

**NEWTOWN MIDDLE SCHOOL**  
**FIRST DAY ON-LINE STUDENT PACKETS**  
9.2.20

Welcome Back! Everything your child would normally bring home to you on the first day of school is here! The district will continue to utilize the 'online returning school registration'. (Log into the PowerSchool Parent Portal. Select the student you wish to register along the top. Select the InfoSnap Student Registration Icon on the left side for ACADEMIC YEAR. Agree to the terms and conditions. Click Begin Forms).

PLEASE review and complete the following at your earliest convenience. Thank you!

- NMS Written Acknowledgement Form. Please follow this link:  
[https://docs.google.com/forms/d/e/1FAIpQLSe\\_MQ0\\_OygQXA1br2twoOPLtDAju0FdysXy9gju3GLhNDfDeA/viewform](https://docs.google.com/forms/d/e/1FAIpQLSe_MQ0_OygQXA1br2twoOPLtDAju0FdysXy9gju3GLhNDfDeA/viewform)
- NMS Attendance/Tardy/Early Dismissal/Nurse/Dropped Off Items/Bus Procedures
- NMS PTA: Welcome/Membership/Directory/Fundraising Letter
- NMS PTA: Directory Advertising
- NMS PTA: NMS Spirit Wear
- NMS Photo Day(s)
- District Reduced Lunch Application/Husky Health/Snap Program
- District School Based Health Center Information and Application

**ATTENDANCE/TARDY/EARLY DISMISSAL/NURSE/PARENT-PICK UPS/WALKERS/DROPPED OFF ITEM/BUS PROCEDURES**

9.2.20

**ATTENDANCE:**

If your child is sick, please email [NMSAttendance@newtown.k12.ct.us](mailto:NMSAttendance@newtown.k12.ct.us) or call 203.270.6145. Please be very specific on the symptoms your child is exhibiting such as temperature of fever, cough, runny nose, nausea, vomiting, etc. You can report this 24/7.

**TARDY:**

Students that arrive late should enter the school through the main entrance (by the lobby) and go directly to the security guard who will take their name and cluster and time of arrival. Students should then go directly to their assigned class.

**EARLY DISMISSALS:**

If a parent must pick up their child early from school please email 24 hrs in advance [NMSAttendance@newtown.k12.ct.us](mailto:NMSAttendance@newtown.k12.ct.us) - if less than 24hrs please call 203.426.7638 and let us know the student name and time of pick-up. Upon the parent's arrival to pick up their child, please wait in the vestibule of the main entrance and your child will meet you there once checking out with the security guard.

**UNPLANNED DISMISSAL FROM NURSE:**

After the nurse contacts the parent(s) and arranges for the student to be picked up, the student will wait in a designated room in the Nurse's Office while waiting for their parents to arrive. When the parent arrives at NMS, they are to park along the school building and call either the nurse at 203.426.7636 or the C Wing Office at 203.426.7638 to inform us that they are here and their student can be dismissed.

**PARENT/PICK-UP AT END OF DAY (STUDENT NOT TAKING BUS HOME)**

If you plan to pick up your child every day, please send an email to [NMSAttendance@newtown.k12.ct.us](mailto:NMSAttendance@newtown.k12.ct.us) and give a one-time permission for the entire school year. If you need to pick up your child on certain days regularly, an email stating that will also suffice for the year.

If you plan on occasionally picking up your student, you must email [NMSAttendance@newtown.k12.ct.us](mailto:NMSAttendance@newtown.k12.ct.us) each day you need to do so. If it is a 'last minute decision to pick up your child' (after 2:00 p.m.) , please ensure you also dial 203.426.7638 and inform the school.

As a reminder, if your child is in the A Wing, the pick-up is the horseshoe door. If your child is in the C Wing, pick-up is the cafeteria door.

**WALKERS**

If your child will have permission to walk ALL YEAR LONG, you must sign up on Power School. Please go to Student Enrollment Verification/Emergency/Student Dismissal and check this box to get your child put on the EVERY DAY WALKING LIST.

If your child will have permission to walk ONLY ON CERTAIN DAYS, you must email [NMSATTENDANCE@newtown.k12.ct.us](mailto:NMSATTENDANCE@newtown.k12.ct.us) by 12:00 that specific date to get your child on the walking list.

PLEASE NOTE THAT THE BEST CHOICE WOULD BE TO CHECK THE POWER SCHOOL STUDENT DISMISSAL LIST FOR ALL YEAR LONG - this does not mean that your child still can not take the bus nor has to walk that day - it just allows them to walk when you need them to.

**ITEM(S) DROPPED OFF FOR YOUR CHILD DURING THE SCHOOL DAY:**

If a parent must drop off an item for their child during the school day, the item will be placed on a table in the vestibule (near the main entrance) - the item **MUST** be marked with the student's name and cluster. If the item is dropped off prior to the student's lunch it will be given to the student during their lunch; if the item is dropped off after the student's lunch, the student will be told to pick it up prior to the end of the school day.

**BUS PASSES:**

No bus passes will be issued this year as students can not ride any other bus other than the one they are assigned to.



## Newtown Middle School Parent Teacher Association

- Membership/Directory Form
- Annual One-Time Fundraising Appeal

Welcome back to school! COVID-19 has caused a sea of change in our community, and many of us may be working with some new realities and limitations in the coming year. This also means that the way we normally approach PTA business, events, fundraisers, and programs will need to be adapted. We will be looking into alternatives that better fit our current reality. **The NMS PTA will strive to look for the possibilities within our NEW normal!**

**We are asking each family to make a one-time donation of \$25, or whatever you feel comfortable giving, to support the PTA and the programs and support we provide for our students and staff.**

**You can take your support one step further by joining the NMS PTA. Membership by October 2<sup>nd</sup> secures your copy of the student directory. Directories are only available to PTA members.**

**Please use the back side of this form** to indicate your contribution and membership preferences. Return this form with your check payable to NMS PTA via backpack mail to the NMS Main Office by October 2<sup>nd</sup> in order to secure your directory. Your donation and membership help fund our PTA and programs throughout the year. Thank you for your support!

Newtown Middle School PTA Executive Board

Melissa Beylouni, President  
Jennifer Chaudhary, First Vice President  
Monica Kwarcinski, Second Vice President  
Brooke Heinen, Treasurer  
Julia Crisci, Secretary

*Questions or feedback? Please contact the NMS PTA at [newtownmspta@gmail.com](mailto:newtownmspta@gmail.com).*

## NMS PTA Membership and Donation Form

Name (1): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name (2): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student(s): \_\_\_\_\_

Home Room Teacher(s): \_\_\_\_\_

**NMS PTA Membership and Directory** - Please indicate member name(s) in the section above. Membership is required in order to be eligible to vote during meetings. We welcome members throughout the year; forms must be returned by October 2<sup>nd</sup> to secure your copy of the student directory. Membership fee is not tax-deductible.

**Circle your choice: Family, Individual, or Staff membership**

**Family PTA membership** (list two names above) ..... \$ **25.00**

Includes 2 adult members & student directory if paid by October 2nd

**Individual PTA membership** (list one name above) ..... \$ **15.00**

Includes 1 adult member & student directory if paid by October 2nd

**Staff PTA membership** (list one name above) ..... \$ **6.00**

Student directory not included, unless requested

**NMS PTA Donation** - Please consider a one-time donation of \$25 or whatever you feel comfortable giving to defray the cost of annual programs while eliminating the need for fundraisers! Your donation is tax deductible to the PTA as a 501(c)(3) organization; consult your tax advisor for confirmation.

**Suggested one-time PTA Donation \$ 25.00**

**Other Donation Amount: \$ \_\_\_\_\_**

**Total Amount Enclosed (Membership + Donation)**

\$

*Please make check payable to NMS PTA – one check combining donation and membership fee is fine.*

### **NMS PTA Volunteer Opportunities**

*Circle your interests and we will contact you. Thank you for your help!*

Teacher/Staff Appreciation

8<sup>th</sup> Grade Dance (June)

Reflections Arts Program



## Newtown Middle School Directory Advertising

The Newtown Middle School PTA is seeking local businesses to help sponsor school programs for the 2020-2021 school year. Our programs will look a little different this year due to COVID-19. We will be looking into virtual author visits, virtual assemblies, sponsoring an online Book Fair, facilitating technology upgrades, providing teacher grants, high school scholarships, staff appreciation events, and much more.

Over the past several years, the Newtown Middle School PTA has funded Scott Driscoll for parents and students to help keep our students safe online, performances by Andes Manta (a fantastic musical group), author visits, a send-off for our 8<sup>th</sup> graders, and scholarships for graduating seniors, among other things. **Annually, these programs require a budget of \$10,000 to manage.**

Sponsors receive space – either through a half page or full page ad – to promote their business and/or service in our school directory. The directory is available for both school families and staff PTA members.

This is a great opportunity for you to promote your business across our Newtown Middle School community while supporting education.

Please let me know if you'd like us to hold ad space or if you'd like to discuss further. Thank you for your consideration.

Melissa Beylouni — President  
Newtown Middle School PTA — [newtownmspta@gmail.com](mailto:newtownmspta@gmail.com)

# Newtown Middle School School Directory Advertising

Support our students and staff while you promote your business or service across our community with an advertisement in our school directory!

	<p>Half Page (3-¼ x 4-½) \$100</p> <p>Full Page (6-½ x 9) \$200</p> <p>Deadline: September 30</p>
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Contact Person \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please email advertising graphics to [newtownmspta@gmail.com](mailto:newtownmspta@gmail.com) and send check payment made out to NMS PTA to Newtown Middle School, 11 Queen Street, Newtown, CT 06470 or via backpack mail through the NMS Main Office.

Questions? Please let us know! [newtownmspta@gmail.com](mailto:newtownmspta@gmail.com)

Thank you for your support!



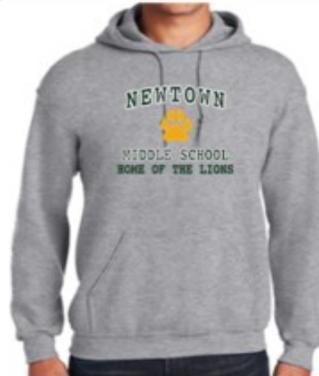
## Newtown Middle School

Your **ONLINE** store is now **OPEN!**

The order DEADLINE is  
September 12th



**Additional apparel options are available online!**



Orders can be placed at;

[www.NewtownApparel.com/collections/nms](http://www.NewtownApparel.com/collections/nms)

**Orders will be available for pickup at your school  
approx 2 weeks after the store closing date.**

Order online through  
**September 12th**

Please refer to the sizing charts online PRIOR to placing your order.  
Orders are custom made and returns/exchanges are not accepted

For any questions, please contact your store rep: [newtownnmspta@gmail.com](mailto:newtownnmspta@gmail.com)



# NMS Spirit Wear

All sales of Spirit Wear will support the installation of the NMS Be Kind Mural scheduled for Fall 2020



Student's First and Last Name \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Grade & Cluster \_\_\_\_\_

In case we have questions about the order please provide an email \_\_\_\_\_ cell \_\_\_\_\_

\$12



### NMS T-Shirts (Green & Gold)

Available Sizes

- Youth X-Large \_\_\_\_\_
- Adult Small \_\_\_\_\_
- Adult Medium \_\_\_\_\_
- Adult Large \_\_\_\_\_
- Adult X-Large \_\_\_\_\_

**NMS  
Spirit Days  
Coming  
Soon!**

### NMS Pop Sockets

\$8



# of Pop Sockets \_\_\_\_\_

\$10



### Solid NMS Socks (Green & Gold)

Sizes correlate to men's shoe size

- Small (6-8) \_\_\_\_\_
- Med (8-10) \_\_\_\_\_
- Large (10-12) \_\_\_\_\_
- X-Large (12-15) \_\_\_\_\_

\$10



**LIMITED QUANTITIES – ORDER NOW!**

### Striped NMS Socks (Green & Gold)

Sizes correlate to men's shoe size

- Small (6-8) \_\_\_\_\_
- Med (8-10) \_\_\_\_\_
- Large (10-12) \_\_\_\_\_

- No orders will be taken without payment
- **Make checks payable to NMS PTA**
- Place order form and payment in an envelope addressed to: **PTA - SPIRIT WEAR**
- Please allow up to 2 weeks for delivery
- Questions? Contact [newtownmspta@gmail.com](mailto:newtownmspta@gmail.com)

Total # of T-Shirts \_\_\_\_\_ @ \$12 each = \_\_\_\_\_

Total # of Pop Sockets \_\_\_\_\_ @ \$8 each = \_\_\_\_\_

Total # of Socks \_\_\_\_\_ @ \$10 each = \_\_\_\_\_

Total amount enclosed \_\_\_\_\_

**Brought to you by NMS PTA and Student Council**

**NEWTOWN MIDDLE SCHOOL  
PHOTO DAY(s)**

**Cohort A - Monday, September 14th during school  
hours**

**Cohort B - Friday, September 18th during school  
hours**

**Cohort D - Monday, September 14th from 3:00 to 4:00  
as follows:**

**Last Name A thru F - 3:00 to 3:15**

**Last Name G thru L - 3:15 to 3:30**

**Last Name M thru R - 3:30 to 3:45**

**Last Name S thru Z - 3:45 to 4:00**

To order, go to <https://my.lifetouch.com> and enter the Picture ID  
EVTPN8ZSQ. Complete all information. PLEASE ENTER YOUR CHILD'S  
NAME **EXACTLY** AS IT APPEARS IN POWER SCHOOL.

Any questions, please call Mary Pat Frobey at 203-426.7638.

Thank you.

# REDUCED LUNCH APPLICATIONS/HUSKY HEALTH/SNAP PROGRAM

Downloading Free/Reduced lunch Applications

Go to the District Website

Click on the Parent Tab

Click on Nutrition & Lunch Menus

Under Helpful Links, click on

2020 -2021 Free/Reduced Meals Application

Please feel free to contact me regarding any

questions that you may have at

[Kulikowskij@newtown.k12.ct.us](mailto:Kulikowskij@newtown.k12.ct.us)

Jacki Kulikowski

Program Administrator

## Frequently Asked Questions (FAQs) About Free and Reduced-price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Newtown Public Schools offers healthy meals every school day. Breakfast costs \$ 2.45 and lunch costs \$ 3.10 at the Elementary Schools, \$3.35 at Reed & Middle School, \$3.60 and (\$4.25 for the Premium Lunch) at the High School.. **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, **Jacki Kulikowski, 203-270-6134 or [Kulikowskij@Newtown.k12.ct.us](mailto:Kulikowskij@Newtown.k12.ct.us)**

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 Jacki Kulikowski know if any children in your household are **not** listed on the **Notice of Direct Certification** letter you received, since free or reduced 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 Newtown Public School District complies with the federal requirements for meal modifications for children with special dietary needs. The requirements for meal modifications are different for children with and without disabilities. For more information, please contact the food service director, Joseph Stango at 203-426-7637.

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

## FAQs About Free and Reduced-price School Meals

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:

<b>Reduced Federal Eligibility Income Chart (Effective 7/1/2020 to 6/30/2021)</b>			
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Weekly</b>
<b>1</b>	23,606	1,968	454
<b>2</b>	31,894	2,658	614
<b>3</b>	40,182	3,349	773
<b>4</b>	48,470	4,040	933
<b>5</b>	56,758	4,730	1,092
<b>6</b>	65,046	5,421	1,251
<b>7</b>	73,334	6,112	1,411
<b>8</b>	81,622	6,802	1,570
<b>Each additional family member</b>	+ 8,288	+ 691	+ 160

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 or e-mail **Jacki Kulikowski**, [Kulikowskij@Newtown.k12.ct.us](mailto:Kulikowskij@Newtown.k12.ct.us), 203-270-6134
  
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

## FAQs About Free and Reduced-price School Meals

application that is not complete, so be sure to fill out all required information. Return the completed application to **Jacki Kulikowski, c/o Newtown High School, 12 Berkshire Rd., Sandy Hook, Ct 06482**

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 **Jacki Kulikowski @ 203-270-6134** immediately.
5. **Can I apply online?** Yes. You are encouraged to complete the electronic online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **the Newtown Public School Website** to begin or to learn more about the online application process. Contact **Jacki Kulikowski at 203-27-6134** or [Kulikowskij@Newtown.k12.ct.us](mailto:Kulikowskij@Newtown.k12.ct.us) if you have any questions about the online application.
6. **My child's application was approved last year. Do I need to fill out a new one?** Yes. Your child's application is only good for that school year and for 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.
7. **I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
8. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.
9. **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.
10. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing **Mr. Ronald Bienkowski, 3 Trades Lane, Newtown, Ct 06470, 203-426-7619**

## FAQs About Free and Reduced-price School Meals

11. **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.

## FAQs About Free and Reduced-price School Meals

12. **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.
13. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. 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.
14. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, 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.
15. **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.
16. **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 203-270-6134.

Sincerely,

**Jacki Kulikowski**  
**Program Administrator**

## FAQs About Free and Reduced-price School Meals

**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, (AD-3027) found online at: How to File a Complaint, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# 2020-21 Application for Free and Reduced-price School Meals or Free Milk

Complete one application per household. Please use a pen (not a pencil).

Application No: \_\_\_\_\_

## STEP 1 List ALL Household Members who are infants, children and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper.)

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?		Foster	Head Start	Homeless or Runaway
					Yes	No			
							<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"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If NO, > Go to STEP 3  
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.

Case Number: \_\_\_\_\_  
Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

Are you unsure what income to include here?  
  
Flip the page and review the charts titled "Sources of Income" for more information.  
  
The "Sources of Income for Children" chart will help you with the Child Income section.  
  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**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: \$ \_\_\_\_\_  
How often?  Weekly  Bi-Weekly  2x Month  Monthly  Annual

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often?					Public Assistance/ Child Support/Alimony	How often?					Pensions/Retirement/ All Other Income	How often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual
	\$ _____	<input type="radio"/>	\$ _____	<input type="radio"/>	\$ _____	<input type="radio"/>												
	\$ _____	<input type="radio"/>	\$ _____	<input type="radio"/>	\$ _____	<input type="radio"/>												
	\$ _____	<input type="radio"/>	\$ _____	<input type="radio"/>	\$ _____	<input type="radio"/>												
	\$ _____	<input type="radio"/>	\$ _____	<input type="radio"/>	\$ _____	<input type="radio"/>												

Total Household Members (Children and Adults – Step 1 & Step 3)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check If no SSN

## STEP 4 Contact Information and Adult Signature. Mail completed form to Jacki Kulikowski, c/o Newtown High School, 12 Berkshire Rd, Sandy Hook, Ct 06482

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Printed name of adult signing the form \_\_\_\_\_ Signature of adult \_\_\_\_\_ Today's date \_\_\_\_\_

## 2020-21 Application for Free and Reduced-price School Meals or Free Milk

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"> <li>Gross income for salary, wages, cash -- bonuses</li> <li>Net Income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from state or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability</li> <li>Regular Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned Interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>
Social Security	A child is blind or disabled and receives Social Security benefits			
<ul style="list-style-type: none"> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	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.

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](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) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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.

**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 the Newtown Public School District*. 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 Jacki Kulikowski, [Kulikowskij@Newtown.k12.ct.us](mailto:Kulikowskij@Newtown.k12.ct.us), 203-270-6134

**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 the Newtown Public School District *regardless of age*.

<p>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.</p>	<p>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.</p>	<p>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. <i>Foster children who live with you may count as members of your household and should be listed on your application.</i> If you are applying for both foster and non-foster children, go to step 3.</p>	<p>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 <i>complete all steps of the application.</i></p>
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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)

<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> <li>• Leave STEP 2 blank and go to STEP 3.</li> </ul>	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><b>Note:</b> 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"> <li>• Go to STEP 4.</li> </ul>
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### 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) Mail completed form to Jacki Kullkowski, c/o Newtown High School, 12 Berkshire Rd., Sandy Hook, Ct 06482

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.

## Addendum A: Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you provided on your *Free and Reduced-price School Meals/Milk Application* may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. Please sign below for any additional benefits you are interested in receiving. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made. **Note:** Submitting this form will not change whether your children get free or reduced-price meals or free milk.

**NO**, I do **not** want information from my *Free and Reduced-price School Meals/Milk Application* shared with any of these programs.

**YES**, I do want school officials to share information from my *Free and Reduced-price School Meals/Milk Application* with the programs checked below. **Check all that apply.**

**Jacki Kulikowski, Testing fees for PSAT, SAT, PRE-ACT, AP & Transcript fees**

**Jacki Kulikowski, Field trips, Holiday Programs, Caps & Gowns,**

**Pay to Play Fees, Summer Work Programs**

**If you checked YES for any boxes above, complete the information below and sign the form.** Your information will be shared only with the people and applicable programs you checked.

### Please Print

Child's name: \_\_\_\_\_ School: \_\_\_\_\_

Child's name: \_\_\_\_\_ School: \_\_\_\_\_

Child's name: \_\_\_\_\_ School: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please call **Jacki Kulikowski** at 203-270-6134. Return this form to Jacki Kulikowski, c/o Newtown High School, 12 Berkshire Rd, Sandy Hook, Ct 06482

## Addendum A: Sharing Information with Other 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-3027) found online at: [How to File a Complaint](#), 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](mailto:program.intake@usda.gov).

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access health



## Does Your Family Need 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](http://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](http://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, 2020 - December 15, 2020) 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:



Loss of Minimal Essential Coverage



Newly eligible/ineligible for Premium Tax Credits as a result of Divorce, or other Legal Decree or Court Order



Marriage

**> Loss of Coverage Due to Other Circumstances:**



Permanent move to Connecticut

- Expiration of COBRA
- No longer eligible for HUSKY Health
- No longer eligible for an Advance Premium Tax Credit (APTC) or a Cost-Sharing Reduction (CSR)
- Change in citizenship or lawful presence status



Pregnancy, birth, adoption or foster care

**For More Information, Visit [Learn.AccessHealthCT.com/Special](http://Learn.AccessHealthCT.com/Special)**

## 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](http://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, 2019

Household Size	Gross Monthly Income	Gross Annual Income
1	\$1,926	\$23,107
2	\$2,607	\$31,284
3	\$3,289	\$39,461
4	\$3,970	\$47,638
5	\$4,652	\$55,815
6	\$5,333	\$63,992
7	\$6,015	\$72,169
8	\$6,696	\$80,346
For each additional member	+682	+8,177
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 <https://www.connect.ct.gov/access/jsp/access/Home.jsp> (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> and 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](http://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.
  2. **The Connecticut Association for Community Action (CAFCA)** works with the following community action agencies that will help you enroll in SNAP:

## Addendum C: Information on 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	Southeastern CT- New London County
Training Education and Manpower, Inc. (TEAM)	203-736-5420	Naugatuck Valley

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](mailto:program.intake@usda.gov).

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

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of age, ancestry, color, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status, mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, retaliation for previously opposed discrimination or coercion, sex (pregnancy or sexual harassment), sexual orientation, veteran status or workplace hazards to reproductive systems, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes.

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





CONNECTICUT INSTITUTE FOR COMMUNITIES, INC.  
**SCHOOL BASED HEALTH CENTERS**

*“Healthy Kids Make Better Learners”*

Dear Parent / Guardian,

Do you know that Newtown Middle School has a School Based Health Center (SBHC) that can provide medical and behavioral health services to your child during school hours?

**\*Convenient for working parents!** No need to miss work to take your child to an outside provider. We communicate with you and your doctor if necessary.

**\*We help to reduce school absenteeism** by diagnosing and treating illnesses early.

**\*No out-of-pocket costs.** Insurance may be billed; however, parents are never responsible for co-pays or deductibles. Uninsured students will be seen for free.

Services Include:

- Treatment of ear infections, sore throat, allergies, stomachaches, rashes, sprained ankles, etc.
- Prescriptions sent to your pharmacy
- Asthma treatment, inhaler refills
- Lab testing including strep, flu, etc.
- Vaccines
- Anxiety, depression, other mental health concerns, etc.
- History of or current bullying
- Peer relationships
- Behavior problems
- Poor academic performance
- Exposure to trauma / loss
- History of or current self harm and suicidal ideation

To take advantage of these FREE services, please complete, sign and date the attached two-sided Permission/Medical History Form and return it to the NMS School Based Health Center. Note: Services are provided to 7<sup>th</sup> and 8<sup>th</sup> grade students. **\*Please fill out the attached REVISED 2-page Permission Form, even if you filled one out last year.**

Please call us at 203-270-6114 with any questions.

The SBHC Team - Nancy Kettner, Medical Admin \* Ariel Belek, APRN, FNP \* Jennifer Sawyer, LCSW

Newtown Middle School SBHC, 11 Queen Street, Newtown, CT 06470 (203) 270-6114

# 5 things you should know about school-based health centers



*As a student at Newtown Middle School (NMS), your child can take advantage of medical and mental health services offered during school hours, through the School Based Health Center (SBHC). We work in collaboration with your pediatrician. Our providers will communicate with parents regarding the treatment plan. To take advantage of the SBHC services, please complete, sign and return the 2-page Permission/Medical History Form on the NMS website or have your child stop by the SBHC to pick up a form. Please call us with any questions at 203-270-6114.*

For over 30 years, Connecticut's school-based health centers (SBHCs) have been delivering comprehensive health care to students in the place where they spend 25 percent of their waking hours – school. Today, there are more than 100 school-based health centers in the state. The centers have become part of the safety net for children and teens, providing physical, mental, and oral health services to over 44,000 students every year in more than 30 communities.

Never heard of a school-based health center? Here are five things you should know.

## **1. School based health centers are not the same as the school nurse's office.**

School-based health centers complement the work of school nurses by providing services for students in need of more complex care — such as treatment for illnesses and injuries, and behavioral. Each school-based health center is a fully licensed primary care facility, staffed by teams of professionals specializing in child and adolescent health, including nurse practitioners or physician's assistants, clinical social workers, medical assistants, operating under the guidance of a medical director. They offer services including therapy, support groups for issues such as anger management and substance abuse, diagnosis and treatment of minor illnesses and injuries, management of chronic conditions such as diabetes and asthma.

*Fast fact: On average, students use their school-based health center 2.7 times each year for medical care. Students receiving mental health services visit an average of 12.1 times in a school year, according to CT Department of Public Health 2014-15 data.*

## **2. Health care plays a big role in schools.**

Being a kid can be stressful. Many children and teens deal with stressors including poverty, bullying, discrimination, anxiety, family financial stress, social media pressures, trauma, and unsafe neighborhoods. These stressors can lead to health issues that impact students' school performance. SBHC staff help students learn resilience and coping skills and allow them to develop relationships with trusted adults.

*Fast fact: 45% of the school-based health center visits in Connecticut each year are for mental health services, according to CT Department of Public Health 2014-15 data.*



Connecticut Institute for Communities, Inc. (CIFIC) Greater Danbury Community Health Center (GDCHC)

## School Based Health Centers Permission Form

All information on the front and back of this permission form must be completed, dated and signed before your child can receive services from the School Based Health Centers. If a student is 18 or older, he/she may sign his or her own permission form. \*Race /\* Ethnicity information is required by the State and will be used for statistical purposes only.

<b>Student Name</b> (Last, First, M.I.)	Date of Birth (month/day/year)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Grade/Cluster
Street Address (Street, Town, State, ZIP code)		Student's Cell Number	

<b>Parent/Guardian Name</b>		Relationship to Student	Date of Birth
Parent/Guardian Address, if different from the student (Street, Town, State, ZIP code)		Parent/Guardian E-Mail address	
Home Phone Number	Cell Phone Number	Work Phone Number	

<b>Parent/Guardian Name</b>		Relationship to Student	Date of Birth
Parent/Guardian Address, if different from the student (Street, Town, State, ZIP code)		Parent/Guardian E-Mail address	
Home Phone Number	Cell Phone Number	Work Phone Number	

<b>Emergency Contact Name</b>		Relationship to Student	
Home Phone Number	Cell Phone Number	Work Phone Number	

<b>*Race:</b> (Please check one) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> More than one race <input type="checkbox"/> Unreported / Refuse to Report		In what country was the student born?
<b>*Ethnicity:</b> Hispanic/Latino? <input type="checkbox"/> YES or <input type="checkbox"/> NO	What language(s) does the student speak? ( <i>check all that apply</i> ) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese <input type="checkbox"/> Other: _____	Translator needed: <input type="checkbox"/> YES or <input type="checkbox"/> NO
Is the student on the free or reduced lunch program? <input type="checkbox"/> YES or <input type="checkbox"/> NO	Estimated Family Income \$:	# of Family Members:

<b>Medical Care</b>		<b>Dental Care</b>	
Name of Doctor or Medical Clinic: <i>If No doctor, write "NONE" below</i>		Name of Dentist: <i>If No Dentist, write "NONE" below</i>	
Doctor's Address (Street, Town, State, ZIP)		Dentist's Address (Street, Town, State, ZIP)	
Doctor's Phone Number:	Date of last physical exam:	Dentist's Phone Number:	Date of last dental exam:

**Pharmacy Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Does the student have <b>MEDICAID/Husky Insurance:</b> YES or NO Medicaid Pending: YES or NO <b>**Please provide a copy of the insurance card</b>  <b>If your child does not have health insurance</b> <b>Please call 1-877-CT-HUSKY</b>  <b>Medicaid #:</b> _____  Child's name on Card: _____  <b>*If NO insurance, contact the SBHC for enrollment Assistance</b>	Does the student have <b>Private/Commercial Insurance:</b> YES or NO <b>**Please provide a copy of the insurance card</b> Name of Insurance Company: _____ Policy Holders Name: _____ Policy Holders Date of Birth: _____ Policy Holders Address: _____ Policy Holders Employer: _____ Relationship to student: _____ Insurance Number for the student: _____ Group number: _____
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## SBHC Medical History Form (Page 2)

Student's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Is the student currently taking any medications?  Yes  No **If YES, please list below including dosages and how often.  
(Include asthma inhalers and EpiPens)**

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**Medical History:**

**Please check all that apply and explain on the lines below:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hospitalization or Surgery               | <input type="checkbox"/> Fainting or Blacking-Out              | <input type="checkbox"/> Concussions                 |
| <input type="checkbox"/> Allergies (food, medication, bees, etc.) | <input type="checkbox"/> Running / Exercise Problems           | <input type="checkbox"/> History of Seizures         |
| <input type="checkbox"/> Seasonal / Environmental Allergies       | <input type="checkbox"/> Asthma / Breathing Issues             | <input type="checkbox"/> Headaches / Migraines       |
| <input type="checkbox"/> Broken bones, Dislocations               | <input type="checkbox"/> Blood Disorders /Anemia / Sickle Cell | <input type="checkbox"/> Diabetes/Thyroid/Endocrine  |
| <input type="checkbox"/> Muscle or Joint Injuries                 | <input type="checkbox"/> Vision Problems (Contacts / Glasses)  | <input type="checkbox"/> Weight or Eating Issues     |
| <input type="checkbox"/> Neck or Back Injuries                    | <input type="checkbox"/> "Mono"                                | <input type="checkbox"/> Females: Menstrual problems |
| <input type="checkbox"/> Heart Defects / Murmurs                  | <input type="checkbox"/> TB or Positive Skin Test              | <input type="checkbox"/> Stomach Problems            |
| <input type="checkbox"/> High Blood Pressure / Cholesterol        | <input type="checkbox"/> Skin Problems (Eczema, Psoriasis)     | <input type="checkbox"/> Hearing Problems            |
| <input type="checkbox"/> Chest Pain during or after exercise      | <input type="checkbox"/> Dental Problems (Pain / Bleeding)     | <input type="checkbox"/> Any other medical problems  |

**Is the student under the care of any medical specialist?  Yes  No**

**Has student seen a dentist within the last year?  Yes  No      Has student seen same dentist for more than one year?  Yes  No**

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**Mental Health History:**

**Please check all that apply and explain on the lines below:**

- |  |   |
|--|---|
| <input type="checkbox"/> Mood Disorder / Depression      | <input type="checkbox"/> Learning Disorder / ADD / ADHD / Autism Spectrum |
| <input type="checkbox"/> Anxiety / Panic / OCD           | <input type="checkbox"/> Loss / Divorce / Deportation of family members   |
| <input type="checkbox"/> Anger / Other Behavioral Issues | <input type="checkbox"/> Substance use / Vaping                           |
| <input type="checkbox"/> Academic Concerns               | <input type="checkbox"/> Eating / Significant Weight loss or gain         |
| <input type="checkbox"/> Cutting / Self-harm             | <input type="checkbox"/> Other unlisted concerns                          |

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**Family History:**

**Please check all that apply and explain which family members they apply too on the lines below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Family member with heart disease   | <input type="checkbox"/> Family member with mental illness (i.e. depression) |
| <input type="checkbox"/> Family member with high cholesterol  | <input type="checkbox"/> Family members with alcohol / drug problems         |
| <input type="checkbox"/> Family member with diabetes  | <input type="checkbox"/> Family medical problems not addressed above         |
| <input type="checkbox"/> <b>Has any sudden family member died of heart problems or sudden death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> |  |

**PLEASE SPECIFY WHICH FAMILY MEMBER (Maternal / Paternal):** \_\_\_\_\_

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*This medical history is accurate to the best of my knowledge. I understand that I am required to inform the School Based Health Center if there are any changes in my child's mental or physical health.*

*I have read the information regarding the CIFIC GDCHC School Based Health Center and I give permission for this student to obtain all services offered at the School Based Health Center while he/she is enrolled in school. I understand that services are confidential, except in life-threatening situation or emergency services and accordance with the law. I give permission to the CIFIC GDCHC School Based Health Centers and the Newtown Public Schools to exchange pertinent information to appropriate persons for the purpose of providing healthcare, diagnosis, treatment and counseling services, as well as maintaining safety in schools. This shared information may include health, academic and special education data needed for treatment/services to the named insurance providers for the purpose of billing. I authorize payments to be made directly to the CIFIC GDCHC School Based Health Center for services provided. My signature below also serves as acknowledgement that I have received a copy of the CIFIC GDCHC's privacy policy as per federal law. Unless I choose to withdraw my consent in writing, this authorization for services at the School Based Health Centers will continue for the entire period of time this student is enrolled in Newtown Public Schools.*

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_



**Connecticut Institute For Communities, Inc. (CIFIC)  
Greater Danbury Community Health Center (GDCHC) NOTICE OF PRIVACY  
PRACTICES**



**THIS NOTICE DESCRIBES HOW THE GREATER DANBURY COMMUNITY HEALTH CENTER (“GDCHC”) MAY USE AND/OR DISCLOSE HEALTH INFORMATION ABOUT YOU, HOW YOU CAN ACCESS TO THIS INFORMATION, YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION AND OUR RESPONSIBILITIES TO PROTECT YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**GDCHC’s Commitment to Your Privacy**

GDCHC is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain at GDCHC concerning your PHI. According to federal and state law, we must follow the terms of the Privacy Notice that we have in effect at the time. This Notice will take effect on August 1, 2013, and will remain in effect until it is amended or replaced by GDCHC.

GDCHC reserves the right to change its privacy practices as the law permits. GDCHC will amend this Notice to reflect any change(s) and make any new Notices available upon request. Any changes to our privacy practices will be effective for all health information maintained, created and/or received by us before the date changes were made.

*You may request a copy of GDCHC’s Notice of Privacy Practices at any time by contacting our Privacy & Security Officer, Diana Trumbley, at (203) 743-0100, or via mail at 57 North St., Suite 311, Danbury, CT 06810. You may also contact Ms. Trumbley with questions about this notice or to file a privacy/security complaint.*

**GDCHC WILL KEEP YOUR HEALTH INFORMATION CONFIDENTIAL, USING IT ONLY FOR THE FOLLOWING PURPOSES. PLEASE NOTE THAT THE FOLLOWING USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.**

**Treatment:** While we are providing you with health care services, we may share your protected health information (PHI), including electronic protected health information (ePHI), with other health care providers, business associates and their subcontractors or individuals who are involved in your treatment, billing, administrative support, or data analysis. These business associates and subcontractors are required by Federal law to protect your health information. For example, we may ask you to have laboratory tests (such as blood or urine), and we may use the results to help us reach a diagnosis. We may use your PHI in order to write a prescription for you, or we may disclose your PHI to a pharmacy when we order a prescription for you. We have established “minimum necessary” or “need to know” standards that limit various staff members’ access to your health information according to their primary job functions. Additionally, everyone on our staff is required to sign a confidentiality statement.

**Payment:** We may use and disclose your PHI to seek payment for services we provide to you. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatments. This disclosure involves our business office staff and may include insurance organizations, collections or other third parties that may be responsible for such costs, such as family members.

**Healthcare Operations:** We may use and disclose your PHI to operate our business. For example, we may use your PHI to evaluate the quality of care you received from us, to evaluate the implementation of our compliance programs, and/or to conduct cost-management or business planning activities.

**Abuse or Neglect:** We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

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**NOTE: This is an abbreviated version of GDCHC’s Notice of Privacy Practices. The full notice lists: (1) additional ways GDCHC may use your health information; (2) situations when your authorization is required for release; and (3) your rights regarding PHI. A full notice is available at all GDCHC sites. To receive a copy of the full and complete GDCHC Notice of Privacy Practices, please contact School Based Health Center Staff. Rev. 4/2014**