|
| | | | | | | ETHNICITY | RACE | |
| 1. | | | <input type="checkbox"/> | | | | | |
| 2. | | | <input type="checkbox"/> | | | | | |
| 3. | | | <input type="checkbox"/> | | | | | |
| 4. | | | <input type="checkbox"/> | | | | | |
| 5. | | | <input type="checkbox"/> | | | | | |

FIP or Food Assistance Eligible: Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. NOTE: Medicaid, Title XIX, FIP card number and EBT card number are not acceptable.

Name of household member with Case Number _____ List Case Number _____

Part 3. Total Household Gross Income. DO NOT COMPLETE PART 3 IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2. Report the gross income received by EACH household member one time in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side of this application.

List the names of everyone living in your household, including the children listed in Part 2. Attach a separate page if more space is needed. For FOSTER children, include only money available for child's personal use or child's own income.

| Last Name | First Name | Age | Check if NO Income | Gross Income: Report income by how often the household member is paid. | | | | Other Monthly Payments or Income Received. | | |
|-----------|------------|-----|--------------------------|------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-----------------------------|-----------------------------------------------------|--------------------------------------------------------|------------------|
| | | | | Gross amount earned weekly | Gross amount earned every 2 weeks | Gross amount earned twice a month | Gross amount earned monthly | Welfare, child support, alimony, adoption subsidies | Pension, retirement, social security, SSI, VA benefits | All other income |
| 1. | | | <input type="checkbox"/> | | | | | | | |
| 2. | | | <input type="checkbox"/> | | | | | | | |
| 3. | | | <input type="checkbox"/> | | | | | | | |
| 4. | | | <input type="checkbox"/> | | | | | | | |
| 5. | | | <input type="checkbox"/> | | | | | | | |
| 6. | | | <input type="checkbox"/> | | | | | | | |

My Social Security Number: X XX - X X - _____ I do not have a Social Security Number.
 If Part 3 is completed, the adult signing the form must provide the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. For further information refer to the Privacy Act Statement in the parent letter.

Part 4. Certification and Signature. REQUIRED OF ALL APPLICANTS.

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted. Email of Adult completing Form _____

Signature of Adult Completing Form _____ Printed Name of Adult Completing Form _____ Date Signed _____

Address of Adult Completing Form _____ Town _____ ZIP Code _____ Work Phone _____ Home Phone _____ Cell Phone _____

Part 5. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12
 Household Income: \$ _____ Weekly Every 2 Weeks Twice Monthly Monthly Annually Household Size _____

| | | | | |
|----------------------------|-------------------------------------|----------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Application Approved: | <input type="checkbox"/> Income | <input type="checkbox"/> Foster Child (free) | <input type="checkbox"/> FIP/Food Assistance | CACFP HP ONLY: <input type="checkbox"/> Tier 1 Area (Provider's own children) <input type="checkbox"/> Tier 1 Income (All children) <input type="checkbox"/> Tier 1 Child (Tier 2 mixed) |
| | <input type="checkbox"/> Head Start | DOCUMENTATION REQUIRED | <input type="checkbox"/> Homeless/Migrant (Schools only) | |
| Eligibility Determination: | <input type="checkbox"/> Free Meals | <input type="checkbox"/> Reduced Price Meals | <input type="checkbox"/> Free Milk | |
| Application Denied: | <input type="checkbox"/> Incomplete | <input type="checkbox"/> Over income limits | | |

Determining Official Signature _____ Effective Date _____

Confirming Official Signature (Schools only) _____ Date _____
 Follow-Up Official Signature (Schools only) _____ Date _____

hawk-i /Medicaid Information Form: Read this information and sign if you do not want your name released to hawk-i or Medicaid.

If your children do not have health insurance, many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law requires schools to share your free and reduced price meal eligibility information with Medicaid and *hawk-i*, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and *hawk-i* can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

Childcare organizations may share this information at their option.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the *hawk-i* program. It will not affect your children's eligibility for free and 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 at the time you complete this eligibility application. If you want further information, you may call *hawk-i* at 1-800-257-8563.

I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or *hawk-i*. Also, if you are already receiving Medicaid or *hawk-i*, please sign below. This will avoid another contact.

| | |
|---------------------|--------------------------------------------|
| Child's Name: _____ | School/Child Care/Head Start Center: _____ |
| Child's Name: _____ | School/Child Care/Head Start Center: _____ |
| Child's Name: _____ | School/Child Care/Head Start Center: _____ |

Parent/Guardian Name (Printed) _____ Signature _____ Date _____

Self-Employment Income Worksheet: This worksheet will assist you in calculating the amount to report if you engage in farming, are self employed or have income from other sources.

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. **The least self employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 3 of the application.

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.

| | |
|-------------------------------------------------------------------------------------|---------------------|
| Line 12 - Business income or (loss) | \$ _____ |
| Line 13 - Capital gain or (loss) | \$ _____ |
| Line 14 - Other gains or (losses) | \$ _____ |
| Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc. | \$ _____ |
| Line 18 - Farm income or (loss) | \$ _____ |
| Total | \$ _____ |
| The least income possible is zero (a negative number cannot be reported) | Total ÷ 12* = _____ |

*Enter amount in the "All Other Income Last Month" column in Part 3 on the front of the Iowa Eligibility Application.

WAIVER STATEMENT

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is free or reduced book fees and student activity tickets. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of **book fees and student activity tickets**. 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**.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.
 Signature of Parent/guardian _____ Date _____

YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE SCHOOL MEALS.