

Enter Livestock IDs Online is EASY as 1-2-3! Here's how!

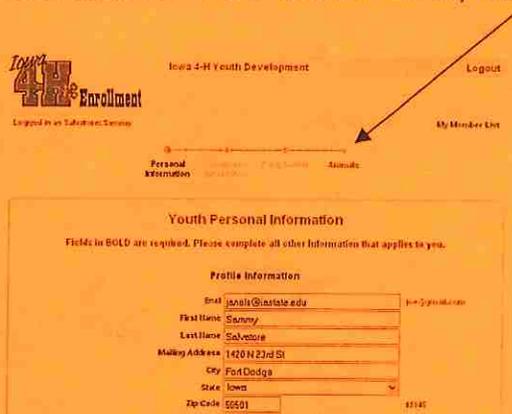
* Please note: If you have problems logging into your 4hOnline family account, please contact the Howard County Extension Office for assistance in logging in.

Log onto 4hOnline on your web browser at <https://iowa.4honline.com>:

You will now see the Iowa 4-H Youth Development Log In Page.

Enter your family email address and password. This will take you to the **Member List** which includes all of your family members enrolled in 4-H: members, leaders, volunteers.

- ☞ Click "Edit" to the right of the member listed. You will then be sent to that member's Personal Information Screen.
- ☞ On this screen, there will be a 4th dot that will say Animals. Click on the word Animals to go to your Animal ID screen.



Youth Personal Information
Fields in BOLD are required. Please complete all other information that applies to you.

Profile Information

Email: Required

First Name:

Last Name:

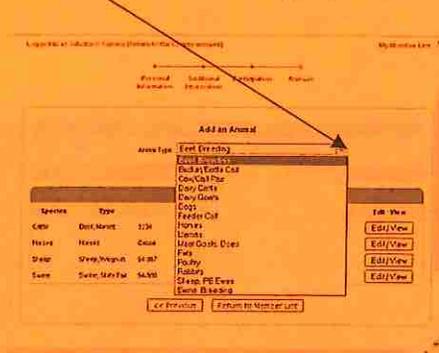
Mailing Address:

City:

State:

Zip Code:

- ☞ You will then see a drop down box and any previously entered animals listed in a manner similar to the picture. Select the animal type you want to enter and click the add button (hidden in photo by drop down).



Note: Youth will not be able to enter Market weigh-in animals (beef, sheep, & swine). Please refer to the Livestock Verification Help sheet for more information on this process.

- ☞ This will take you to the corresponding entry screen for your animal. Note that in some selections will activate extra entry fields [Example: selecting *Registered* will in some cases show a *Breed* drop down box.] Please fill out all possible information about your animal, the same as you did in the past with the paper form.
- ☞ Enter information requested and **click the save button.**

ALL animal IDs must be submitted no later than May 15th 2015, 11:59 p.m.
Don't wait – ID TODAY!

See Horse ID Photo Feature below!

** Please note: If you have already have entered an ID for your horse, please go back and add photos using the new JPEG upload feature. If you can't do this on your computer or your internet is too slow, please bring electronic or hard copies of your photos to the Extension Office by May 15.*

Horses (New JPEG upload feature):

At the bottom of the horse entry screen, you will see four boxes, one for each view of the horse. Clicking on the Select button will allow you to browse for the JPG image that you wish to upload. Locate it (and click Open), the file will upload fairly quickly and you will see a thumbnail at the bottom of the screen. If it is not the correct image, click Clear to remove it.

TRY TO KEEP YOUR IMAGES TO 3MB each.



JPG ~2-

Animal Information

Are you enrolled in the Horse & Pony project? To find out, go to the Participation link, then the Projects tab. If you're identifying a horse, you should be enrolled in the Horse & Pony project so that you can receive all the information you need from your county office.

If you are identifying a leased horse, be sure to send a copy of the signed [lease agreement](#) to your county office before May 15.

Horses

Type of Animal:

Registered Name:

Nickname/Barn Name:

Breed Type:

Breed:

Registration Number:

Birth date:

Height (In Hands):

Color/Markings:

Sex:

Owned Or Leased:

Owner (if leased):

Documents / Images

Front View:

Rear View:

Left Side View:

Right Side View:

Market Animal Verification:

- ☼ You will find your animal tab the same way as you would enter non-weigh-in animals
- ☼ Click the edit button to view the information for the appropriate animal
- ☼ Review all information that has been entered by Extension Staff. Compare to your hard copy ID Sheet.
- ☼ Please contact your Extension office if anything is listed incorrectly.
- ☼ If everything looks correct, click on the box next to the statement "I verify the information above is accurate".
- ☼ Be very certain you are approving the correct information!
- ☼ Click on the "Save" button to submit your approval. Clicking this button confirms to the Extension Office and the State 4-H Office that you verified the data entered by the county office. If you have "verified" your information and hit save, this information can no longer be edited by your county office. Contact them immediately if you have verified wrong information!
- ☼ Deadline for completing this process for swine & sheep market animals is May 15th, 11:59PM.

If you have any problems or questions at any point while working on your Livestock ID, please contact the Extension Office and we'd be glad to help. If you would like to use our computers, please call and make an appointment today!

The online Livestock ID feature is very easy to use, just DON'T WAIT until 10:00 p.m. on May 15th to complete! The sooner you complete, the more able we are to help you with any questions that you have!

HOWARD COUNTY 4-H PRESENTS...

SUMMER DAY CAMPS 2016

Dr. Seuss Science K - 3rd Grade

Join us as we explore the vast world that Dr. Seuss created! Read stories that Dr. Seuss, himself, narrated. And not only that, explore science the Dr. Seuss way!



SURVIVOR 4th - 6th Grade

Gather your friends and come spend the day competing in teams to complete physical & mental challenges! You will learn the power of positive thinking and develop leadership skills!



Under the Sea K - 3rd Grade

Make a splash as we dive under the sea! Discover science in the ocean! Explore the creatures that live in the deep blue sea and take home a pet jellyfish! Kickoff the summer by diving into all things sea!

Fizz, Bubble Goo K - 3rd Grade

Learn what makes "Alka-Seltzer" fizz; ingredients that make the best homemade bubbles & fun mystery compounds in your home! Never a dull or unmessy moment!



Mad Scientist K - 4th Grade

Ever want to have a ton of fun as a Mad Scientist in the lab? Come explore science with a day of fun and messy hands on experiments! Create and take home a lava lamp and homemade bouncy ball!

*Daycare services are available prior and after the day camp through the Spring Ahead Learning Center (SALC). If you would like to take advantage of this service, contact SALC at (563) 566-8058.



STEM Innovators 4th - 6th Grade

Explore! BUILD! CREATE! Enhance your problem solving skills as you work in groups to complete fun, hands on STEM challenges! Come build a tower, a bridge, and even a solar oven!

Rockets, Away! 4th - 6th Graders



Fasten your seatbelts and blast off for an experience in rocketry. We will learn how to build and launch straw rockets and water rockets.

Time: 9 AM - 3 PM
Cost: \$10 per camp
(Bring a sack lunch!)

Registration & fee for each camp is due one week before camp and payable to *Howard County Extension*. Return to registration, fee, and health form to Howard County Extension, 132 1st Ave West, Cresco, IA 52136. Questions? Call (563)547-3001. Minimum of 8 campers - may be cancelled due to lack of registrations.

Day Camp Registration Form

Due one week before camp date to Howard County Extension Office.

Name: _____ Address, City, State: _____

Parent's Name(s): _____ Grade Completed May 2016: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

"X" the camps you plan to attend. The fee for service is used to off-set direct expenses for the camps.

Lime Springs- Spring Ahead Learning Center
____ - Mad Scientist I
Thursday, July 7th

Elma- Elma Park
____ - Dr. Seuss Science
Monday, August 8th

Cresco- Featherlite Center
____ - STEM Innovators
Wednesday, July 13th
____ - Rockets, Away!
Wednesday, August 3rd
____ - Dr. Seuss Science
Monday, July 18th

Cresco- Prairies Edge Nature Center
____ - Survivor
Wednesday, July 27th
Cresco- Fairgrounds
____ - Under the Sea
Friday, June 24th
Riceville -
____ - Fizz, Bubble Goo!
Friday, July 15th

Please complete the attached medical form!

Extension programs are available to all without regard to race, color, national origin, religion, sex, or disability.



Iowa 4-H Medical Information/Release Form

Youth Participant Form

2015-2016

Keep original in County Office.

PARTICIPANT INFORMATION

Participant's Name _____
 Permanent Address _____
 City, State, Zip _____
 Date of Birth _____ Gender _____
 Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

<u>Person to Contact First</u>	<u>Backup Contact (Relative or Friend)</u>
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
E-mail _____	E-mail _____
Name of Family Doctor _____	Office Number _____
Name of Dentist _____	Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*
 * If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/University Extension/4-H does not carry any health insurance for you.
 ** If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
 Address _____ Relation to Participant _____
 City, State, Zip _____ Occupation _____
 P.H.'s Employer's Name/Address _____
 Insurance Company Name _____
 Policy # _____ Plan # _____

HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (Check all that apply.)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ | | |

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

Date of last tetanus shot (approximate if necessary): _____

(over)

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature

Date

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine first aid and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.)

_____initial _____date

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the adult leader. _____initial _____date

TRANSPORTATION

I am giving my permission for my child to be transported during an authorized activity or event. I give my permission for: (*Check all that apply.*)

- My child to ride with any adult volunteer driver.
- My child to ride with an authorized adult volunteer driver who has completed an MVR check.
- My child to ride in another youth's (18 or younger) vehicle to 4-H activities.
- My child to drive his/her vehicle to 4-H activities or events.
- My child to transport other 4-H participants in his/her or my vehicle.

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.

_____initial _____date

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)

I give permission for _____ to participate in the 4-H program. I understand that 4-H project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the 4-H program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent or Guardian Signature

Date

(Must be signed by the parent or guardian if the participant is under 18 years old)

IOWA STATE UNIVERSITY
Extension and Outreach

... and justice for all

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Many materials can be made available in alternative formats for ADA clients. To file a complaint of discrimination, write USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Cathann Kress, Director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.

Heath Form Required

To ensure the best care and safe environment or your child(ren), please complete the attached Heath Form and return with your registration form and fee by June 1, 2016.

Parents

**Wish you could join in on the fun?
You can!**

Volunteers are needed to make this day a success. We are looking for caring adults to help assist with rockets, robotics and much more though out the day. If you are interested in helping the youth step up to the challenge please contact:

Becky Rea at 563.568.6345 or at beckyrea@iastate.edu.



QUESTIONS? CONTACT US

Region 4 STEM Camp
Committee Members

Becky Rea

Allamakee County Extension
beckyrea@iastate.edu
563.568.6345

Shannon Durbin

Clayton County Extension
sdurbin@iastate.edu
563.245.1451

Kendra Crooks

4-H Youth Development Specialist
Iowa State University Extension & Outreach
kcrooks@iastate.edu
641.394.2174



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Space Cookies Day Camp

August 10, 2016
NICC Dairy Center,
Calmar
9 AM - 3 PM



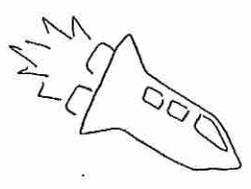
*Strap on your moon boots and
chefs hats and join us for a day
camp that is out of this world!*



IOWA STATE UNIVERSITY
Extension and Outreach

Join students from throughout
Northeast Iowa as we:

- ⇒ Create and launch pop bottle rockets
- ⇒ Make parachute egg-o-nauts
- ⇒ Interview a real Rocket Scientist!



After you land back on Earth we will
join our kitchen crew to:

- ⇒ Examine cookie "flops"
- ⇒ Discover what went wrong in the cookie factory
- ⇒ Participate in hands on experiments like gluten balls and exploding marshmallows.



Space Cookies Day

Camp 2016

For youth entering
6th - 8th Grade
Space is limited to 40 youth

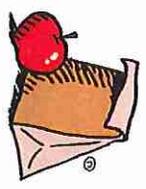
NICC Dairy Center
1527 IA-150 Calmar
August 10, 2016
9 AM - 3 PM

Parent showcase 3:00-3:30 pm

Cost
\$35 per student
or

\$30 if you are an enrolled 4-H member in Region 4
Allamakee, Chickasaw, Clayton, Fayette,
Howard & Winneshiek Counties

Please bring a sack lunch
Snack will be provided



Make payable to
Howard Co. Extension
ISU Extension and Outreach
132 1st Ave W, Cresco, IA 52136
563.547.3001

REGISTRATION FORM
To enroll in Space Cookies Day Camp, detach and complete form. ALL youth must complete attached health form. Send form and fee to:

Howard Extension Office
Deadline: June 1, 2016.

Name: _____

Grade Entering: _____ Age: _____

Parents: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____

E-mail : _____

Sex (circle one): Male Female

Ethnicity (circle one): White Black
Hispanic Asian
American Indian/Alaskan

Residence (circle one): Farm Town
Country (not farm)

Member of 4-H: Yes No

County : _____ Club: _____

Do you require an accommodation for a disability to participate? Yes No

If yes, what accommodations? _____

The fees for service will be used to off-set direct expenses and to support the 4-H Youth Development County Extension Program.



Iowa 4-H Medical Information/Release Form

Youth Participant Form

2015-2016

Keep original in County Office.

PARTICIPANT INFORMATION

Participant's Name _____
 Permanent Address _____ Date of Birth _____ Gender _____
 City, State, Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

<u>Person to Contact First</u>	<u>Backup Contact (Relative or Friend)</u>
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
E-mail _____	E-mail _____
Name of Family Doctor _____	Office Number _____
Name of Dentist _____	Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/University Extension/4-H does not carry any health insurance for you. _____

** If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
 Address _____ Relation to Participant _____
 City, State, Zip _____ Occupation _____
 P.H.'s Employer's Name/Address _____

 Insurance Company Name _____
 Policy # _____ Plan # _____

HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (Check all that apply.)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ | | |

Is your child currently on any prescribed or over-the-counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

.....

Date of last tetanus shot (approximate if necessary): _____

(over)

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

_____ Participant Signature

_____ Date

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

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_____ initial _____ date

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The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the adult leader. _____ initial _____ date

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_____ initial _____ date

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

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_____ Parent or Guardian Signature

_____ Date

(Must be signed by the parent or guardian if the participant is under 18 years old)

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Extension and Outreach

... and justice for all

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