

Iowa Civil Rights Training



Bureau of Nutrition and Health Services
Iowa Department of Education



Civil Rights Compliance and Enforcement

USDA 7 CFR Parts 210, 215, 220, 225 and 226.

FNS 113-1

Iowa Code sections 216.7 and 216.9.



What are Civil Rights



The non political rights of a citizen. The rights of personal liberty are guaranteed to United State citizens by the 13th and 14th Amendments to the United States Constitution and the acts of congress.

What is Discrimination



Discrimination is defined as the act of distinguishing one person or group of persons from others, either intentionally, by neglect, or by the effect of actions, or lack of actions based on their protected classes.

Requirements



**PROVIDE
PUBLIC
NOTIFICATION**

**COLLECT AND
REPORT RACIAL
AND ETHNIC**

**PROVIDE
REASONABLE
ACCOMMODATIONS**

*** LEP
*DISABILITY**

**HANDLE CIVIL
RIGHTS
COMPLAINTS
APPROPRIATELY**

**CONDUCT
ANNUAL CIVIL
RIGHTS
TRAINING**

**CONDUCT
COMPLIANCE
REVIEWS**

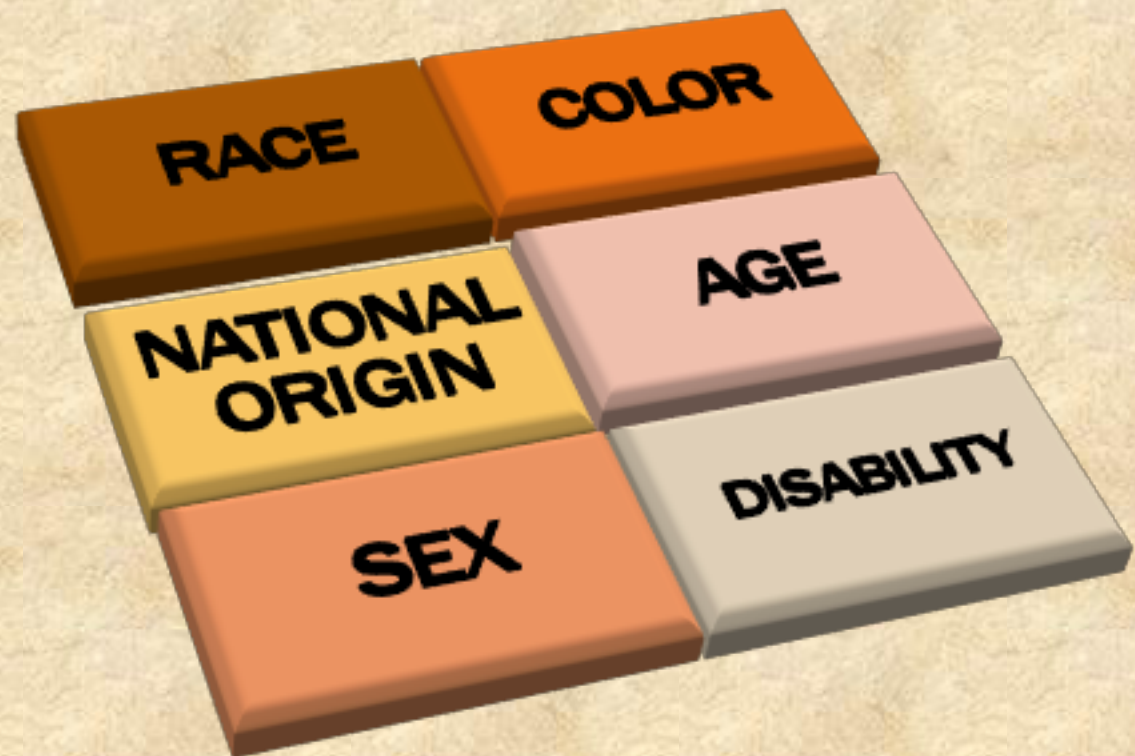


Purpose and Authority

Ensures understanding, compliance, and enforcement to prohibit discrimination in all nutrition programs.

Federal Protected Classes

USDA (Federal) Protected Classes for Child Nutrition Programs



Iowa Protected Classes



Adds protections for persons with regard to issues related to sexual orientation, gender identity, religion or creed.

All Federal Child Nutrition Programs operating in the state of Iowa must adopt both Federal and State protected classes.

Public Notification

**Inform applicants, participants,
and potentially eligible persons of:**

**PROGRAM
AVAILABILITY**

**PROGRAM
RIGHTS AND
RESPONSIBILITIES**

**POLICY OF
NONDISCRIMINATION**

**PROCEDURE FOR
FILING A
COMPLAINT**

Public Notification- Program Information

Inform applicants, potentially eligible persons, participants and grassroots institutions of program or changes in the program. Includes information pertaining to:

BENEFITS

ELIGIBILITY

SERVICES

**LOCATION
OF LOCAL
FACILITIES
OR
SERVICE
DELIVERY
POINTS**

**HOURS OF
SERVICE**



Public Notification- Media Release

Public Release

4/14

The Iowa Department of Education, Bureau of Nutrition and Health Services, today announced its policy for free and reduced price meals for children unable to pay the full price of meals served under the National School Lunch Program, School Breakfast Program and the After-school Care Snack Program.

State and local school officials have adopted the following family size and income criteria for determining eligibility:

INCOME ELIGIBILITY GUIDELINES

Household Size	Free Meals					Reduced Price Meals				
	Yearly	Monthly	Twice a Month	Every Two Weeks	Weekly	Yearly	Monthly	Twice a Month	Every Two Weeks	Weekly
1	15,444	1,287	644	594	297	21,978	1,832	916	846	423
2	20,826	1,736	868	801	401	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	37,296	3,108	1,554	1,405	718
4	31,590	2,633	1,317	1,215	608	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
For each additional family member add:	5,408	451	226	208	104	7,696	642	321	296	148

Households may be eligible for free or reduced price meal benefits one of four ways listed below.

- Households whose income is at or below the levels shown are eligible for reduced price meals or free meals, if they complete an Application for Free and Reduced Price School Meals/MLK. Households may complete one application listing all children and return it to your child's school. When completing an application, only the last four digits of the social security number of the household's primary wage earner or another adult household member is needed.
- Food Assistance households and children receiving benefits under the Family Investment Program (FIP) are eligible for free meals. Most children from Food Assistance and FIP households will be qualified for free meals automatically. These households will receive a letter from their children's schools notifying them of their benefits. Households that receive a letter from the school need to do nothing more for their children to receive free meals. No further application is necessary. If any children were not listed on the notice of eligibility, the household should contact the school to have free meal benefits extended to them.
- Some Food Assistance and FIP households will receive a letter from the Department of Human Services (DHS) which will qualify the children listed on the letter for free meals. Parents must take this letter to the child's school to receive free meals.
- Food Assistance or FIP households receiving benefits that do not receive a letter from DHS must complete an application with the abbreviated information as indicated on the application and instructions, for their children to receive free meals. When the application lists an Assistance Program's case number for any household member, eligibility for free benefits is extended to all children in a household.

4/14

Eligibility from the previous year will continue within the same school for up to 30 operating days into the new school year. When the carry-over period ends, unless the household is notified that their children are directly certified or the household submits an application that is approved, the children must pay full price for school meals and the school will not send a reminder or a notice of expired eligibility. An application cannot be approved unless complete eligibility information is submitted. Applications may be submitted at any time during the year. If a family member becomes unemployed the family should contact the school to complete an application. Households notified of their children's eligibility must contact the school if the household chooses to decline the free meal benefits.

Foster children are eligible for free meal benefits. Some foster children will be qualified for free meals automatically through the State Direct Certification process. Their host family will receive notification of these benefits. Families that receive this notification from the school need to do nothing more for their foster children to receive free meals. If a family has foster children living with them and does not receive notification and wishes to apply for such meals, instructions for making application for such children are contained on the application form. A foster child may be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If the foster family is not eligible for free or reduced price meal benefits, it does not prevent a foster child from receiving benefits. Special Supplement Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced price meals based on a completed application.

When known by the school, households will be notified of any child eligible for free meals if the children are enrolled in the Head Start/Even Start Program or are considered homeless, migrant or runaway. If any children are not listed on the notice of eligibility, contact the school for assistance in receiving benefits. If households are dissatisfied with the application approval done by the officials, they may make a formal appeal either orally or in writing to the school's designated hearing official. The Policy Statement on file at the school contains an outline of the hearing procedure. School officials may verify the information in the application, and that deliberate misrepresentation of information may subject the applicant to prosecution under applicable State and Federal criminal statutes. Households should contact their local school for additional information.

There will be no discrimination against individuals with Limited English Proficiency (LEP) in the school meal programs.

Nondiscrimination 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, 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-1027) 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) 632-6992. 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) 696-7418; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Iowa Nondiscrimination 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 sections 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. 16th St. Des Moines, IA 50319-0034; phone number 515-281-6121, 800-457-6410; website: <https://icrc.iowa.gov/>."

Federal Non-Discrimination Statement

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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 .

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Non-Discrimination Statement

If the material is too small to permit the full statement to be included, one page or smaller, the material will at a minimum include:

“This institution is an equal opportunity provider”.

Also allowed for Internet, radio and TV public service announcements.

Print size for either statement shall be no smaller than font size 9.



Public Notification

Convey Equal Opportunity



POSTINGS



<http://www.fns.usda.gov/cr/and-justice-all-posters>

<http://www.fns.usda.gov/sites/default/files//Build4Future.pdf>

Sections Added to Civil Rights (November 2005)

Limited English Proficiency (LEP)

- **DEFINITION:** Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.
- **Reasonable steps** must be taken to ensure meaningful access to the information and services provided for persons with limited English proficiency.



Sections Added to Civil Rights (November 2005)

Reasonable Steps are contingent on:

- Number or proportion of LEP persons served or encountered in the eligible population
- Frequency with which LEP individuals come in contact with the program
- Nature and importance of the program, activity, or service provided by the program
- Resources available to the recipient and costs



I SPEAK Survey

<http://www.fns.usda.gov/sites/default/files/cnd/Ispeak.pdf>



I Speak Statements

- ☐ Unë flas **shqip**. (Albanian)
- ☐ አገርኛ እናገራለሁ። (Amharic)
- ☐ ကျွန်ုပ်တို့သည် မြန်မာစကားပြောသူများ ဖြစ်ပါသည်။ (Burmese)
- ☐ 我说中文。 (Chinese)
- ☐ Ja govorim **hrvatski**. (Croatian)
- ☐ Je parle **français**. (French)
- ☐ Ich spreche **Deutsch**. (German)
- ☐ Μιλώ **ελληνικά**. (Greek)
- ☐ Mwen pale **Kreyòl**. (Haitian Creole)
- ☐ मैं हिन्दी बोलता हूँ। (Hindi)
- ☐ Kuv hais **lus hmoob**. (Hmong)
- ☐ A mma agụ **Igbo**. (Igbo)
- ☐ Parlo **italiano**. (Italian)
- ☐ 私は日本語を話します。 (Japanese)
- ☐ ខ្ញុំនិយាយអង់គ្លេស (Khmer)
- ☐ 본인의 모국어는 **한국어**입니다. (Korean)
- ☐ ຂ້ອຍເວົ້າ **ລາວ**. (Lao)
- ☐ Aš kalbu **lietuviškai**. (Lithuanian)
- ☐ Зборувам **македонски**. (Macedonian)

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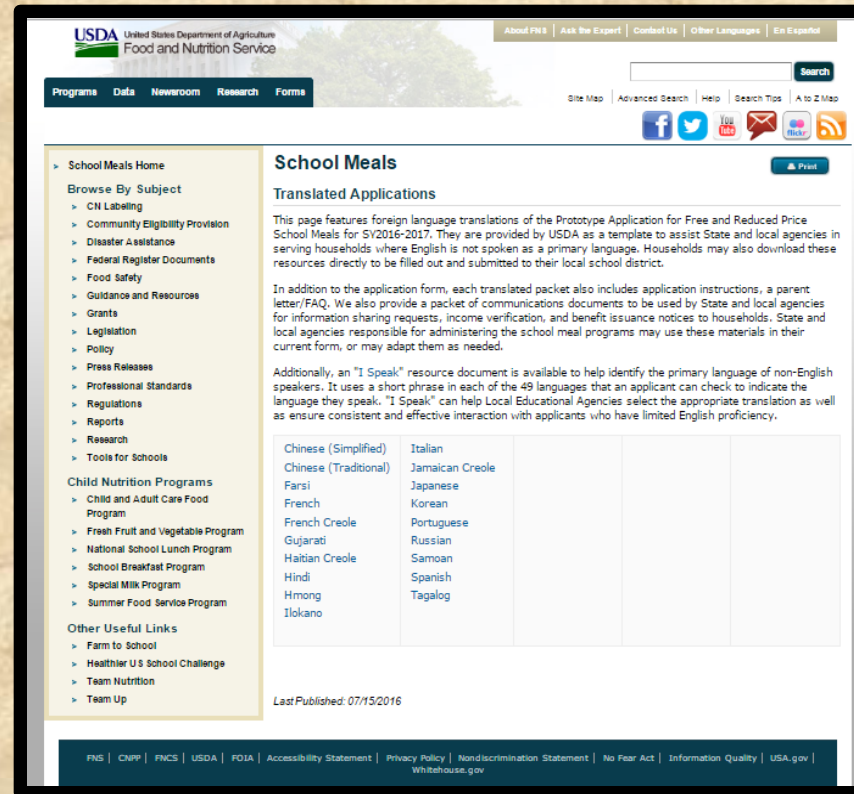
I Speak Statements

- ☐ Mówię **po polsku**. (Polish)
- ☐ Eu falo **Português**. (Portuguese)
- ☐ Я говорю **по-русски**. (Russian)
- ☐ Ja govorim **srpsko - hrvatski**. (Serbo-Croatian)
- ☐ Waxaan ku hadlaa **Somali**. (Somali)
- ☐ Yo hablo **español**. (Spanish)
- ☐ Manunong po akong magsalita ng **Tagalog**. (Tagalog)
- ☐ ฉันพูดภาษา **ไทย** (Thai)
- ☐ Konuştuğum dil **Türkçedir**. (Turkish)
- ☐ Tôi nói tiếng **Việt**. (Vietnamese)
- ☐ Mo á sọ **àdà Yorùbá**. (Yoruba)

- ☐ أنا أتكلّم اللغة العربية. (Arabic)
- ☐ اینجانب به زبان فارسی صحبت می کنم - (Farsi)
- ☐ אני דוברת/דובר **עברית**. (Hebrew)
- ☐ ئە ز زمانێ **کوردی** ده ئاخێم. (Kurdish)
- ☐ میں اردو بولتا/بولتی ہوں۔ (Urdu)

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Website for Translated Applications



The screenshot shows the USDA Food and Nutrition Service website. The main navigation bar includes links for 'Programs', 'Data', 'Newsroom', 'Research', and 'Forms'. A search bar is located in the top right corner. The 'School Meals' section is highlighted, and the 'Translated Applications' subsection is active. The page features a list of 49 languages for which translated applications are available, organized in a grid. The footer contains various links including 'FNS', 'CNPP', 'FNSC', 'USDA', 'FOIA', 'Accessibility Statement', 'Privacy Policy', 'Nondiscrimination Statement', 'No Fear Act', 'Information Quality', 'USA.gov', and 'Whitehouse.gov'.

USDA United States Department of Agriculture
Food and Nutrition Service

About FNS | Ask the Expert | Contact Us | Other Languages | En Español

Programs | Data | Newsroom | Research | Forms

Site Map | Advanced Search | Help | Search Tips | A to Z Map

Facebook | Twitter | YouTube | RSS | Flickr | SoundCloud

School Meals

Translated Applications

This page features foreign language translations of the Prototype Application for Free and Reduced Price School Meals for SY2016-2017. They are provided by USDA as a template to assist State and local agencies in serving households where English is not spoken as a primary language. Households may also download these resources directly to be filled out and submitted to their local school district.

In addition to the application form, each translated packet also includes application instructions, a parent letter/FAQ. We also provide a packet of communications documents to be used by State and local agencies for information sharing requests, income verification, and benefit issuance notices to households. State and local agencies responsible for administering the school meal programs may use these materials in their current form, or may adapt them as needed.

Additionally, an "I Speak" resource document is available to help identify the primary language of non-English speakers. It uses a short phrase in each of the 49 languages that an applicant can check to indicate the language they speak. "I Speak" can help Local Educational Agencies select the appropriate translation as well as ensure consistent and effective interaction with applicants who have limited English proficiency.

Chinese (Simplified)	Italian			
Chinese (Traditional)	Jamaican Creole			
Farsi	Japanese			
French	Korean			
French Creole	Portuguese			
Gujarati	Russian			
Haitian Creole	Samoan			
Hindi	Spanish			
Hmong	Tagalog			
Ilokano				

Last Published: 07/15/2016

FNS | CNPP | FNSC | USDA | FOIA | Accessibility Statement | Privacy Policy | Nondiscrimination Statement | No Fear Act | Information Quality | USA.gov | Whitehouse.gov

<http://www.fns.usda.gov/school-meals/translated-applications>

Sections Added to Civil Rights



Resource factors to consider in serving LEP:

- **Accessibility of a translator**
- **Availability of materials in various languages**
- **Language line phone service may be available for a subscription fee through your local telephone service provider**
- **Translated applications on USDA web site**

Assistance for Hearing Impaired



- **Hearing impaired individuals can find available assistance by going to:**
 - www.relayiowa.com/
for relay services
 - www.iowastaterid.org/
for sign language interpretation

Sections Added to Civil Rights

Equal Opportunity for Religious institutions

- **CNPs encourage the participation of religious institutions on an equal footing with other kinds of local institutions and avoids barriers that would make their participation difficult.**



SECTIONS ADDED TO CIVIL RIGHTS

Take Action for Religious Freedom

Equal Opportunity for Religious institutions by:

Prohibiting discrimination on the basis of religion, religious belief, or religious character in the administration of Federal funds.

Allowing a religious institution that participates in USDA programs to retain its independence and continue to carry out its mission.

Sections Added to Civil Rights



USDA funds cannot support any inherently religious activities such as worship, religious instruction, or proselytization.

Faith-based institutions can use space in their facilities to provide USDA-funded service without removing religious art, icons, scriptures, or other religious symbols.

No institution that receives direct financial assistance from the USDA can discriminate against a program beneficiary, on the basis of religion or religious belief.

Equal Access



- **All participants must have equal access**
- **To withhold the program from any eligible age group is considered age discrimination**
 - **Infants must be offered infant food and formula at the child care facility or school.**
 - **Parents can not be asked or required to supply these items.**

Equal Access- Diet Modification



- All sponsors participating in Child Nutrition Programs are required to provide food substitutions or modifications if:
 - A physicians statement is on file that describes the participant's disability (a disability as defined in Federal regulations) that prevents the participant from eating the regularly offered foods
 - The physician has indicated the substitutions or modifications that the participant needs
- The Diet Modification form from the physician must be kept on file at the facility/school/kitchen

The USDA Special Diet Guidance can be found at

http://www.fns.usda.gov/sites/default/files/special_dietary_needs.pdf

The Center for Disease Control has developed this resource:

http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf

DIET MODIFICATION FORM

Available in IowaCNP

Diet Modification Request Form					
<p>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 one-self, 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.</p> <p>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).</p> <p>Return the completed form to your organization or provider: _____ (Head Start, Summer/After School Provider, Day Care, Home Provider, or School)</p> <p>Participant's Name: _____ Birth Date: _____ Grade: _____</p> <p>Parent/Guardian: _____ (Name) (Phone or email)</p> <p>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.</p> <p>2) Explain what must be done to accommodate the medical need.</p> <table border="1"><thead><tr><th>Food(s) or Formula to Omit:</th><th>Food(s) or Formula to Substitute:</th></tr></thead><tbody><tr><td> </td><td> </td></tr></tbody></table> <p>Complete the back to provide additional details</p> <p>Modified Texture: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed Modified Thickness of Liquids: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Spoon or Pudding Thick Special Feeding Equipment: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Equipment Needed: _____ (Example: large handled spoon, spiky cup, etc.)</p> <p>Infants under one year of age must receive Iron-fortified infant formula or breast milk unless a Diet Modification Request Form is on file.</p> <p>Licensed prescribing medical professional: _____ (Name, print or type) (Title)</p> <p>_____ (Signature of medical professional) (Date)</p> <p>The program must make accommodations for disabilities. Accommodation is encouraged for other medical conditions.</p> <p>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: <input type="checkbox"/> USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods: <input type="checkbox"/></p> <p>Parent/Guardian signature: _____ Date: _____ (To document choices and permission to share with appropriate staff as needed to make accommodations.)</p> <p>USDA is an equal opportunity provider.</p> <p>Developed by the Iowa Department of Education, Bureau of Nutrition and Health Services 11/2017</p>		Food(s) or Formula to Omit:	Food(s) or Formula to Substitute:		
Food(s) or Formula to Omit:	Food(s) or Formula to Substitute:				

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"/> Cals</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>

Developed by the Iowa Department of Education, Bureau of Nutrition and Health Services 11/2017

COLLECTING AND REPORTING PARTICIPANT DATA

Income Eligibility Application

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.

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

Iowa Income Eligibility Application Racial Ethnic Identities Section

OPTIONAL Children's Racial and Ethnic Identities

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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 1-800-257-5563. 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 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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:

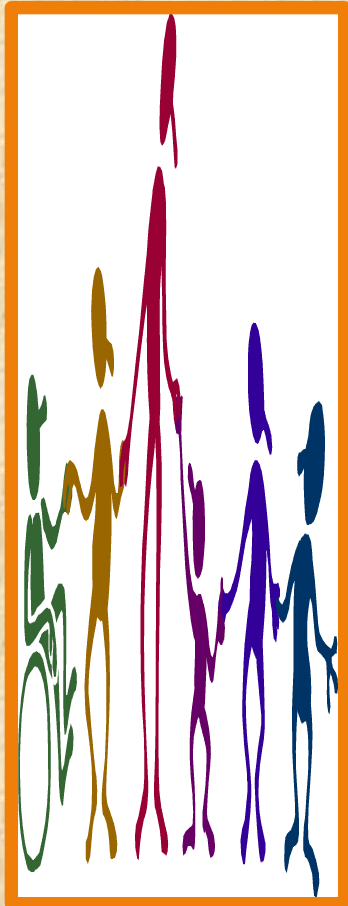
- (1) **mail:** U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) **fax:** (202) 690-7442; or
- (3) **email:** program.intake@usda.gov.

This institution is an equal opportunity provider.

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 in 34 languages at:
<http://www.fns.usda.gov/school-meals/family-friendly-application-translations>

ETHNIC/RACIAL DISTRIBUTION REPORTING FORM



04/16

Ethnic/Racial Distribution
From the Iowa Eligibility Applications

20____ - 20____ School Year

(Name of Local Education Agency)

(Agreement Number)

	Total Applicants	Awarded Free Meal Status	Awarded Reduced Price Meal Status	Did Not Qualify
<u>Ethnic Identities</u>				
Hispanic or Latino	_____	_____	_____	_____
Not Hispanic or Latino	_____	_____	_____	_____
Totals	_____	_____	_____	_____
<u>Racial Identities</u>				
White	_____	_____	_____	_____
Black or African American	_____	_____	_____	_____
American Indian or Alaskan Native	_____	_____	_____	_____
Asian	_____	_____	_____	_____
Native Hawaiian or Other Pacific Islander	_____	_____	_____	_____
Totals	_____	_____	_____	_____

Instructions for completion: 1. This information is based on STUDENTS, not APPLICATIONS. Include only those students who applied for meal benefits. 2. Each student will have an ethnic and a racial identity. Use self-identification if possible; if the parent/guardian does not identify ethnic and/or racial status on the Iowa Eligibility Application, the LEA must identify based on best-available information. 3. The totals in each column for Ethnic Identities should equal the totals for Racial Identities. "Total applicants" for both ethnic and racial identities should be the sum of "awarded free meal status," "awarded reduced price meal status," and "did not qualify." 4. File with processed applications and update throughout the year.

<https://www.educateiowa.gov/documents/iowa-income-eligibility/2016/05/ethnic-racial-form>

DEFINITION OF ***“NONCOMPLIANCE”***



A factual finding that any civil rights requirement, as provided by Federal and State law, regulation, policy, instruction, or guidelines, is not being adhered to.

EXAMPLES OF NONCOMPLIANCE



- **Denying an individual or household the opportunity to apply for FNS program benefits or services on the basis of a protected class.**
- **Providing FNS program services or benefits in a dissimilar manner on the basis of a protected class (except as a disability accommodation).**
- **Selecting FNS program sites or facilities in a manner that denies an individual access to FNS program benefits, assistance, or services on the basis of a protected class.**

COMPLAINTS INFORMATION

2 Procedures for Complaints

1. **Complaint filed directly with USDA.**(The institution or complainant bypasses the State Agency).
2. **Complaint filed with Institution or State Agency**
 - Complete the USDA complaint form.
 - Forward completed form to the address or link on the non-discrimination statement.
 - The institution shall work with the complainant to try to resolve the issue at the local level as quickly as possible.
 - If the complaint is resolved the institution will forward the resolution information to the address or link on the non-discrimination statement.

Note: Complaints are no longer forwarded to the State Agency



COMPLAINTS PROCEDURE TEMPLATE



USDA Child Nutrition Programs in Iowa

Procedures for Handling a Civil Rights Complaint

Civil rights complaints related to the National School Lunch Program, School Breakfast Program, Afterschool Care Snack Program, or Child and Adult Care Food Program are written or verbal allegations of discrimination based on USDA protected classes of race, color, national origin, sex, age, and disability.

Any person claiming discrimination has a right to file a complaint within 180 days of the alleged discrimination. See below for additional Iowa Civil Rights information. A civil rights complaint based on the protected classes above must be forwarded to the address on the nondiscrimination statement.

All complaints, whether written or verbal, must be accepted by the School Food Authority (SFA) and forwarded to USDA at the address or link on the nondiscrimination statement. An anonymous complaint should be handled the same way as any other. Complaint forms may be developed, but their use cannot be required. If the complainant makes the allegations verbally or in a telephone conversation and is reluctant or refuses to put them in writing, the person who handles the complaint must document the description of the complaint.

There must be enough information to identify the agency or individual toward which the complaint is directed and indicate the possibility of a violation. Every effort should be made to obtain at least the following information:

Name, address and telephone number or other means of contacting the complainant;

The specific location and name of the organization delivering the program service or benefit;

The nature of the incident(s) or action(s) that led the complainant to feel there was discrimination;

The basis on which the complainant feels discrimination occurred (race, color, national origin, sex, age, or disability);

The names, titles, and addresses of people who may have knowledge of the discriminatory action(s); and

The date(s) when the alleged discriminatory action(s) occurred or, if continuing, the duration of such action(s).

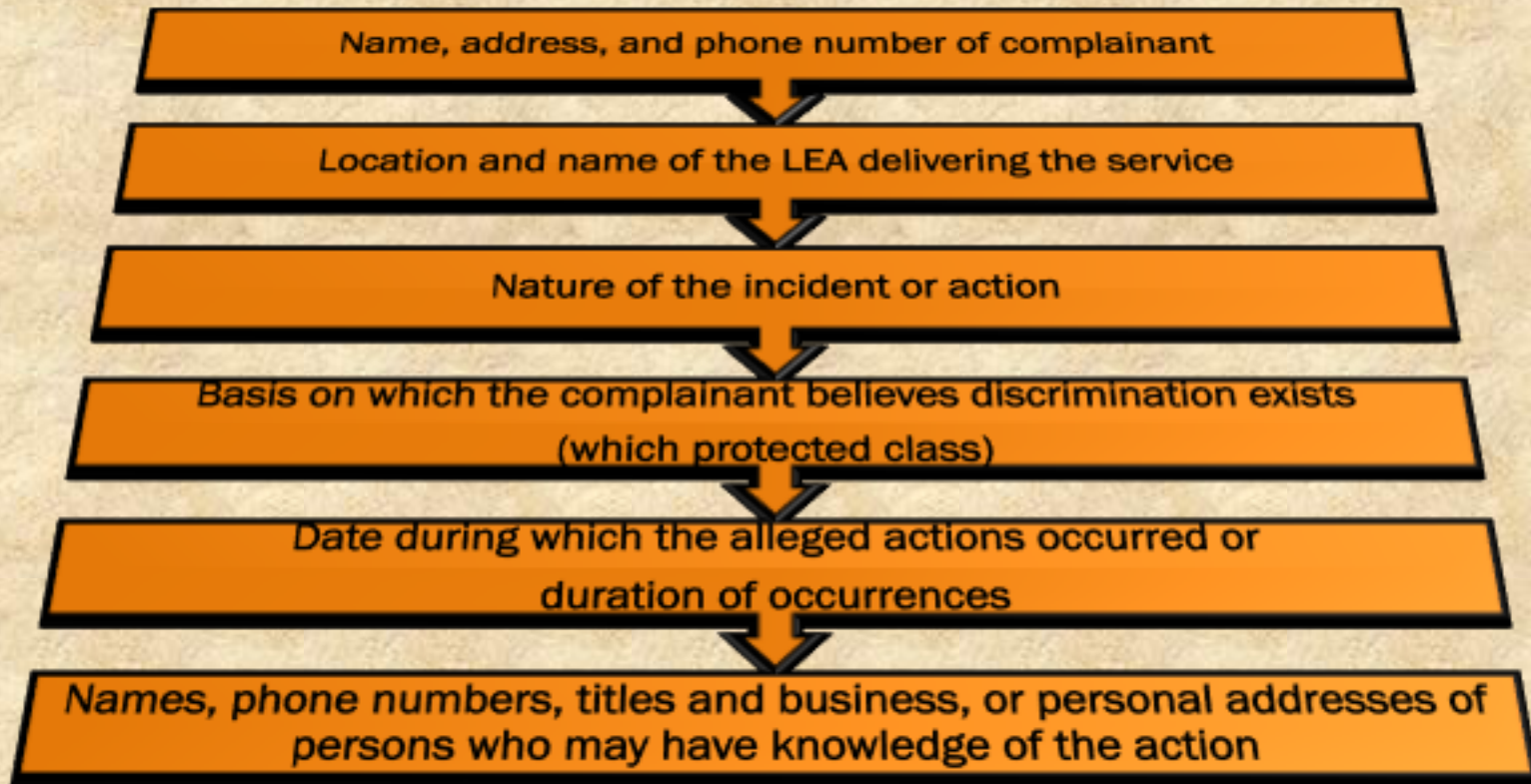
USDA is the cognizant agency for the Child Nutrition Programs listed and therefore is the first contact for the protected classes listed above for complaints received within 180 days. The link for submission of a complaint is: program.intake@usda.gov

In Iowa, protected classes also include sexual orientation, gender identity, religion or creed and complaints can be filed up to 300 days of occurrence. The address for Iowa complaints is: 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/>.

<https://www.educateiowa.gov/pk-12/nutrition-programs/quick-links-nutrition/learning-tools-nutrition/civil-rights-training>

INFORMATION OBTAINED WITH COMPLAINTS OF DISCRIMINATION

Make effort to obtain:



FEDERAL COMPLAINT FORM AND WEBSITE

The image displays five overlapping pages of the USDA Program Discrimination Complaint Form. The pages contain the following sections:

- Page 1 (Leftmost):** Section 6, 'Remedies: How would you like to be helped?', and Section 7, 'Have you filed a complaint with a court?'. It includes checkboxes for 'Yes' and 'No' and a space for the date of filing.
- Page 2:** A section asking to 'Please check (✓) the USDA Agency that provides Federal financial assistance for your farm or business'. Options include Farm Service Agency, Rural Development, and Forest Service. It also includes a section for 'What happened to you?' with a space for supporting documents.
- Page 3:** The USDA logo and 'UNITED STATES DEPARTMENT OF AGRICULTURE Office of the Assistant Secretary for Civil Rights'. It contains fields for 'First Name', 'Middle Initial', 'Mailing Address', 'City', 'State', 'E-mail address', 'Telephone Number', and 'Best Time of the Day to Reach You'.
- Page 4:** A section titled 'PLEASE READ IMPORTANT LEGAL INFORMATION BEFORE YOU SIGN'. It explains the purpose of the form and the consequences of filing a complaint. It includes a 'CONSENT' section where the complainant agrees to the terms of the form.
- Page 5 (Rightmost):** A section titled 'UNION POLICY'. It states that federal law and policy prohibit discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. It also includes a 'FILING DEADLINE' section with a 180-day deadline.

<https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>

TIMELINE FOR HANDLING **FEDERAL** COMPLAINTS OF DISCRIMINATION



**Must be
filed with in
180 days**

- May be written or verbal
- May be anonymous

**Collect
information**

- Use complaint form

IOWA COMPLAINT FORM AND WEBSITE

The image displays four overlapping copies of the Iowa Civil Rights Commission Complaint Form. The forms are arranged diagonally from the bottom-left to the top-right. The visible sections include:

- Section 1: Complainant Information** (Top right form): Includes fields for Name, Address, City, State, Zip Code, Telephone, and Fax. It also has a section for the complainant's signature and date.
- Section 2: Discrimination Information** (Middle right form): Includes a section for the respondent's name and address, and a section for the complainant's signature and date.
- Section 3: Basis for Complaint** (Middle left form): Includes a section for the complainant's signature and date, and a section for the respondent's signature and date.
- Section 4: Basis for Complaint** (Bottom left form): Includes a section for the complainant's signature and date, and a section for the respondent's signature and date.

<http://www.state.ia.us/government/crc/index.html>

TIMELINE FOR HANDLING IOWA COMPLAINTS OF DISCRIMINATION



**Must be
filed with in
300 days**

- May be written or verbal
- May be NOT anonymous

**Collect
information**

- Use complaint form

RESOLUTION OF NONCOMPLIANCE



- **If noncompliance is indicated, corrective action must be taken immediately to achieve voluntary compliance within 60 days.**
- **If voluntary compliance is not achieved, the Regional Office will be involved.**

COMPLIANCE REVIEWS

Examines activities to determine adherence with civil rights requirements



1

- Review the public release

2

- Check for equal access

3

- Review complaint procedure

4

- Complete Civil Rights training with all staff with Child Nutrition Program responsibilities

COMPLIANCE REVIEWS

SELF ASSESSMENT

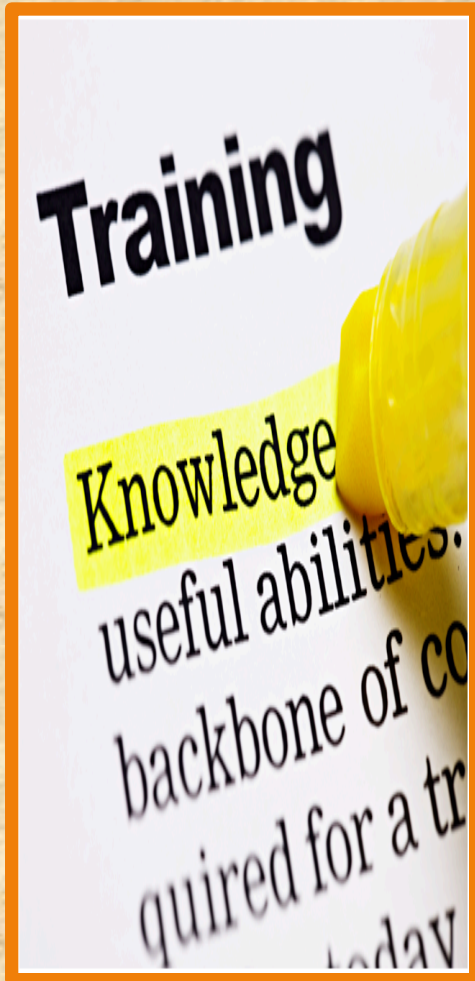


SELF ASSESSMENT			
This self-assessment tool may be used to monitor feeding sites, to assess a participating entity's compliance with Civil Rights requirements.			
SELF ASSESSMENT COMPLIANCE REVIEW CHECK LIST			
Check each activity that your organization always does or that needs improvement. Then make a plan to correct activities that are not always done correctly. Resource materials and applicable forms are available in this manual or from other resources.		Always Done	Needs Improvement
1.	All households or participants are provided with information about Civil Rights requirements when they enroll or apply.		
2.	Households and participants who do not speak English or are hard of hearing are informed about the CNP. They are informed of the non-discriminatory nature of the Program in the appropriately translated material or translation services are used.		
3.	Ethnic and racial identities of participants are recorded and reported as required. The source documents used to collect racial/ethnic data are retained for three years. Confidentiality of the information is assured.		
4.	Racial Ethnic Distribution Form is completed and updated as needed annually.		
5.	The approved media release is made available to local news media annually.		
6.	Meals are offered to all participants without discrimination based on race, color, national origin, sex, age or disability, creed, sexual orientation, gender identity, or religion. The same meals are offered to all participants of approximately the same age according to program requirements.		
7.	The USDA "And Justice For All" poster is displayed as required.		
8.	The correct non-discrimination statements are in any material intended for public information. The statements related to USDA and Iowa are clearly identified. The font size of the notices is no smaller than the print on the page.		
9.	A complaint procedure policy is in place.		
10.	Staff know what to do in the event of a Civil Rights complaint.		
11.	Staff are trained on Civil Rights requirements annually. Training is documented with signatures, date, and training information. Documentation is kept for 3 years plus the current year.		
PLAN FOR IMPROVEMENT			
CHANGES TO BE MADE	WHEN	BY WHOM	
<p><i>"This institution is an equal opportunity provider and employer."</i></p>			

<https://www.educateiowa.gov/pk-12/nutrition-programs/quick-links-nutrition/learning-tools-nutrition/civil-rights-training>

CIVIL RIGHTS TRAINING

Specific subject matter required to be included in training, but not limited to:



Collection and
use of data

Effective public
notification

Complaint
procedures

Compliance
reviews

Resolution of
noncompliance

Reasonable
accommodation
of persons with
disabilities

Language
assistance

Conflict resolution

Customer service

ANNUAL CIVIL RIGHTS TRAINING



- **LEAs are responsible for annually training their front line staff and supervisors who interact with applicants or participants**
- **Training must be documented**
 - **Staff Signatures**
 - **Training Date**
 - **Presenter**
 - **Length of Training**

ANNUAL CIVIL RIGHTS TRAINING



Iowa Civil Rights Training

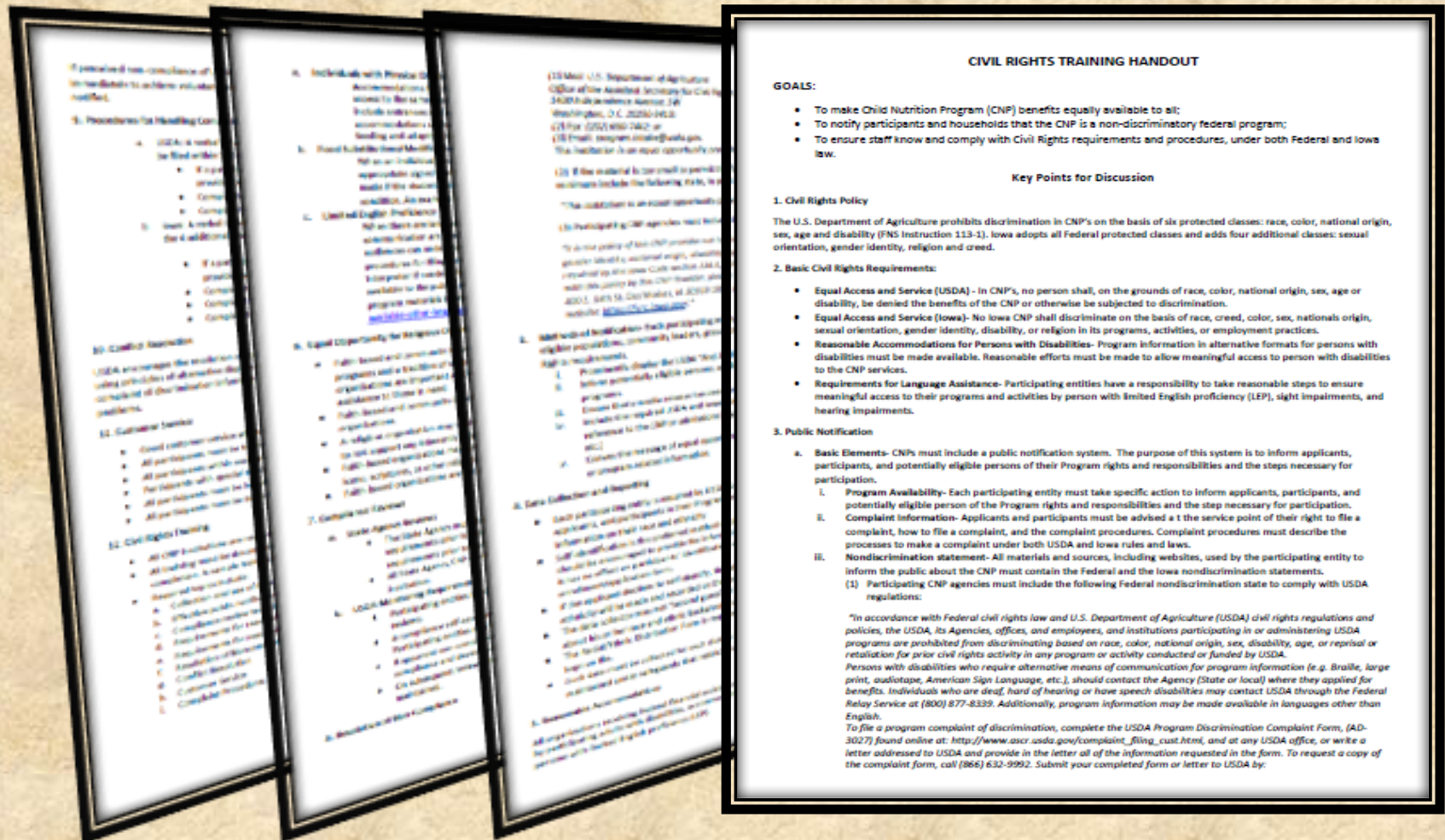
National School Lunch Program
School Breakfast Program
Special Milk
At Risk After School



Bureau of Nutrition and Health Services
Iowa Department of Education

FNS USDA
Food & Nutrition Service

ANNUAL CIVIL RIGHTS TRAINING HANDOUT



CIVIL RIGHTS TRAINING HANDOUT

GOALS:

- To make Child Nutrition Program (CNP) benefits equally available to all;
- To notify participants and households that the CNP is a non-discriminatory federal program;
- To ensure staff know and comply with Civil Rights requirements and procedures, under both Federal and Iowa law.

Key Points for Discussion

1. Civil Rights Policy

The U.S. Department of Agriculture prohibits discrimination in CNPs on the basis of six protected classes: race, color, national origin, sex, age and disability (FNS Instruction 113-1). Iowa adopts all Federal protected classes and adds four additional classes: sexual orientation, gender identity, religion and creed.

2. Basic Civil Rights Requirements:

- **Equal Access and Service (USDA)** - In CNPs, no person shall, on the grounds of race, color, national origin, sex, age or disability, be denied the benefits of the CNP or otherwise be subjected to discrimination.
- **Equal Access and Service (Iowa)** - No Iowa CNP shall discriminate on the basis of race, creed, color, sex, national origin, sexual orientation, gender identity, disability, or religion in its programs, activities, or employment practices.
- **Reasonable Accommodations for Persons with Disabilities** - Program information in alternative formats for persons with disabilities must be made available. Reasonable efforts must be made to allow meaningful access to person with disabilities to the CNP services.
- **Requirements for Language Assistance** - Participating entities have a responsibility to take reasonable steps to ensure meaningful access to their programs and activities by person with limited English proficiency (LEP), sight impairments, and hearing impairments.

3. Public Notification

- **Basic Elements** - CNPs must include a public notification system. The purpose of this system is to inform applicants, participants, and potentially eligible persons of their Program rights and responsibilities and the steps necessary for participation.
 - I. **Program Availability** - Each participating entity must take specific action to inform applicants, participants, and potentially eligible person of the Program rights and responsibilities and the step necessary for participation.
 - II. **Complaint Information** - Applicants and participants must be advised of the service point of their right to file a complaint, how to file a complaint, and the complaint procedures. Complaint procedures must describe the processes to make a complaint under both USDA and Iowa rules and laws.
 - III. **Nondiscrimination statement** - All materials and sources, including websites, used by the participating entity to inform the public about the CNP must contain the Federal and the Iowa nondiscrimination statements.
 - (1) Participating CNP agencies must include the following Federal nondiscrimination state to comply with USDA regulations:

"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:

<https://www.educateiowa.gov/pk-12/nutrition-programs/quick-links-nutrition/learning-tools-nutrition/civil-rights-training>

STAFF TRAINING DOCUMENT SAMPLE



Civil Rights in Iowa Child Nutrition Programs	
Civil Rights Training Attendance Log	
Instructions: Use this form to document annual staff attendance at Civil Rights training. Training may be group training, either in or out of the institution or individual on the job training, such as new staff orientation, or individual training with resources. Please attach copies of related handouts or other materials used in the training.	
Date _____ Location of training _____	
Training beginning time _____ Ending time _____	
Presenter's name & position _____	
Signatures of those trained:	
1. _____	21. _____
2. _____	22. _____
3. _____	23. _____
4. _____	24. _____
5. _____	25. _____
6. _____	26. _____
7. _____	27. _____
8. _____	28. _____
9. _____	29. _____
10. _____	30. _____
11. _____	31. _____
12. _____	32. _____
13. _____	33. _____
14. _____	34. _____
15. _____	35. _____
16. _____	36. _____
17. _____	37. _____
18. _____	38. _____
19. _____	39. _____
20. _____	40. _____

<https://www.educateiowa.gov/pk-12/nutrition-programs/quick-links-nutrition/learning-tools-nutrition/civil-rights-training>

ANNUAL CIVIL RIGHTS TRAINING

CIVIL RIGHTS JEOPARDY!

This institution is an equal opportunity provider and employer.



Civil Rights in Iowa Child Nutrition Programs

CIVIL RIGHTS KNOWLEDGE CHECK

Name (Signature) _____ Date _____

Instructions: Select from the terms listed below to answer the questions.

Reasonable Steps	Civil Rights	Disability	300 days
Diet Modification	Creed	Racial Ethnic Distribution	National Origin
Color	Noncompliance	Sexual Orientation	180 days
And Justice for All	Age	This institution is an equal opportunity provider	Religion
Gender Identity	Race	Discrimination	Sex

- What are the six federally protected classes under USDA requirements?
1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
- What are the State of Iowa four additional classes protected under Iowa Civil Rights laws?
1. _____ 2. _____ 3. _____ 4. _____
- All employees with Child Nutrition Program responsibilities complete _____ training annually.
- _____ is the act of distinguishing one person or group of persons from others, either intentionally, by neglect, or by the effect of actions, or lack of actions based on their protected classes.
- _____ is a factual finding that any civil rights requirement, as provided by federal and state law, regulation, policy, instruction, or guidelines, is not being adhered to.
- _____ poster must be prominently displayed in an area that is visible to all program participants.
- _____ form is completed annually and updated as needed. This form collects the district's applicant data according to race and ethnicity.
- _____ form describes a participant's disability/intolerance that prevents the participant from eating the regularly offered foods.
- What statement can be use if the material is too small to permit the full non-discrimination statement to be included, one page or smaller. _____
- _____ must be taken to ensure meaningful access to the information and services.
- A complaint must be filed within _____ based on a federally protected class.
- A complaint must be filed within _____ based on a state protected class.

"This institution is an equal opportunity provider".

<https://www.educateiowa.gov/pk-12/nutrition-programs/quick-links-nutrition/learning-tools-nutrition/civil-rights-training>

USDA and IOWA CIVIL RIGHTS MANUALS

Food & Nutrition Service	FNS INSTRUCTION	NUMBER 113-1
	U.S. DEPARTMENT OF AGRICULTURE 3101 PARK CENTER DRIVE ALEXANDRIA, VA 22304-1500	

INFORMATION FOR: All FNS Employees and State Agencies

Civil Rights Compliance and Enforcement – Nutrition Programs and Activities


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DISTRIBUTION: EAD, EF4, EH	MANUAL MAINTENANCE INSTRUCTIONS: This Instruction Replaces FNS Instructions 113-1, Rev 1, 113-2, 113-3, 113-4, 113-6, 113-7 and 113-8. Remove all FNS Instructions listed here and replace with this Instruction.	RESPONSIBLE FOR PREPARATION AND MAINTENANCE: CRD	Page 1 11/8/05
--------------------------------------	---	--	--------------------------


FORM FNS-626 (1-99) Previous editions obsolete
Electronic Form Version Designed in JetForm 5.1 Version

Iowa Civil Rights Manual



Iowa USDA
Civil Rights
Manual

State of Iowa
Department of Education
Grimes State Office Building
400 East 14th Street
Des Moines, Iowa 50319-0146



Iowa Department of Education | Bureau of Nutrition and Health Services | Revised 7/2015 1

[HTTP://WWW.FNS.USDA.GOV/SITES/DEF
AULT/FILES/113-1.PDF](http://www.fns.usda.gov/sites/default/files/113-1.pdf)

[HTTPS://WWW.EDUCATEIOWA.GOV/PK-
12/NUTRITION-PROGRAMS/QUICK-
LINKS-NUTRITION/LEARNING-TOOLS-
NUTRITION/CIVIL-RIGHTS-TRAINING](https://www.educateiowa.gov/pk-12/nutrition-programs/quick-links-nutrition/learning-tools-nutrition/civil-rights-training)

ADMINISTRATIVE REVIEW-

800's Review Questions

800

- What is the non-discrimination statement used for appropriate Program materials? Please provide exact language.

801

- Provide a copy of the School Food Authority's public release.

802

- Is there a need for services for Limited English Proficient (LEP) households?
- If so, what services does the SFA provide?

803

- What is the SFA's procedure for receiving and processing complaints alleging discrimination within FNS School Meal Programs?
- If procedures are written, provide a copy.

804

- Has the School Food Authority received any written or verbal complaints alleging discrimination in FNS Programs in the current or prior school year?
- If yes, please provide the following information: date, nature of complaint, and agency complaint was reported to.

805

- How are students with special dietary needs accommodated?

806

- When was the SFA's most recent civil rights training for staff who interact with program applicants or participants?
- Who attended these trainings?
- What topics were covered by the training?
- Provide supporting documentation for the responses.

807

- How does the SFA collect racial/ethnic data?
- How often is this information collected?
- Provide documentation to support the response.

CUSTOMER SERVICE



All participants must be treated in the same manner

- **Each person receives the same menu items in the same amounts**
- **All persons are included in meals, snacks, activities, and discussions**
- **Each person receives positive comments, as well as constructive education regarding meal time, nutrition, manners, etc.**
- **Standards of behavior are not based on membership in a protected class**

FOOD FOR THOUGHT



Chronicle / Craig Lee

In order to reduce the risk of a civil rights discrimination complaint, ask yourself the following questions each time an applicant and/or participant comes to your program for services:

- **Am I treating this person in the same manner I treat others?**
- **Have I informed this person exactly what information I need to make a determination on the application?**
- **Have I given this person the opportunity to ask questions?**
- **Have I provided the person with the information he or she needs to make necessary decisions?**

QUESTIONS???



- Patti Harding
515-281-4754
patti.harding@iowa.gov
- Assigned NSLP consultants
- Contact Bureau of Nutrition and Health Services for additional questions-515-281-5356