****IMPORTANT****PLEASE READ****IMPORTANT****PLEASE READ****

STUDENT 1st DAY ENVELOPE CONTENTS
NEWTOWN MIDDLE SCHOOL
8.20.19

Please go to https://nms.newtown.k12.ct.us/ and make this site one of your favorites. It is the Newtown Middle School home page, and you can access ALL the information you need for you and your child. Take a minute to review the various drop down headings such as PARENT RESOURCES or STUDENT RESOURCES or ABOUT US. The CALENDAR on the far right will have daily information/club schedules, etc. as they occur. This site is an IMPORTANT LINK OF COMMUNICATION – please utilize it on a daily basis.

The Newtown School District has 'gone green'. 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. Agree to the terms and conditions. Click Begin Forms).

Once you have completed this online form, as a parent you are already half-way done reviewing the necessary paperwork for your child! Included in this envelope are just a few more items that require your attention. Please review, complete, and return as necessary to your child's homeroom teacher by Friday, August 30th†.

- PTA: Welcome/Annual Appeal Letter
- PTA: Directory Advertising Letter
- PTA: NMS Spirit Wear Sale
- NMS: School Based Health Centers Information and Permission Form
- NMS: Student Handbook/Parent Signature Form
- NMS: Student Photo Form (Picture Day is Wednesday, September 4th)
- NMS: 7 Blue Only – Nut Free Cluster Letter
- District: Free and Reduced-Priced School Meals Form
- District: Voluntary Student Accident Insurance Form
- District: Nice (Newtown International Center for Education form)
- District: Stop and Shop 'School Earn Cash' Form

WISHING YOU A GREAT SCHOOL YEAR!

Newtown Middle School
Parent Teacher Association

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

Welcome back to school! The NMS PTA has a number of programs and events planned, and we need your help to make them happen. **In lieu of multiple fundraisers, the PTA is asking for your help to raise the funds needed to run the programs that support our staff and students each year.** These include cultural arts events, digital safety presentations, art contests, staff grants that fund equipment and services for students, high school scholarships, staff appreciation events, and more.
Annually, these programs require a budget of $10,000.

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

You can take your support one step further by joining the NMS PTA. Membership by September 30th secures your copy of the student directory. Directories are only available to PTA members.

<u>Please use the back side of this form</u> 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 September 30th in order to secure your directory. Your donation and membership help fund our programs throughout the year. Thank you for your support!

Newtown Middle School PTA

Melissa Beylouni & Kristen Bonacci, CO-Presidents
Jennifer Chaudhary, First Vice President
Dr. Monica Kwarcinski, Second Vice President
Brooke Heinen, Treasurer
Julia Crisci, Secretary

Questions or feedback? Please contact the NMS PTA at <u>newtownmspta@gmail.com</u>.

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 September 30th 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 September 30

Individual PTA membership (list one name above) ..... **$ 15.00**
Includes 1 adult member & student directory if paid by September 30

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!

- Book Fair
- Cultural Arts
- Reflections Arts Program
- Staff Breakfasts/Luncheons
- 8th Grade Moving Up Dance
- Call Me List

Newtown Middle School Directory Advertising

The Newtown Middle School PTA is seeking local businesses to help sponsor school activities for the 2019-2020 school year. Those activities include arts contests, author visits, science expos, technology upgrades, staff grants, high school scholarships, staff appreciation events, and more.

Over the past several years, the Newtown Middle School PTA has funded sessions for parents and students on keeping our students safe online, performances by Shakesperience, a document camera for music instruction, author visits, standing desks for classrooms, 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
Newtown Middle School PTA
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!

	Half Page (3-¼ x 4-½) $100 Full Page (6-½ x 9) $200 Deadline: September 30

Contact Person_____

Business Name_____

Address_____

Phone_____ Email_____

Authorized Signature_____

Please email advertising graphics to 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

Thank you for your support!

Hanes® Ultimate Cotton Pullover Hooded Sweatshirt - $30

- 9.7 ounce, 90/10 cotton/ poly
- Low pill high density fabric
- 100% cotton face
- Two ply hood with grommets and dyed to match draw cord
- Cover seamed armholes and waistband
- Spandex in cuffs and waistband
- Front pouch pocket

Available in Royal Blue with gold
Sizes: Adult Small –XL

Size: ____

Flannel Pants - $30

- Royal Blue / White w/ gold logo
- 100% cotton flannel pant
- Elastic waistband

Sizes: Adult XS-XL

Size: ____

NMS Flannel Plaid PJ Pants Y20Y/F20Y - $25

- The ultimate winner in year-round style and comfort.
- Features a covered elastic waistband, longer length, and roomy cut.
- Constructed from super-soft 4oz 100% cotton flannel.
- Sized Youth YS-YL.
- Unisex Fit.

Sizes: Adult S M L XL
Youth YS YM YL
Size: ____

- These two items are not intended to be used for sleeping or activities related to sleeping. It does not comply with the CPSC's children's sleepwear requirements.

Online ordering through 9/13/19

NMS "Class of" T-shirt PC61 $24

6.1-ounce, 100% soft spun cotton
Sizes: Youth YS YM YL
Adult S M L XL 2XL 3XL
Size: ____

NMS "Class of" Raglan T-shirt PC55RS $28

- A classic, moisture-wicking team look at a great value.
- 5.5-ounce, 50/50 cotton/poly
- Made with up to 5% recycled polyester from plastic bottles
- Removable tag for comfort and relabeling

Sizes: Youth YS YM YL
Adult S M L XL 2XL 3XL
Size: ____

Orders* can be placed directly online at http:// can be placed directly online at http://newtownapparel.com/collecti

Please check detailed sizing information available on the Newtown Apparel website.
Items are made to order, and return/exchange is not possible.
Please be sure to add the following information to the "Notes" section when ordering online:

- Student's first and last name
- Grade and cluster color
- Homeroom teacher

***Orders will be shipped directly to the school within 2-3 weeks of order deadline. Home delivery is not available.**

Questions? Contact the NMS PTA at newtownmspta@gmail.com.

Orders are filled by Newtown Apparel Company. The NMS PTA thanks you for your order!

NMS PTA

NEWTOWN APPAREL COMPANY

NMS Spirit Wear

Online ordering through 9/13/19

Orders* can be placed directly online with credit card payment (2.9% transaction fee) at:
http~~http://~~http://newtownapparel.com/collections/nms .

Please check detailed sizing information available on website.
Items are made to order, and return/exchange is not possible.

NEWTOWN APPAREL COMPANY
EST 2015

Port & Company® T-shirt with "N" logo - $15
100% soft spun cotton
- Heavyweight 6.1 ounce
- Available in youth, men and ladies style and sizes

Available in Royal Blue w/ gold logo or Sport Grey w/dark blue logo

Sizes: Youth – YS – YL
Adult – XS – 4XL

Size: ____ Color:_____

Winter Beanie - $20
- 100% acrylic shell
- 100% polyester fleece lining
- Heather strips w/ dual-color pompom
- Gold embroidered "N" logo

One Size.

Mens/Ladies Microfleece 1/2 - Zip Pullover - $35
- 7.5-ounce, 100% polyester microfleece
- Gently contoured silhouette
- Clear coil zipper with dyed-to-match chain stitching and taping; grey chain stitching on White
- Open cuffs and hem
- Thumbholes to keep hands warm
- Embroidered logo

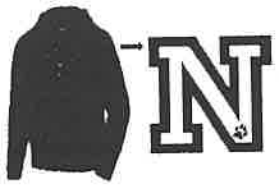
Sizes: XS-4XL

Size: ____

Cotton ZIP up Hooded Sweatshirt - $35
- 9.7 ounce, 90/10 cotton/ poly
- Low pill high density fabric
- 100% cotton face
- Two ply hood with grommets / dyed to match
- Cover seamed armholes and waistband
- Spandex in cuffs and waistband
- Front pouch pocket

Available in Royal Blue with gold and Grey with dark blue
Sizes: Youth SM – Youth Large or
Adult SM – XL

Size: ____ Color:_____



Sport-Tek® Sport Wick Fleece Color block Hooded Pullover - $40
- 8 ounce, 100% polyester
- Sport Wick moisture wick technology
- Three panel hood with contract lining
- Set in sleeves
- Front pouch pocket
- Self fabric cuffs and hem
- Dark Smoke Grey and Navy logo

Sizes: Adult Small – XL

Size: ____

Moisture Wicking Long Sleeve T-Shirt - $22
- Lightweight 3.8-ounce
- 100% Polyester w/ PosiCharge Technology
- Removable tag for comfort and relabeling
- Set-in sleeves
- Royal blue w/ gold logo

Sizes: Youth YS – YXL
Adult XS – 4XL

Size: ____

*Orders will be shipped directly to the school within 2-3 weeks of order deadline

turn over/page 2 for more gear!

NEWTOWN MIDDLE SCHOOL
8.20.19

The Newtown Middle School requires written acknowledgement that you have reviewed specific policies and regulations explained in the online Student/Parent Handbook. An online copy of the handbook is available to you by utilizing the link below (Control and Click) or you can go to the NMS Home Page/Click on Student Resources/then please click Student Handbook:

https://nms.newtown.k12.ct.us/_theme/files/Student%20Parent%20Handbook%20web.pdf

ONLINE STUDENT/PARENT HANDBOOK. We have read the school rules and regulations which help provide a safe, meaningful, and enjoyable school year.

NMS DISCIPLINARY GUIDELINES. We have reviewed and understand the disciplinary guidelines describing the expected behavior and consequences imposed when students do not demonstrate the expected behaviors.

BOARD OF EDUCATION CHEATING POLICY. We have read the policy on cheating and understand its content.

SAFE SCHOOL CLIMATE POLICY AND PROCEDURES 8-605 & 8-606. We have read the Safe School Climate policies and procedures.

NMS DRESS CODE AND DISTRICT DRESS CODE POLICY 5132. We have read the Newtown Middle School and District Dress Code and understand their content.

By signing below, we acknowledge that we have read the above information:

***PRINT STUDENT NAME and HOMEROOM TEACHER:

_____

***SIGNATURE/DATE OF PARENT/LEGAL GUARDIAN:

_____

***SIGNATURE/DATE OF CHILD(ren) ATTENDING NMS:

_____

_____

Please return completed form to child's homeroom teacher by Friday, August 30th

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC.

SCHOOL BASED HEALTH CENTERS

"HEALTHY KIDS MAKE BETTER LEARNERS"

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, stomach aches, 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 7th and 8th grade students.

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

The SBHC Team - Nancy Kettner * Karen White APRN, FNP * Jennifer Sawyer, LCSW

Connecticut Institute For Communities, Inc. (CIFC)
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.

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.

Registration # _____

Connecticut Institute for Communities, Inc. (CIFC) 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. Demographic information is required by the State and will be used for statistical purposes only.

Student Name (Last, First, M.I.)	Date of Birth (month/day/year)	☐ Male ☐ Female	Grade/Cluster
Street Address (Street, Town, State, ZIP code)		Home Phone Number	

Parent/Guardian Name	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

Parent/Guardian Name	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

Emergency Contact Name	Relationship to Student
Home Phone Number	Cell Phone Number	Work Phone Number

Demographic Information	Race: (Please check one) ☐ American Indian/Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ More than one race	
Is the student Hispanic/Latino? ☐ YES or ☐ NO	What language(s) does the student speak? (check all that apply) ☐ English ☐ Spanish ☐ Portuguese ☐ Other: _____	In what country was the student born?
Is the student on the free or reduced lunch program? ☐ YES or ☐ NO	Family Income Per Year	Family Size

Medical Care **Please provide a copy of insurance card		**Dental Care** **Please provide a copy of dental insurance card	
Name of Doctor or Medical Clinic:		Name of Dentist:	
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:

Does the student have **MEDICAID/Husky Insurance:** YES or NO
Medicaid Pending: YES or NO
****Please provide a copy of the insurance card**

If your child does not have health insurance
Please call 1-877-CT-HUSKY

Medicaid #: _____

Child's name on Card: _____

Does the student have **Private/Commercial Insurance:** YES or NO
****Please provide a copy of the insurance card**

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: _____

I have read the information regarding the CIFC 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 CIFC 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 CIFC GDCHC School Based Health Center for services provided. My signature below also serves as acknowledgement that I have received a copy of the CIFC 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:** _____

SBHC Medical History Form

Student's Name: _____ Date of Birth: _____

Is the student currently taking any medications? If yes, please list medications and dose:

_____

_____

_____

Please check "YES" or "NO." Please explain all "YES" answers in the space provided.

Medical History:	**NO**	**YES**	**(If YES, please explain)**
Allergies (i.e. food, medication, chemicals, etc.)			
Any problems with vision (contacts/glasses)			
Any problems with hearing			
Concussion (when?)			
Fainting or blacking out			
Heart Problems/Murmurs/Chest Pain			
High Blood Pressure/Cholesterol			
Problems Breathing/Coughing/Asthma			
Blood Disease/Disorders (i.e. Anemia, Sickle Cell, etc.)			
History of Seizures			
Diabetes/Thyroid/Endocrine			
Hospitalization or Surgery			
Broken bones, dislocations, or other problems			
Muscle or joint injuries			
Neck or back injuries			
Running/exercise problems			
"Mono" (When?)			
TB or Positive skin test			
Dental Problems			
Headaches or Migraines			
Weight or Eating issues			
Has only one kidney or testicle or eye			
Females: Menstrual problems			
Other medical problems not addressed above:			

Mental Health History:	**NO**	**YES**	**(If YES, please explain)**
Anxiety			
Mood disorder/depression			
Loss/divorce issues			
ADHD/ADD/Learning Disorder			
Autism/Asperger's			
Eating disorder/weight problem			
Cutting/self-mutilation			
Smoking/Alcohol Use/Drugs			
Other mental health/behavioral problems:			

Family History:	**NO**	**YES**	**Relative (who?)**	**(If YES, please explain)**
Death of a relative under age 50				
Family members with heart disease, high cholesterol and/or diabetes (which?)				
Alcohol/Drug Problems				
Mental Illness (i.e. Depression)				
Any other family medical problems not addressed above				
Any other family issues not addressed above				
Is the student under the care of any medical specialist (Explain)				

If you would like to speak with one of the School Based Health Center staff members regarding concerns you may have about your child, or for general SBHC questions, please call during school hours:

Newtown Middle School SBHC Phone: (203) 270-6114 Fax: (203) 270-4644

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.

Date: _____ **Signature:** _____ **Relationship to student:** _____

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. 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, Kulikowskij@newtwon.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 Jacki Kulikowski. Let Jacki Kulikowski 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 **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, Mr. 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 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 7/1/2019 to 6/30/2020)			
Household size	**Yearly**	**Monthly**	**Weekly**
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each additional family member	+ 8,177	+ 682	+ 158

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 **Deborah Mailloux=Petersen, Petersond@newtwon.k12.ct.us. 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 **Jacki Kulikowski, c/o Newtown High School, 12 Berkshire Rd Sandy Hook, Ct 06482**

3. **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, co/ Newtown High School, 12 Berkshire Rd, Sandy Hook, Ct 06482.** Kulikowskij@Newtown.k12.ct.us. **203-270-6134** immediately.

4. **Can I apply online?** No, not at this time.

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 or writing Mr. Ronald Bienkowski, 3 Primrose Lane, Newtown, Ct 06470, 203-426-7619.

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. Contact **Jacki Kulikowski, 203-270-6134, c/o Newtown High School, 12 Berkshire Rd, Sandy Hook, Ct 06482, Kulikow3skij@nwtwon.k12.ct.us** to receive a second 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 **Jacki Kulikowski, 203-270-6134.**

Sincerely,

Jacki Kulikowski

Jacki Kulikowski
Determination Offical

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:
http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

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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, 2018

Household Size	Gross Monthly Income	Gross Annual Income
1	$1,872	$22,459
2	$2,538	$30,451
3	$3,204	$38,443
4	$3,870	$46,435
5	$4,536	$54,427
6	$5,202	$62,419
7	$5,868	$70,411
8	$6,534	$78,403
For each additional member	+666	+7,992
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 off all Connecticut Department of Social Services (DSS) office, 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**) 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

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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.

CSDE
CONNECTICUT STATE DEPARTMENT OF EDUCATION

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

2019-20 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? Yes	Student? No	Check all that apply: Foster	Head Start	Homeless or Runaway
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

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 (Skim this step if you answered "Yes" to Step 1)

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? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Public Assistance/ Child Support/Alimony	How often? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Pensions/Retirement/ All Other Income	How often? Weekly / Bi-Weekly / 2x Month / Monthly / Annual
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○

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 X X X X X _____ **Check if no SSN** ☐

STEP 4 Contact Information and Adult Signature. Mail completed form to

"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 _____

2019-20 Application for Free and Reduced-price School Meals or Free Milk

Sources of Income for Children	
Sources of Child Income	**Examples**
Earnings from work	A child has a regular or part-time job where they earn a salary or wages
Social Security • Disability Payments • Survivor's Benefits	A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives social security benefits
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

Sources of Income for Adults		
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All Other Income**
• Gross income for salary, wages, cash – bonuses • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (*do NOT include combat pay, FSSA or privatized housing allowances*) • Allowances for off-base housing, food and clothing	• 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	• 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

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) 690-7442; or

email: program.intake@usda.gov.

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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 t do next, please contact Jacki Kulikowski, 203-270-6134 or E-Mail Kulikowskij@newtown.k12.ct.us

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 [insert name of school/school district], *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 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.*

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:
• Leave STEP 2 blank and go to STEP 3.	• 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. 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. • 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 of 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 form.* 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 a 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 Kulikowski, 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, Assistance for PSA, SAT & AP Testing
- ☐ Jacki Kulikowski, Assistance for field trips, Holiday Baskets, Caps & Gowns, Sport Physicals
- ☐ **Jacki Kulikowski, Summer Work Program**

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: _____

Parent/guardian name: _____

Address: _____ City: _____ State: ____ Zip: _____

Signature of parent/guardian: _____ Date: _____

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

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: 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.

Choose from these school-approved plans . . .

- Around-the-Clock Plan
- Schooltime-Only Plan
- Extended Dental Plan

Online Access

Plan Brochure & Enrollment Form available at www.studentplanscenter.com

- Click Resources
- Click K–12 Brochures & Enrollment Forms
- Enter access code: 994A
- Click Submit
- Print Brochure & Enrollment form
- Complete and mail today!
- Contact www.colonnainsurance.com to apply on-line with a credit card

- THE POLICY DOES NOT PROVIDE BENEFITS FOR SICKNESS
- NO COVERAGE PROVIDED FOR INJURIES RESULTING FROM THE PRACTICE OR PLAY OF INTERSCHOLASTIC SPORTS

UNDERWRITTEN BY:

COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY
70 Genesee Street
Utica, NY 13502
As Policy Form Series No. CTP-7 (CT) (Rev. 08) et al

CONNECTICUT REPRESENTATIVE:

COLONNA
INSURANCE SERVICES, LLC
P.O. Box 4245
Hamden, CT 06514

OLF-CTSA (19) 4A

access health CT | HUSKY HEALTH CONNECTICUT

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
- 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, 2019 - December 15, 2019**) 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**
- **Marriage**
- **Permanent move to Connecticut**
- **Pregnancy, birth, adoption or foster care**
- **Newly eligible/ineligible for Premium Tax Credits as a result of Divorce, or other Legal Decree or Court Order**

> Loss of Coverage Due to Other Circumstances:

- **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**

For More Information, Visit Learn.AccessHealthCT.com/Special

This partnership to inform parents about health insurance options is in accordance with Section 119 of Public Act 07-02, June Special Session. Special thanks to the Connecticut Department of Education, Connecticut Department of Social Services, Access Health CT, Regional Education Service Centers, and all caring school personnel throughout the state as we join with parents to bring health coverage to Connecticut children. [2019]

NEWTOWN PUBLIC SCHOOLS
3 PRIMROSE STREET
NEWTOWN, CT 06470

OFFICE OF THE SUPERINTENDENT
(203) 426-7620
FAX (203) 270-6199

BUSINESS OFFICE
(203) 426-7618
FAX (203) 270-6110

Dear Parents:

We are once again offering you the opportunity to purchase a voluntary student accident insurance for your child(ren) for the 2019-2020 school year. With high deductions in medical insurance plans that are becoming the norm today, for a small amount you could have additional, if not primary, coverage for your child(ren) during the school year.

The student accident insurance offered pays claims on a primary basis and covers accidental injuries. The exclusions and limitations are explained in the on-line brochure. The one-time cost is as follows, and medical treatments (except exclusions) will be covered for one year from the date of the accident:

Voluntary Student Accident Insurance Agent: Colonna Insurance Services, LLC

Type of Plan	Premium	
	Superior	Economy
Schooltime	$28.00	$14.00
Around-the-Clock (24 hour)	$136.00	$68.00
Optional Extended Dental	$8.00	$8.00

To access the brochure and print the enrollment form, please go to http://www.colonnainsurance.com/ and click the "K-12 Student Insurance" link. Enter Access Code 994A. Or, if you prefer, go to Newtown Public Schools District Website at www.newtown.k12.ct.us and click on the Parents tab and scroll down the menu to 'Student Accident Insurance Info' tab which is located on the light blue bar at the top of the page.

Check your current insurance. Several parents each year do not take school insurance only to find they are not covered for some types of routine injuries and, therefore, incur several hundred dollars' worth of medical bills that could have been covered. In addition, please keep in mind that while the school has liability insurance, our liability insurance only covers injuries to students if liability is proven against the school. The school does not pay for routine accidental injuries.

If you have further questions regarding the voluntary student accident insurance policy, please contact Colonna Insurance Services, LLC at 203-288-5936.

Thank you for your cooperation.

Respectfully,

Lorrie Rodrigue

Dr. Lorrie Rodrigue
Superintendent of Schools

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.

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.

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(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 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.

CSDE
CONNECTICUT STATE DEPARTMENT OF EDUCATION

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

NICE

NEWTOWN INTERNATIONAL CENTER FOR EDUCATION

Are You Interested in International Experiences or Learning Opportunities for You or Your Children?

We invite you to get involved with the Newtown International Center for Education (NICE), a nationally recognized initiative of the Newtown Public Schools. Established in 2008, NICE is a unique district-wide international education initiative that provides international learning programs in our schools and the Newtown community with student exchanges and student ambassador opportunities for the study abroad tours to China, Spain, France, Japan, India, Panama and more.

Working from the belief that it is our responsibility to prepare our children for their world, NICE brings learning opportunities and real-world experiences to its students, teachers and the community. The NICE program is recognized by the State of Connecticut and The Connecticut Association of Schools as a model program for aspiring districts in the region.

The strength of the NICE program is built on key partnerships with our sister schools in Europe and Asia, American Council for International Studies (ACIS), Vatsalyagram India, Conservation through Research Education and Action Panama, and international non-profit alliances such as the Asia Society and Japan Society.

The NICE program aims to prepare students and teachers to be culturally and globally literate citizens through academic learning opportunities and real-world experiences, cultural exposure, and discussion of global issues. We are based in Newtown, Connecticut and work in and with the Newtown Public School system to reach students, teachers, and the community.

In an effort to fulfill our mission, we provide opportunities for students and teachers to travel abroad, host international students and teachers in their homes, participate in cultural activities, and provide interactive and educational cultural programming for Newtown schools.

The NICE program is funded by grants and community donations. NICE, the NICE Club, and the NICE Parent & Community Organization (NICE PCO) are led by administrators, teachers, students, parents and community members of Newtown.

The NICE PCO, a nonprofit 501(c)(3) established to promote and support the NICE program, is looking for parents, teachers and community members who value international education, to become members to help us provide need-based scholarships, support and additional opportunities for our children.

PLEASE FOLLOW US ON SOCIAL MEDIA:

FACEBOOK @NICENewtownInternationalCenterForEducation
https://www.facebook.com/NICENewtownInternationalCenterForEducation/
TWITTER @NewtownNICE https://twitter.com/NewtownNICE
INSTAGRAM @newtownnice https://www.instagram.com/newtownnice/

If you would like to join the NICE PCO, please fill out the form on the other side of this information page and return it to school with your child or mail it.

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FACEBOOK @NICENewtownInternationalCenterForEducation
https://www.facebook.com/NICENewtownInternationalCenterForEducation/
TWITTER @NewtownNICE https://twitter.com/NewtownNICE
INSTAGRAM @newtownnice https://www.instagram.com/newtownnice/

If you would like to join the NICE PCO, please fill out the form on the other side of this information page and return it to school with your child or mail it.

SPAIN

INDIA

CHINA

Newtown International Center for Education
Parent Community Organization (NICE PCO) Membership Form

The NICE PCO, a charitable 501(c)(3), actively seeks parents, community members and corporations to join as members to provide financial support for our need-based scholarships for the study tours and the NICE programming expenses.

YOUR CONTACT INFORMATION:

Name: _____

Email Address: _____

Phone #: _____

Age(s) of Children: _____

School(s) they attend: _____

NICE PCO MEMBERSHIP TYPE:

- ○ Family $25
- ○ Supporting $50
- ○ Founding $75
- ○ Benefactor $100
- ○ Corporate $500 or more

I AM ALSO INTERESTED IN HELPING THE NICE PCO AS A:

- ○ General Volunteer
- ○ Host Family for Exchange Students
- ○ Host Family for Exchange Teachers
- ○ Fundraiser
- ○ Committee Chair
- ○ Board Member

PLEASE RETURN THIS FORM & YOUR CHECK WRITTEN OUT TO *NICE PCO* TO YOUR CHILD'S SCHOOL OFFICE or SEND IT IN THE MAIL:

NICE PCO
NEWTOWN HIGH SCHOOL
12 Berkshire Road
Sandy Hook, CT 06482

Thank you for your support!

STOP&SHOP®

WANT TO HELP OUR SCHOOL EARN CASH?

REGISTER your Stop & Shop Card
using our ID # 06665

Each time you shop at any Stop & Shop
using your Stop & Shop Card,
you will earn A+ Points.
These points become CASH for our school!

Create your online account at
stopandshop.com