

CLINTON PUBLIC SCHOOLS

INITIAL REGISTRATION FORM

Office Use Only

Student ID _____

Entry Date _____

School: _____

STUDENT	STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME (FULL)		GRADE	GENDER	PRIMARY PARENT HOME PHONE		
	RESIDENCE ADDRESS					MAILING ADDRESS (if different)					
	CHECK ANY THAT APPLY:		<input type="checkbox"/> Foster Home <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless			STUDENT LIVES WITH:					
						<input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian					
	STUDENT'S DATE OF BIRTH		STUDENT'S ETHNICITY (check one)		STUDENT'S RACE (check one or more)						
			<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian						
	Office Use Only: Birth Certificate _____		STUDENT'S PLACE OF BIRTH (List the country)			ATTENDING U.S. SCHOOL SINCE (Date):					
	Rec'd: _____		Date: _____								
	ASSESSMENT OF DOMINANT LANGUAGE: Connecticut State law requires that each school district conduct a preliminary assessment of the dominant language of each student in its public schools. This assessment is made in order to ascertain the need to provide a required program for students who are limited English proficient.										
	What language did the student first learn to speak?			What is the primary language spoken by the parent/guardian or other persons in the home?				What is the primary language spoken by the student when s/he is at home?			
PARENT(S)/GUARDIAN(S)	JOEL SCHOOL ONLY		If the student regularly attended a Head Start program, family daycare center, nursery school, licensed daycare center, or public pre-school program, please provide the following:								
			Name of Program:				Dates Attended:				
	TRANSFERRING FROM		School:				City/State:				
	Previously attended Clinton Public Schools?		<input type="checkbox"/> No <input type="checkbox"/> Yes Years attended: _____								
	PARENT/GUARDIAN 1 (Primary Contact)		LAST NAME			FIRST NAME			M.I.		
	PARENT 1 RELATIONSHIP TO STUDENT:		PARENT 1 MILITARY SERVICE STATUS (if any)			PARENT 1 EMAIL					
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> State Agency:		<input type="checkbox"/> Active duty armed forces <input type="checkbox"/> Full-time National Guard								
	PARENT 1 ADDRESS/CITY/STATE					PARENT 1 HOME PHONE		PARENT 1 CELL PHONE			
	PARENT 1 EMPLOYER NAME/ADDRESS/CITY/STATE							PARENT 1 WORK PHONE			
	PARENT(S)/GUARDIAN(S)	PARENT/GUARDIAN 2 (Secondary Contact)		LAST NAME			FIRST NAME			M.I.	
PARENT 2 RELATIONSHIP TO STUDENT:		PARENT 2 MILITARY SERVICE STATUS (if any)			PARENT 2 EMAIL						
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> State Agency:		<input type="checkbox"/> Active duty armed forces <input type="checkbox"/> Full-time National Guard									
PARENT 2 ADDRESS/CITY/STATE					PARENT 2 HOME PHONE		PARENT 2 CELL PHONE				
PARENT 2 EMPLOYER NAME/ADDRESS/CITY/STATE							PARENT 2 WORK PHONE				
CONTACTS		SIBLING INFORMATION		NAME		DATE OF BIRTH		SCHOOL			
				1							
				2							
				3							
				4							
	EMERGENCY CONTACTS (NOT PARENT/GUARDIAN ABOVE)				RELATIONSHIP TO STUDENT		HOME PHONE		CELL PHONE		

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please review the information below, add or change as necessary, and return to the school.



CLINTON PUBLIC SCHOOLS
Emergency Health Information
Health Office

School: Jared Eliot Middle School

Allergies: _____

Grade: _____

Teacher/Advisory Teacher: _____

Homeroom/Advisory Room: _____

Bus In: _____

Bus Out: _____

Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Lives with: Both parents____ Mother only____ Father only____ Other____

In case of emergency, and no one can be reached at home, who should we contact first?

____ Mother's Employer:

Work phone: Cell: _____

____ Father's Employer:

Work phone: Cell: _____

If parent/guardian cannot be reached, please call (list only persons nearby for emergency):

Name/Phone: _____ Name/Phone: _____

AUTHORIZATION FOR DOCTOR TO TREAT CHILD

Doctor/Phone _____ Dentist/Phone _____

In the event of a serious medical emergency or accident, if I am not available, I authorize school personnel to have my child treated by my child's physician or by a readily available physician and/or hospital.

Signature of Parent/Guardian _____ Date: _____

AUTHORIZATION TO ADMINISTER NON-ASPIRIN

I ____ do ____ do not authorize the school nurse, with a standing order from the school medical advisor, to administer at his/her discretion acetaminophen (Tylenol) medication to my child, Darren Abbott.

Signature of Parent/Guardian _____ Date: _____

DAY CARE - If your child attends day care, please provide the following information:

Day Care Name: _____

Hours: _____

Phone: _____

*** Please notify the school nurse promptly of any changes to the above information. ***



Yearly Health Report

☐ Joel ☐ Pierson ☒ Eliot ☐ Morgan

Student: _____

Grade: _____

Date of Birth: _____

1. My child can participate in all activities, including physical education.

Yes ☐ No ☐ If no, why? _____

2. Is your child allergic to any medication? Yes ☐ No ☐ If yes, what? _____

3. Does your child have any other allergies (food, insects, latex, etc.)? Yes ☐ No ☐

If yes, complete page 2 of this form

4. List all medications your child is presently taking:

Medication: _____

For what reason: _____

Prescribed by: _____

Medication: _____

For what reason: _____

Prescribed by: _____

Medication: _____

For what reason: _____

Prescribed by: _____

If medication is to be given during school hours, it must be accompanied by a signed order from your healthcare provider and authorization from parent/guardian (See Form H-005A and H-005B)

5. Please notify the school nurse if your child has any of the medical conditions below:

Asthma	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Chronic Headaches	<input type="checkbox"/>	Urinary Problem	<input type="checkbox"/>	Speech Disorder	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Gastro-intestinal	<input type="checkbox"/>	Hearing Problem	<input type="checkbox"/>
Seizure Disorder	<input type="checkbox"/>	Vision Problems	<input type="checkbox"/>	Recurrent Nosebleeds	<input type="checkbox"/>			Ear Tubes in	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	If student wears glasses, when are they worn?: _____						Ear Tubes out	<input type="checkbox"/>

Other: _____

6. List any communicable diseases your child has had during the past year:

Disease: _____

Date: _____

Disease: _____

Date: _____

Disease: _____

Date: _____

7. Has your child had chickenpox? ☐ Yes ☐ No When? _____

** Physician-certified history of Chickenpox or serologic proof of immunity is required prior to entrance to 7th Grade. **

8. List any immunizations or boosters given to your child during the past year.

Immunization: _____

Date: _____

Immunization: _____

Date: _____

Immunization: _____

Date: _____

9. List any serious accidents or operations your child had during the past year.

10. Date of last dental exam? _____

Parent/Guardian Home Phone: _____

Daytime Phone: _____

Signature of Parent/Guardian _____

Date _____

Signature of Nurse _____

Date _____



Complete the section below **ONLY** if you answered **YES** to Question #3 above.

Student: _____

Grade: _____

DOB: _____

1. Check any allergy(ies) your child has:

- ☐ Insect Stings List type: _____
- ☐ Food List type: _____
- ☐ Pollens Usual time reactions occur: ☐ Spring ☐ Summer ☐ Fall ☐ Winter
- ☐ Animals List type: _____
- ☐ Dust ☐ Grass ☐ Other _____

2. Check symptoms usually present during allergy attack:

- ☐ Difficulty breathing ☐ Rash ☐ Difficulty swallowing
- ☐ Nausea ☐ Loss of consciousness ☐ Flushed or unusually pale skin color
- ☐ Swelling: Where? _____

3. Has medication been prescribed by a healthcare provider for your child's allergy(ies)? ☐ Yes ☐ No

If yes, list below. Please complete an Authorization for the Administration of Medicine by School Personnel Form #II-005B.

Allergy _____	Medication _____
Allergy _____	Medication _____
Allergy _____	Medication _____

4. Has hospitalization been needed in the past year for allergies? ☐ Yes ☐ No

5. Hospital preference: _____

ADVISE THE NURSE IMMEDIATELY OF CHANGES IN DOSE AND/OR MEDICATION.

The usual treatment for a severe allergic reaction is to:

- ▶ Assist student with the prescribed medication per written healthcare provider's order
- ▶ Observe the student for inadequate breathing; signs of shock, unusual swelling and if/when observed, call 911/EMS
- ▶ Report signs/symptoms to parent(s)/guardian(s)

Remember to advise the school immediately of changes in phone numbers, address, responsible emergency contact person(s), healthcare providers and hospital preferences.

Signature of Parent/Guardian _____ Date _____

Signature of Nurse _____ Date _____

CLINTON PUBLIC SCHOOLS

ADMINISTRATIVE OFFICES
137 B GLENWOOD ROAD

LEWIN G. JOEL SCHOOL
137 A GLENWOOD ROAD

ABRAHAM PIERSON SCHOOL
75 EAST MAIN STREET

JARED ELIOT MIDDLE SCHOOL
69 FAIRY DELL ROAD

THE MORGAN SCHOOL
27 KILLINGWORTH TPKE

REGULATIONS REGARDING ADMINISTRATION OF MEDICATION AT SCHOOL

The State of Connecticut has set down very definitive regulations regarding administration of medication in schools. If it is necessary for your child to take medication during school hours, these are the steps for you to follow to facilitate the procedure and to meet the State regulations:

1. The prescribing physician or dentist, licensed to practice in this or any other state, or advance practice registered nurse (APRN) or physician assistant (PA), must submit a written order for each medication. Form#H-005 for these orders is found on the back of this page.
2. The parent or guardian must also sign the above written authorization for medication.
3. The parent or guardian must deliver the medication directly to the nurse or principal.
4. Medications must be brought into school in an **original** over-the-counter container or an **original** pharmacy container labeled with name of student, name of prescribing physician, date of original prescription, name and strength of medication, and directions for administering. No more than a 3-month supply of medication will be kept in school. All medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first.
5. Physician's and parental/guardian consent is also required for administration of Tylenol (acetaminophen) for any student at Joel School or any student in Grades 4-12 who is to receive more than five (5) doses per year.

CLINTON PUBLIC SCHOOLS

☐ Joel ☐ Pierson ☒ Eliot ☐ Morgan

Grade: _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

Connecticut State Law and Regulations 10-221(a) require a written medication order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____

Address: _____

Condition for which drug is being administered: _____

Drug Name: _____ Dose: _____ Route: _____

Time of Administration: _____ If PRN, frequency: _____

Relevant side effects: ☐ None expected ☐ Specify: _____

ALLERGIES: ☐ No ☐ Yes Specify: _____

Medication shall be administered from: _____ To: _____
Month/Day/Year Month/Day/Year

Prescriber's Name/Title: _____
(Type or Print)

Telephone: _____ Fax: _____

Address: _____

Prescriber's Signature: _____ Date: _____

Use for Prescriber's Stamp

PARENT/GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 3-month supply of medication. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first. I also give permission for the exchange of information between the prescriber and school nurse necessary to ensure the safe administration of such medication.

Parent/Guardian Signature: _____ Date: _____

Parent's/Guardian's Home Phone _____ Work #: _____

SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse in accordance with Board policy.

Prescriber's authorization for self-administration: ☐ Yes ☐ No _____
Signature Date

Parent/Guardian Authorization for self-administration: ☐ Yes ☐ No _____
Signature Date

School Nurse's authorization for self-administration: ☐ Yes ☐ No _____
Signature Date

CLINTON PUBLIC SCHOOLS

☐ Joel ☐ Pierson ☒ Eliot ☐ Morgan

SCHOOL FIELD TRIP –MEDICAL/EMERGENCY FORM

Student's Name: _____ Home Phone: _____

Grade/Teacher: _____

Medical Concerns/Allergies: _____

Will your child need medication during this trip? _____ Yes _____ No

Name of medication and dosage _____

Medications currently stored in the Health Office and filed with Physician & Parent Authorization Form will be sent on field trips.

If any additional medication is needed, please provide the proper authorizations and medications per CT State regulations.

Phone number where you can be readily reached in the event of an emergency:

Parent/Guardian: _____ Parent/Guardian: _____

Work: _____ Work: _____

Cell: _____ Cell: _____

Please provide the name of a friend or a relative that can be contacted if neither parent/guardian can be reached:

Name: _____ Relationship: _____ Home Phone: _____ Other Phone: _____

Student's Physician: _____ Phone: _____

Medical Insurance Company: _____

Should an emergency arise, your child will be transported to the nearest emergency facility and you will be notified as soon as reasonably possible.

Parent's/Guardian's Signature: _____ Date: _____

CLINTON PUBLIC SCHOOLS

JARED ELIOT MIDDLE SCHOOL

STUDENT HANDBOOK/PHOTO/MEDIA ACCESS ACKNOWLEDGEMENTS

GRADE: _____

LAST NAME (Student)

FIRST NAME (Student)

STUDENT HANDBOOK: The Student Handbook explains in detail the responsibilities, expectations and procedures that students must follow. Students are expected to be aware of and abide by the rules stated in the handbook.

PHOTO/MEDIA ACCESS: During the year school administrators may grant permission to television and newspaper reporters to interview, photograph and or videotape Clinton Public School students. Parent who **DO NOT WANT** their child to be interviewed, photographed or videotaped by the media should inform the building principal accordingly.

Our signatures indicate that we have received, read, and understood the **2018-2019** *Student Handbook, and the Media Access to Students policy.*

School Year

Eliot Student Signature

Date

Please Print Parent/Guardian Name

Parent/Guardian Signature

Date:

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 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	School	Grade	Student? Yes No	Check all that apply		
						Foster	Head Start	Homeless or Runaway
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4. (Do not complete STEP 3). To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here.

Child income

Weekly	Bi-Weekly	2x Month	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of Adult Household Members (Enter 8 1 and Name)	How often?	Public Assistance/	How often?	Pensions/Retirement/	How often?
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.					

	How often?					
	Weekly	Bi-Weekly	2x Month	Monthly	Annual	
Earnings from Work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Household Members						

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			
Printed name of adult signing the form		Signature of adult			
		Daytime Phone and Email (optional)			
		E-mail address			

2018-19 Clinton Public Schools Application for Free and Reduced-price School Meals

SOURCES OF INCOME FOR CHILDREN			SOURCES OF INCOME FOR ADULTS	
Sources of Child Income	Examples	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Earnings from work	A child has a regular or part-time job where they earn a salary or wages	<ul style="list-style-type: none"> Gross income for salary, wages, cash – bonuses Net income from self-employment (farm or business) 	<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 Regular Income from trusts or estates Annuities Investment income Earned Interest Rental income Regular cash payments from outside household
Social Security	A child is blind or disabled and receives Social Security benefits	If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allwances for off-base housing, food and clothing 		
<ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	A parent is disabled, retired, or deceased, and their child receives social security benefits			
Income from persons outside the household	A friend or extended family member regularly gives a child spending money			
Income from any other source	A child receives income from a private pension fund, annuity, or trust			

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

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR), case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 695-7442; or
email: program.intake@usda.gov
This institution is an equal opportunity provider.

School Use Only – Do Not Write Below This Line

The Determining Official (DO) for the school/district MUST complete this section. (*Only convert to annual income if there are different frequencies of income listed in Step 3.*)

Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

Directly Certified (DC) based on the State DC List as eligible for: ☐ SNAP ☐ TFA ☐ OT ☐ FM (Free Medicaid) ☐ RM (Reduced Medicaid). Date Certified on DC List: _____

☐ SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number ☐ Foster Child ☐ Head Start ☐ Confirmed Homeless or Runaway

☐ Income Household: Total household income: _____ per _____ Household Size: _____ **ERROR PRONE?** ☐ YES ☐ NO

Application approved for: ☐ Free Meals ☐ Reduced-price Meals ☐ Application Denied

Date Notice Sent: _____ Signature of DO: _____ Date: _____

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, *even if your children attend more than one school in Clinton*. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Jon Siciliano at 860-664-6459.

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 or runaway youth;
- Students attending Clinton Public Schools, *regardless of age*.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, please print clearly. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	B) Is the child a student in the district? List the name of the school, the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.	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, runaway or in a Head Start Program? If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and complete all steps of the application.
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP OR TFA?

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 Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in any of the above listed programs:
<ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<ul style="list-style-type: none"> • Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker. <p>Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.</p> <ul style="list-style-type: none"> • Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Children" and "Sources of Income for Adult," printed on the back side of the application form, to determine if your household has income to report.
- 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 suspect 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.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

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.

3.B. REPORT INCOME EARNED BY ADULTS

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 they are 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.
- Infants, children and students already listed in STEP 1.

B) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. 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 a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any 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. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

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."

C) Send completed form to your kids school.

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.

Frequently Asked Questions (FAQs) About FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Clinton Public Schools** offers healthy meals every school day. Breakfast costs \$ **1.75 at Joel and Pierson** and **\$2.00 at Eliot and Morgan** and lunch costs **\$3.00 at Joel and Pierson** and **\$3.25 at Eliot and Morgan**. **Your children may qualify for either free meals or reduced-price meals.** The reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free and reduced-price meal benefits and detailed instructions.

NOTE: Children receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA) or Medicaid (HUSKY) benefits *may* be directly certified and automatically eligible for free meals without applying for benefits. (Some children who receive Medicaid (HUSKY) benefits **may** also be directly certified and automatically eligible for *reduced-price* meals.) Questions regarding SNAP/TFA/Medicaid and direct certification should be sent to the determining official, **Jon Siciliano at 860-664-6459**.

If you have received a NOTICE OF DIRECT CERTIFICATION for free or reduced-price meals, **do not** complete the application unless instructed to do so by the district. Let the school know if any children in your household are **not** listed on the **Notice of Direct Certification** letter you received, since free meal benefits are extended to all children in a household when directly certified.

Additionally, all school-aged children in income-eligible households can receive school meal benefits regardless of a child's immigration status and the district/school does not release information for immigration-related purposes in the usual course of operating the Child Nutrition Programs.

The answers to the common questions below can help you with the application process.

1. Who can get free or reduced-price meals?

- All children in households receiving SNAP or TFA benefits are eligible for free meals. Note: *Some* students receiving Medicaid (HUSKY) benefits 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. (Note: A foster child is categorically eligible for free meals and 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 non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.)
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

Reduced Federal Eligibility Income Chart (Effective 7/1/2018 to 6/30/2019)			
Household size	Yearly	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each Additional Family Member	+ 7,992	+ 666	+ 154

2. **How do I know if my children qualify as homeless 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 you have not been told your children will get free meals, please call **Kelly Enoch at 860-664-6505**.
3. **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 that is not complete, so be sure to fill out all required information. Return the completed application to **your child's school**.
4. **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 eligibility notification, contact **Jon Siciliano at 860-664-6459** immediately.
5. **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 up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first). When the carryover period ends, unless you are notified that your children are directly certified or you submit an application that is approved, your children's meals must be claimed at the paid rate. Though encouraged to do so, the LEA is not required to send a reminder or a notice of expired eligibility.
6. **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.
7. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.
8. **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 and reduced-price meals if the household income drops below the income limit.
9. **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 **Jon Siciliano at 860-664-6459**.
10. **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.
11. **What if my income is not always the same?** List the amount that you **normally** receive. For example, if you normally make \$1,000 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.

12. **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. When this happens, please write “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.
13. **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, these 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. Any additional combat pay resulting from deployment is also excluded from income.
14. **What if there isn’t enough space on the application for my family?** List any additional household members on a separate piece of paper and attach to your application.
15. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP benefits and to contact the Department of Social Services office in your town, contact United Way’s free referral number **2-1-1** (free call, statewide).

If you have other questions or need help, call **860-664-6459**.

Sincerely,

Jon Siciliano
Food Service Director

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, audiotope, 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.

Addendum C: INFORMATION ON THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Dear Parent/Guardian:

If your children qualify for free school meals or milk, you might also qualify for **SNAP** (formerly called Food Stamps). SNAP helps people buy food for themselves and their families. SNAP benefits are issued each month on plastic debit cards. You can use SNAP benefits to buy food at major supermarkets, neighborhood grocery stores, and some farmers' markets authorized to accept SNAP.

HOW TO QUALIFY

If and how much SNAP you qualify for depends on:

- your household's income;
- allowable deductions to your household's income (examples include monthly shelter expenses, medical bills, and court ordered child support);
- your household size; and
- at least 5 years U.S. residency for qualified non-citizens.

If you have access to the Internet, you can go online to see if you may be eligible for SNAP. Go to www.connect.ct.gov and click "Am I Eligible?"

Owning your own home or owning a car will not prevent you from being eligible for SNAP.

Effective October 1, 2017

Household Size	Gross Monthly Income	Gross Annual Income
1	\$1,860	\$22,320
2	\$2,504	\$30,048
3	\$3,149	\$37,788
4	\$3,793	\$45,516
5	\$4,437	\$53,244
6	\$5,082	\$60,984
7	\$5,726	\$68,712
8	\$6,371	\$76,452
For each additional member	+645	+7,740
Larger households = higher incomes		

TO APPLY OR GET MORE INFORMATION

- To find your local Connecticut Department of Social Services (DSS) office, call **United Way's free referral number 2-1-1** (free call statewide).
- You can find a list of all Connecticut Department of Social Services (DSS) offices, or you can apply online at www.connect.ct.gov (click "Apply for Benefits"). You can get the paper SNAP application in English at <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Common-Applications/W-1E.pdf> in Spanish at <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Common-Applications/W-1ES.pdf>.
- The following two organizations conduct outreach for DSS and can assist with applying for SNAP benefits:
 1. **End Hunger CT!** provides a SNAP eligibility screener (www.ctsnap.org) and call center (866-974-SNAP (7627)) to assist in determining eligibility. If you are eligible for SNAP, you will stretch your food dollars, support your school and community, and your kids get school meals at no cost. Many families are surprised they qualify – it is quick, easy and confidential to check by using the screener and call center.

Addendum C: INFORMATION ON SNAP, continued

2. **The Connecticut Association for Community Action (CAFCA)** works with the following community action agencies that will help you enroll in SNAP:

Agency	Phone Number	Areas Served
Action for Bridgeport Community Development, Inc. (ABCD)	203-366-8241	Greater Bridgeport Area and Upper Fairfield County
The Access Community Action Agency (Access)	860-450-7400	Windham and Tolland Counties
Community Action Agency of New Haven, Inc. (CAANH)	203-387-7700	Greater New Haven Area
The Community Action Agency of Western Connecticut, Inc. (CAAWC)	203-744-4700	Northwestern CT and Lower Fairfield County
Community Renewal Team, Inc. (CRT)	860-560-5600	Hartford and Middlesex County
Human Resources Agency of New Britain, Inc. (HRA)	860-225-8601	New Britain and Bristol Areas
New Opportunities, Inc. (NOI)	203-575-9799	Greater Waterbury, Meriden, and Torrington Areas
Thames Valley Council for Community Action, Inc. (TVCCA)	860-889-1365	Naugatuck Valley
Training Education and Manpower, Inc. (TEAM)	203-736-5420	Southeastern CT- New London County

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.

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- (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.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut State Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of **race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Connecticut State Department of Education does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction.**

Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Act Coordinator, Connecticut State Department of Education, 450 Columbus Boulevard, Suite 607, Hartford, CT 06103, 860-807-2071, Levy.Gillespie@ct.gov.

This document is available at <https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/AddendumC.pdf>.



Does Your Child Have Health Insurance?

Connecticut offers low-cost or free coverage!

Dear Parent / Guardian,

Is your child protected by health insurance? If not, your school and the State of Connecticut want to help. Connecticut's HUSKY Health program, for example, pays for doctor visits (including physical exams), prescriptions, emergency care, vision and dental care, mental healthcare, special healthcare needs and more. It's for children under age 19 in families of all incomes. Approximately 300,000 Connecticut children now have their healthcare covered by the HUSKY Health program. **There are two parts to the HUSKY Health program for children:**

- I. **HUSKY A** (or Medicaid) - For children in families with limited income. Parents, relative caregivers and pregnant women may also be eligible.
- II. **HUSKY B** (or Children's Health Insurance Program) - For children in families with higher incomes.

You can apply for HUSKY A or HUSKY B any time of the year.

To apply **online**, please visit AccessHealthCT.com

To apply **by phone**, please call **855-394-2428** (TTY: 855-789-2428)

For general information about HUSKY Health, please visit www.ct.gov/Husky

Your child needs YOU to stay healthy, too!

When you apply for HUSKY Health for your child, see what Access Health CT has to offer you.

Most Connecticut residents have to wait until the next Open Enrollment period (**November 1, 2018 - December 15, 2018**) to get healthcare coverage through Access Health CT. You may be able to get coverage earlier if you have a **Qualifying Life Event** OR if you qualify for Medicaid (HUSKY A or D) or CHIP (HUSKY B).

What is a Qualifying Life Event? Qualifying Events* include:

- Just married an Access Health CT customer
- Having or adopting a child
- Permanently moving to Connecticut from another state
- Losing other affordable, minimum Essential Health Benefits
- Having a change in income or household status

*For more information visit Learn.AccessHealthCT.com/Special

