

VAN BUREN COUNTY COMMUNITY SCHOOL DISTRICT



1313 1st Street, Keosauqua, Iowa 52565
Phone (319) 293-3334 Fax (319) 293-3301

Mr. Jeremy Hissem, Superintendent



Dear Parent or Guardian:

We are pleased to inform you that the **Van Buren County Community School District** will be continuing the Community Eligibility Provision (CEP) for School Year **2025-2026 at the Douds Center and Harmony Center.**

What does this mean for you and your children attending the Douds Center and Harmony Center?

Great news for you and your students! All enrolled students at the Douds Center and Harmony Center are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the **2025-2026** school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit a meal application. There will be a charge if your student takes an extra serving or has an afternoon milk.

Also enclosed with this letter, you will find a household survey for consideration for fee waiver. Please take a moment to complete the household survey. If we can be of any further assistance, please contact us at **(319) 293-3334**.

Sincerely,

Superintendent of Schools

USDA Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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|--|--|
| 1. Mail: | 2. Fax: |
| U.S. Department of Agriculture | (833) 256-1665 or (202) 690-7442; or |
| Office of the Assistant Secretary for Civil Rights | 3. Email: |
| 1400 Independence Avenue, SW | program.intake@usda.gov |
| Washington, DC 20250-9410; or | |

This institution is an equal opportunity provider.

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, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office Building, 400 E 14th St, Des Moines, IA 50319-1004; phone number 515-281-4121 or 800-457-4416; website: <https://icrc.iowa.gov/>.

"Warrior Pride County Wide"

It is the policy of the Van Buren County Community School District not to illegally 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 the district's

Equity Coordinator: 1313 1st Street, Keosauqua, IA 52565 or by phone at (319) 293-3334.

Household Income Data Collection

Van Buren County Community School District

Household Last Name: _____ Phone: _____ E-mail: _____

Part I: Fill in the following information for children living in the household attending K-12 school.

Last Name	Middle Name	First Name	School Attending	Birth Date	Grade Level
1.					
2.					
3.					
4.					
5.					
6.					

Part II: Fill in the following for Household Size and Household Income

Based on your household size, check the appropriate box if your total annual household income is within the range displayed for Category 1 or Category 2. Do not check an income in both categories.

For help in determining your household size and total annual household income, please see instructions on the back of this form.

Household Size	Category 1 – Total Annual Household Income is Within This Range:	Category 2 – Total Annual Household Income is Within This Range:
1	<input type="checkbox"/> \$0 - \$20,345	<input type="checkbox"/> \$20,346 - \$28,953
2	<input type="checkbox"/> \$0 - \$27,495	<input type="checkbox"/> \$27,496 - \$39,128
3	<input type="checkbox"/> \$0 - \$34,645	<input type="checkbox"/> \$34,646 - \$49,303
4	<input type="checkbox"/> \$0 - \$41,795	<input type="checkbox"/> \$41,796 - \$59,478
5	<input type="checkbox"/> \$0 - \$48,945	<input type="checkbox"/> \$48,946 - \$69,653
6	<input type="checkbox"/> \$0 - \$56,095	<input type="checkbox"/> \$56,096 - \$79,828
7	<input type="checkbox"/> \$0 - \$63,245	<input type="checkbox"/> \$63,246 - \$90,003
8	<input type="checkbox"/> \$0 - \$70,395	<input type="checkbox"/> \$70,396 - \$100,178

If household size is greater than 8, list household size and total annual income below:

Household Size: _____ Total Annual Income: \$ _____

If your total annual household income exceeds the ranges above check here: ☐

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children and who pay a pro-rated share of expenses), do not include them.

What is included in "Annual Household Income"? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources.
- **Pensions, Retirement, Social Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

This document does not impact your student's eligibility to receive free meals in schools operating the Community Eligibility Provision (CEP). Information reported will be used to determine eligibility for other state/federal programs for your student and/or district/school.