

**Cedar Valley Catholic Schools
Nutrition Department
3231 West 9th Street
Waterloo, Iowa 50702**

July, 2018

Dear Parent/Guardian,

Enclosed in this packet you will find the following items:

- * 2018-2019 Iowa Application for Free and Reduced Price School meals
- * Frequently asked questions about Free & Reduced meals
- * Instructions for completing the Free & Reduced Application
- * EZSchoolPay.com information
- * Diet Modification form
- * 2018-2019 Meal Prices
- * August Lunch and Breakfast Menu

We encourage you to apply early for Free & Reduced meal benefits to ensure your students meals are covered beginning the first day of school. Remember it may take up to ten days to process your application and benefits cannot be backdated. If you have an approved application on file for 2017-2018, you will continue to receive benefits at the same level for the first thirty days of school and these benefits will expire on October 5, 2017.

The USDA has required all schools that participate in the National School Lunch Program to have a **Meal Charge Policy** in place. It is important to know that all accounts that reach a negative balance of -\$20.00, will not be allowed to take a lunch. Every effort will be made to notify parents regarding low balances. Parents will be notified in several ways, with weekly reminders sent home in student backpacks at our elementary schools as well as emails to parents/guardians and students at middle school and high school level, along with text messages to parents/guardians and when necessary phone calls.

We encourage each family to sign up for EZSchoolPay.com. This site is an online payment site. Most payments are posted to your students meal account within ten minutes. A \$3.00 convenience fee is charged for each transaction. If you have a family account with multiple children only one payment is necessary to any of the children on the account, so only one fee is charged. **Even if you choose not to make payments online, EZSchoolPay.com has resources available to you to ensure your children do not overdraw the account.** Once you start the account you can sign up for email alerts and it even has a mobile app. for your smart phone. You set the balance level that you want to be notified at and they will do the rest. It's easy, quick and most of all secure.

Again this year we will be offering **Pizza Hut** pizza once a month at all five of our schools. This pizza has been formulated to be compliant with all of the USDA guidelines and is an excellent product. We are proud to offer it monthly at your school. Please watch for it on your September 2018 menu.

Columbus and Blessed Maria Assunta Pallotta will again offer a la carte items at lunch time. If your student wants to choose something to enhance their cold lunch or something to add to the hot lunch and have their parents permission, students will be able to purchase items from our a la carte line at lunch daily. Items available will be Smart Snack allowable frozen treats, beverages and healthy snack options. As always, students with a negative balance will be unable to charge a la carte items and must pay cash.

Parents, we love to have you come for lunch anytime, however we ask that you call in your meal reservation by 9:15 a.m. on the day they wish to eat with your student. That way we can make sure enough meals are prepared for the day. Payments for guest meals must be paid for in the school office prior to lunch.

We would like to remind you that fast foods and soda are not allowed for students again this year at all of our schools.

Please feel free to contact me with any questions or concerns any time throughout the school year.

Enjoy the rest of your summer!!

Sincerely,



Mary Jones

Director of Foodservice

Cedar Valley Catholic Schools

3231 West 9th St.

Waterloo, Iowa 50702

319-232-1422

mjones@cvcatholic.org

Cedar Valley Catholic Schools is an equal opportunity provider.

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)

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

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, FIP, or FDIPIR?
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)

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: \$ _____

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	D. Public Assistance/Child Support/Alimony	E. Pensions/Retirement/All Other Income	How often?
	Weekly Bi-Weekly 2x Monthly Annually	Weekly Bi-Weekly 2x Monthly Annually	Weekly Bi-Weekly 2x Monthly Annually	Weekly Bi-Weekly 2x Monthly Annually

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."

* Street Address (if available) Apt. # _____ City _____ State _____ Zip _____ Daytime Phone (optional) _____ Email (optional) _____

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.

Annual income conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12
Household Income: \$ _____
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, audiotape, 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, 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.

*only use this address if you are filing a complaint of discrimination

This institution is an equal opportunity provider.

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

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

Optional Waiver Information

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. If you sign this waiver, your child(ren) will be considered for a full or partial waiver of school fees (DRIVERS EDUCATION). 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. YOU DO NOT HAVE TO COMPLETE THIS WAIVER TO GET FREE OR REDUCED PRICE MEALS.

DATE _____

Signature of Parent/guardian _____

2018-2019 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? Yes No	Child's School	Grade	Foster Child	Homeless, Migrant, Runaway

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		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly	
	\$															
	\$															
	\$															

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. Add together the amounts reported on the following lines:

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 \$ Gross Annual Income Before Any Deductions.
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.

INFORMATION LETTER

Frequently Asked Questions About Free And Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **Cedar Valley Catholic Schools** offers healthy meals every school day. Breakfast cost **\$2.05** **grades pre-k -5 & \$2.40 grades 6 -12**; lunch costs \$2.75 grades pre-k - 5 & \$3.00 grades 6 -12. Your children may qualify for free meals/milk or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch. Return or mail the completed application to: **Cedar Valley Catholic Schools, 3231 West 9th St., Waterloo, Iowa 50702 ATTN: Mary Jones, Director of Foodservice**

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 2018-2019

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each additional person:	7,992	666	333	308	154

- 2. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS?** No, but **please read the letter carefully and follow the instructions.** If any children in your household were missing from your notification, contact: **Mary Jones, 3231 West 9th St., Waterloo, Iowa 50702, 319-232-1422 or mjones@cvcatholic.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: **Tanya Cutsforth, 3231 West 9th St., Waterloo, Iowa 50702, 319-232-1422 or tcutsforth@cvcatholic.org**
- 5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals Application 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, 2018**. You must send in 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 send in an application.
8. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report. You are not required to provide proof with your application.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit, if your household size goes up, or if you start getting 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: **Deb Thurman, 3231 West 9th St., Waterloo, Iowa 50702 – 319-232-1422 or dthurman@cvcatholic.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 write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. 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. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a Supplemental Worksheet, and attach it to your application. Contact **Mary Jones, 3231 West 9th St., Waterloo, Iowa 50702, 319-232-1422 or mjones@cvcatholic.org** to receive a Supplemental Worksheet. A supplemental worksheet
17. WHO CAN GET FREE MILK? If your school participates in the Special Milk Program for half day kindergarteners, your kindergarten child may be eligible for free milk. Children who buy extra milk with a meal or if they eat breakfast or lunch and have an afternoon milk break, they are not eligible to receive free milk.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for 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 on the back of the Application for **hawk-i** information. A school waiver form is available from your school.
19. CAN CHILDREN WITH DISABILITIES GET FOOD SUBSTITUTIONS? If a child has a disability, as determined by a licensed medical professional, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the licensed medical professional. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.

If you have other questions or need help, call **Mary Jones at 319-232-1422**.

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

Sincerely,

Mary Jones, Director of Foodservice, Cedar Valley Catholic Schools

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, audiotape, 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, 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.
- This institution is an equal opportunity provider.

Cedar Valley Catholic Schools is an Equal Opportunity Provider

Iowa Non-Discrimination Statement:

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

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

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 program rules.

You can also apply for free & reduced price meals online at EZMealApp.com. Contact Mary Jones at 319-232-1422 or by email at mjones@cvcatholic.org with questions.

Table 1. Sources of Income for Children

What is Child Income?	
Child income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)
<ul style="list-style-type: none"> Social Security <ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none"> Income from person <i>outside</i> the household 	<ul style="list-style-type: none"> A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust.

Table 2. Sources of Income for Adults

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

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 **Cedar Valley Catholic Schools 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 Cedar Valley Catholic Schools, 3231 West 9th St., Waterloo, Iowa 50702, ATTN: Mary Jones.** If at any time you are not sure what to do next, please contact **Mary Jones, Director of Foodservice, Cedar Valley Catholic Schools at 319-232-1422 or mjones@cvcatholic.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 **Cedar Valley Catholic Schools, 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 Cedar Valley Catholic Schools. 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.

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.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- 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**What is Child Income?**

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> • Earnings from work 	<ul style="list-style-type: none"> • A child has a regular full or part-time job where they earn a salary or wages. (Infrequent earnings, such as income from occasional babysitting or lawn mowing, are not counted as income.)
<ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor's Benefits 	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none"> • Income from person <i>outside</i> the household 	<ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> • Income from any other source 	<ul style="list-style-type: none"> • A child receives regular income from a private pension fund, annuity, or trust.

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

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

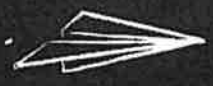
		outside household
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- F) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 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."

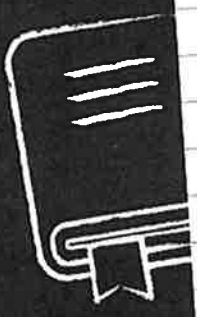
STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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: Cedar Valley Catholic Schools, ATTN: Mary Jones, 3231 West 9th St., Waterloo, Iowa 50702.**
- 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>.



Forgot Your Lunch Money?



Make payments to your student's meal account online!



Sign-up is easy and free!



Available for iPhone, iPad, iPod and Android devices

 **EZ SchoolPay**
.com

Available on the
 **App Store**

ANDROID APP ON
 **Google play**

Frequently Asked Questions

Q: How does EZSchoolPay work?

A: EZSchoolPay allows you to review transaction history, check balances, and receive low balance alerts from anywhere in the world at no cost 24x7x365. Depending on your child's school participation, you may make payments on your child's meal account, pay school fees and fines, and purchase items from the school store for a small convenience fee.

Q: How do I sign-up?

A: To create an account, go to www.ezschoollpay.com and click "Register". After answering a few questions, you will receive a confirmation e-mail. Click the link in the email and your registration is complete. Once logged in, you can associate your children using their school district name and child ID number.

Q: I forgot my password. How do I get a new one?

A: Click the Forgot Password link above the Password Box. Fill in your e-mail address and click "Submit". An e-mail will be sent to you with your new password. Click the link in the email and change your password to something more familiar to you.

Q: How will I benefit from EZSchoolPay?

A: You will not be left to wonder if the check or cash you sent to school actually made it to school (or perhaps was left in a book bag for two weeks!). Online payments may be done anytime, from any internet computer. Payments are typically available for use within ten minutes giving you peace of mind knowing that your child will get the school meals he/she needs.

Q: Can I also use EZSchoolPay to check my child's meal account balance?

A: Yes, balances are updated typically within ten minutes. There is no fee to simply check your child's meal balance.

Q: What forms of payment are accepted?

A: The payment types are determined by your school or school district; however typically Visa, MasterCard, and Discover Card are accepted.

Q: How do I know the EZSchoolPay site is secure?

A: EZSchoolPay has security measures in place to protect the loss, misuse, and alteration of the information under our control. The system is fully compliant with all security regulations and Payment Card Industry (PCI) requirements. All transactions use 256-bit encryption and your credit card information is protected by the most sophisticated internet security available.

Q: What do you do with my personal information?

A: We never sell or publish your personal information. The information provided is only used to receive credit card payments for your child's meal account and/or other school-related fees. Our complete Privacy Policy is available on www.ezschoollpay.com

Q: What is the Convenience Fee?

A: The convenience fee is charged by your school or school district. The amount is a flat dollar amount (not a percentage), regardless of the size of your payment, and is determined by your school or district. The fee is designed to cover or offset the normal costs of processing credit card transactions and other costs associated with maintaining a credit card merchant account. Because it is a flat dollar amount you can be sure you will get the most payment amount for the least fee.

The fee is included in your total transaction (the amount that will show on your statement). It is not deducted from the amount of your payment—you can be sure that your entire credit amount will be added to your child's meal account or other program.

Q: How do I request a refund or transfer money between my children?

A: All refunds and transferring of money must be done through your child's school. You can find the school contact using the school search on the left.



Sign up today by visiting



.com

Diet Modification Request Form

Modifications are required by The United States Department of Agriculture (USDA) to accommodate a disability. Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. **"Major life activities" are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.**

This form must be completed by a "medical authority" that is authorized by state law to write medical prescriptions: In Iowa this includes only Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Physician's Assistants (PA), or Advanced Registered Nurse Practitioners (ARNP).

Cedar Valley Catholic Schools

Return the completed form to your organization or provider:

(Head Start, Summer Meal Provider, Day Care, Home Provider, or School)

Participant's Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian: _____

(Name)

(Phone or email)

1) Describe the medical need related to the diet order and "major life activity" (see above) affected.

Example: Allergy to peanuts affects ability to breathe.

2) Explain what must be done to accommodate the medical need:

Food(s) or Formula to Omit:

Food(s) or Formula to Substitute:

Complete the back to provide additional details

Modified Texture: ☐ Not Applicable ☐ Chopped ☐ Ground ☐ Pureed

Modified Thickness of Liquids: ☐ Not Applicable ☐ Nectar ☐ Honey ☐ Spoon or Pudding Thick

Special Feeding Equipment: ☐ Not Applicable ☐ Equipment Needed: _____

(Example: large handled spoon, sippy cup, etc.)

Infants under one year of age must receive iron-fortified infant formula or breast milk unless a Diet Modification Request Form is on file.

Licensed prescribing medical professional: _____

(Name, print or type)

(Title)

(Signature of medical professional)

(Date)

The program must make accommodations for disabilities. Accommodation is encouraged for other medical conditions.

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without direction from a medical professional. This site chooses to offer this nutritionally equivalent product: _____. Check here if you would like to request the milk substitute listed in place of fluid milk and list the reason for the request. ☐ _____

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods: ☐ _____

Parent/Guardian signature: _____ Date: _____

(To document choices and permission to share with appropriate staff as needed to make accommodations.)

USDA is an equal opportunity employer and provider.

Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p>Lactose/milk – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes __no</p> <p><input type="checkbox"/> Yogurt</p> <p><input type="checkbox"/> Milk based desserts such as ice cream and pudding</p> <p><input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese</p> <p><input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza</p> <p><input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich</p> <p><input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers</p>	<p>Serve these items instead:</p>
<p>Soy - Do not serve the items checked below:</p> <p><input type="checkbox"/> Protein products extended with soy</p> <p><input type="checkbox"/> Processed items cooked in soy oil</p> <p><input type="checkbox"/> Food products with soy as one of the first three ingredients</p> <p><input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list</p>	<p>Serve these items instead:</p>
<p>Egg - Do not serve the items checked below:</p> <p><input type="checkbox"/> Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold</p> <p><input type="checkbox"/> Eggs used in breading or coating of products</p> <p><input type="checkbox"/> Baked products with eggs such as breads or desserts</p>	<p>Serve these items instead:</p>
<p>Seafood – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fish (Cod, tuna, tilapia, haddock, salmon, etc.)</p> <p><input type="checkbox"/> Shrimp</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>
<p>Peanuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> Peanuts, individually or as an ingredient</p> <p><input type="checkbox"/> Foods containing peanut oil</p> <p><input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts</p>	<p>Serve these items instead:</p>
<p>Tree nuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> All nuts</p> <p><input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>
<p>Grains – Do not serve the items checked below:</p> <p><input type="checkbox"/> Foods containing wheat</p> <p><input type="checkbox"/> Foods containing gluten</p> <p><input type="checkbox"/> Oats</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>

Meal Prices 2018-2019

<u>BREAKFAST</u>	<u>1 day</u>	<u>5 days</u>	<u>20 days</u>
Grades Pre-k - 5	\$2.05*	\$10.25*	\$41.00*
Grades 6-12	\$2.40*	\$12.00*	\$48.00*
Reduced Price**	\$.30*	\$ 1.50*	\$6.00*

**(with approved application on file)

LUNCH

Grades Pre-k - 5	\$2.75*	\$13.75*	\$55.00*
Grades 6 -12	\$3.00*	\$15.00*	\$60.00*
Reduced Price	\$.40*	\$ 2.00*	\$ 8.00*

(Approved application on file)

Adult/visitor lunches	\$3.75*	\$18.75*	\$75.00*
Adult/visitor breakfasts	\$3.00*	\$15.00*	\$60.00

***prices listed are for one student**

Extra milk	\$.50	\$2.50	\$10.00
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Grades 6 -12 are allowed seconds only if students have money available in their account. Maximum charge limit is -\$20.00 per family.

Use EZMealApp.com to track account balances and make payments to your students meal account.

Apply for Free & Reduced price meals at: EZMealApp.com

Cedar Valley Catholic Schools Is an Equal Opportunity Provider

Cedar Valley Catholic Schools Lunch menu for August 2018

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31
French Toast Sticks & syrup Sausages Strawberries & banana cup Carrot Sticks Orange Juice	Popcorn Chicken Seasoned rice Green Beans Dinner Roll & cinnamon butter Fresh Fruit	Hamburger on a bun French Fries Baked Beans Sidekicks Frozen Treat	Walking Tacos Steamed Broccoli Mandarin Oranges Graham Snacks	Pizza Crunchers Tossed Salad Fresh Watermelon Cookie
			Corn Dog (6-12) Mini Corn dogs (pk - 5) Sun chips Baby Carrots Diced Peach cup	School Pizza Tossed Salad w/cucumbers & Tomatoes Grapes Cookie

Make Payments to your child's meal account and track balances at EZSchoolPay.com. Call Mary Jones at 319-232-1422 with questions

Apply for Free & Reduced price meals at: EZMealApp.com **** Salad Bar available daily for grades 6 - 12 **** Menus are subject to change based on availability of product.

All reimbursable meals include 1/2 pint of milk in your choice of: Skim - chocolate, white or strawberry & 1% - white

Lunch Prices: Grades pk-5 - \$2.75, grades 6-12 - \$3.00, adult/guest - \$3.75, extra milk - \$.50

Cedar Valley Catholic Schools is an Equal Opportunity Provider

Cedar Valley Catholic Schools breakfast menu for August 2018

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31
Hash Browns & Sausage	Biscuits & Gravy	Cereal & Yogurt with your choice of a Pop Tart or Toast	Cheese Omelet with Ham dices	Mini Cinnamon Donuts
			Breakfast Pizza	Frosted Long John

*******Make Payments to your child's meal account and track balances at EZSchoolPay.com. Call Mary Jones at 319-232-1422 with questions.****

Apply for Free & Reduced price meals at: EZMealApp.com

Menus are subject to change based on availability of product.

Cedar Valley Catholic Schools is an Equal Opportunity Provider

Breakfast prices: grades **pk-5** = \$2.05, grades **6-12** = \$2.40, **Adults/guests** = \$3.00, extra milk = \$.50

All breakfasts include fresh fruit or orange juice and 1/2 pint of milk in a variety of flavors In addition to the menu items shown. Milk choices are: Skim - White, Chocolate & Strawberry and 1% - white milk only

Please contact Mary Jones at 319-232-1422 or mjones@cvcatholic.org with questions or concerns.