



## CLAYSBURG-KIMMEL SCHOOL DISTRICT

531 Bedford Street  
Claysburg, PA 16625  
Phone (814) 239-5141 • Fax (814) 239-5896  
<http://www.ckhsbulldogs.com>

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### Yearly Notices

August 2019

Dear Parent/Guardian:

Both Federal and State legislation requires that you receive various notices on a yearly basis. Attached you will find several of these notices. If you have questions regarding any of these notices, please call my office.

Sincerely,

Darren J. McLaurin  
Superintendent

# CLAYSBURG-KIMMEL SCHOOL DISTRICT

Darren J. McLaurin  
Superintendent  
531 Bedford Street  
Claysburg, PA 16625  
Phone (814) 239-5141



<http://www.cksd.k12.pa.us>

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## Notice to Parents: Student Health Exams, Privacy, and Surveys

August 2019

Dear Parent/Guardian:

The Protection of Pupil Rights Amendment (PPRA) affords parents and students who are 18 years old or emancipated minors (i.e., “eligible students”) certain rights regarding our conduct of surveys, collection, and use of information for marketing purposes, and certain physical exams. These include the right to:

- **Consent** before students are required to submit to a survey that concerns one or more of the following protected areas (i.e. “protected information survey”) if the survey is funded in whole or in part by a program of the U. S. Department of Education (USDOE) :
  1. Political affiliations or beliefs of the student or student’s parents;
  2. Mental or psychological problems of the student or student’s family;
  3. Sex behavior or attitudes;
  4. Illegal, anti-social, self-incriminating, or demeaning behavior;
  5. Critical appraisals of others with whom respondents have close family relationships;
  6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
  7. Religious practices, affiliations, or beliefs of the student or student’s parents;
  8. Income, other than as required by law to determine program eligibility.
  
- **Receive notice and an opportunity to opt a student out of:**
  1. Any other protected information survey, regardless of funding;
  2. Any non-emergency, invasive physical exam or screening as a required condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under state law; and
  3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

- **Inspect**, upon request and before administration and use:
  1. Protected information surveys of students;
  2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
  3. Instructional material used as part of the educational curriculum.

The Claysburg-Kimmel School District has developed policies regarding these rights as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. **The Claysburg-Kimmel School District will directly notify parents and eligible students of these policies at least annually at the start of each school year and after any substantive changes.** The school district will also *directly* notify parents and eligible students, such as through U.S. mail or email, at least annually at the start of each school year of the specific or approximate dates of the following activities and provide an opportunity to opt a student out of participating in:

- Collection, disclosure, or use of personal information for marketing, sales, or other distribution;
- Administration of any protected information survey not funded in whole or in part by the USDOE.
- Any non-emergency, invasive physical exam or screening described above.

Parents and/or eligible students who believe their rights have been violated may file a complaint with the:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-4605

If you have any questions regarding this information, please contact Darren McLaurin, Superintendent.

Sincerely,

Darren J. McLaurin  
Superintendent



## CLAYSBURG-KIMMEL SCHOOL DISTRICT

531 Bedford Street  
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### Notice of Homeless Education Programs

August 2019

Dear Parent/Guardian:

Each year, more than 800,000 school-age children in the United States experience homelessness. The Pennsylvania's Education for Children and Youth Experiencing Homelessness Program (ECYEH) is a required element of a federal grant which supports the program's operation in to make sure that homelessness does not cause these children to be left behind in school. Homeless children should have access to the education and other services that they need to meet the same challenging state academic achievement standards to which all students are held.

The Claysburg-Kimmel School District is required to provide activities for and services to, homeless children, including preschool-age homeless children and youths, enabling them to enroll in, attend, and succeed in school or preschool programs.

The law requires all school districts to inform parents or guardians of their rights. Specifically, it states that, pending resolution of a dispute about school placement, a school district must immediately enroll a homeless student in the student's school of origin or other schools selected on the basis of the child's best interest and provide a written explanation of the rights of appeal to the parent or guardian of the student.

If you have any questions about the ECYEH program, please contact Julie Heckman, Homeless Liaison.

Sincerely,

Darren J. McLaurin  
Superintendent



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### Notice of Public Relations Publications

August 2019

Dear Parent/Guardian:

Federal regulations require that we inform parents concerning information which will be made available to the general public. We release individual student names to the media for recognition of educational and extracurricular awards and accomplishments. Occasionally, student photographs or school videos are released to the media or used for other public relations purposes. Our district website ([www.ckhsbulldogs.com](http://www.ckhsbulldogs.com)) will include school and district information or teacher web page links that may include student work, photographs and other related activities.

If you do not want your child's name or photograph to be released or utilized for a public relations publication, please notify the building principal, in writing, within ten (10) days of the receipt of this letter.

Sincerely,

Darren J. McLaurin  
Superintendent



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### Right to Request Teacher Qualifications

August 2019

Dear Parent/Guardian:

As a parent of a student in the Claysburg-Kimmel School District, you have the right to know the professional qualifications of the classroom teachers who instruct your child. No Child Left Behind (NCLB) federal law allows you to ask for certain information about your child's classroom teachers, and requires the district to give you this information in a timely manner if you ask for it. Specifically, you have the right to ask for the following information about each of your child's classroom teachers:

- Whether the Commonwealth of Pennsylvania has licensed or qualified the teacher for the grades and subjects he or she teaches.
- Whether the Commonwealth of Pennsylvania has decided that the teacher can teach in a classroom without being licensed or qualified under state regulations because of special circumstances.
- The teacher's college major; whether the teacher has any advanced degrees and, if so, the subject of the degrees.
- Whether any instructional aides or similar paraprofessionals provide services to your child and, if they do, their qualifications.

If you would like to receive additional information about any teachers or paraprofessional aides who work with your child, please contact Mr. Darren McLaurin, Superintendent.

Our district is fully committed to the success of your child. We appreciate your partnership in our efforts.

Sincerely,

Darren J. McLaurin  
Superintendent



## What is CHIP?

CHIP, short for the Children's Health Insurance Program, covers uninsured kids and teens up to age 19 who are not eligible for Medical Assistance in Pennsylvania. It's easy to sign up, and even easier to qualify.

Maybe you lost your job or health care has gotten too expensive.

No matter why your kids don't have coverage right now, CHIP may be able to help.

**APPLY TODAY**

**CHIPCOVERSPAKIDS.COM**

## Your uninsured child may be eligible

Based on your family's size and income, your child or teen may be eligible if:

- Younger than age 19
- A U.S. citizen, U.S. national, or qualified noncitizen
- A Pennsylvania resident
- Not eligible for or enrolled in Medical Assistance

*To keep kids covered, CHIP must be renewed every year. It is not automatic, but it is easy. Your CHIP insurance company will send a renewal form 90 days before coverage ends, and they can help you through the process.*



Pennsylvania's Children's  
Health Insurance Program  
**We Cover All Kids.**

## Apply online

Visit [CHIPcoversPAkids.com](http://CHIPcoversPAkids.com) and click on "Apply and Renew."

## Apply by mail

Print a copy of the application at [CHIPcoversPAkids.com](http://CHIPcoversPAkids.com).

Fill it out and mail it, along with necessary paperwork, to the CHIP insurance company of your choice.

## Apply by phone

Call 1-800-986-KIDS (5437) and choose Option 2 to apply by phone. You also can call a CHIP insurance company listed online to apply by phone or request an application. They would be happy to send you one, and can help answer your questions.

**CHIPCOVERSPAKIDS.COM**

**800-986-KIDS (5437)**

**GET HIGH-QUALITY, LOW-COST  
HEALTH CARE COVERAGE FROM CHIP**

I want my child  
to be **strong.**

**chip** Strong





## Quality providers help keep kids strong

Nine out of 10 families covered by CHIP would highly recommend the program to friends and family. It's easy to see why. CHIP is brought to you by leading health insurance companies who offer quality, comprehensive coverage.

You have your choice of major insurance companies with large networks of doctors, specialists, and care facilities near you. Your kids may even be able to keep visiting the same doctors they see now.

No matter which health insurance company you choose, you'll get the same quality service and CHIP benefits.

## CHIP is always there to keep kids strong

CHIP is there with quality, comprehensive health insurance coverage for routine doctor visits and more, including:

- Immunizations
- Routine checkups and well visits
- Prescription drugs
- Dental, eye care, hearing services
- Hospitalization
- Durable medical equipment
- Substance abuse treatment
- Partial hospitalization for mental health services
- Rehabilitation therapies
- Home health care
- Maternity care

**CHIPCOVERSPAKIDS.COM**

## It's free in most cases

Most kids receive CHIP for free. Others can get the same benefits at a low cost. There is no limit on income. If you make too little to qualify for CHIP, your child or teen may be enrolled in Medical Assistance.



## Ready to apply?

### Here's what to have on hand:

- Total household income before taxes (including wages, child support, unemployment, etc.)
- Social Security number of household members applying for CHIP
- Birth dates of household members
- Current/recent health insurance information, if applicable
- Proof of citizenship or legal residency of applicant (if not a U.S. citizen)

Apply online, by mail, or phone. Applications take approximately four to six weeks to process.





August 7, 2019

To Parents of CKSD:

For the safety of our students, buses may be equipped with audio and video recording devices.

Sincerely,

*Darren J. McLaurin*

Darren J. McLaurin, Superintendent



August 2019

**Parent Right-to-Know Parent Right to Know Information as Required by the  
Elementary and Secondary Education Assistance (ESEA) Section 1112(e) 1(A)  
and the Every Student Succeeds Act Section 1112 (e) 1 (A)**

Dear Parent(s)/Legal Guardian(s):

Your child attends Claysburg Kimmel School District, which receives Federal Title I funds to assist students in meeting state achievement standards. Throughout the school year, we will be providing you with important information about this law and your child's education. This letter lets you know about your right to request information about the qualifications of the classroom staff working with your child.

As a Title I school, we must meet federal regulations related to teacher qualifications as defined in ESEA. These regulations allow you to learn more about your child's teachers' training and credentials. We are happy to provide this information to you. At any time, you may ask:

- Whether the teacher met state qualifications and certification requirements for the grade level and subject he/she is teaching.
- Whether the teacher received an emergency or conditional certificate through which state qualifications were waived, and
- What undergraduate or graduate degrees the teacher holds, including graduate certificates and additional degrees, and major(s) or area(s) of concentration.

You may also ask whether your child receives help from a paraprofessional. If your child receives this assistance, we can provide you with information about the paraprofessional's qualifications.

The Every Student Succeeds Act (ESSA) which was signed into law in December 2015 and reauthorizes the Elementary and Secondary Education Act of 1956 (ESEA) includes additionally right to know requests. At any time, parents and family members can request:

- Information on policies regarding student participation in assessments and procedures for opting out, and
- Information on required assessments that include
  - Subject matter tested.
  - Purpose of test.
  - Source of Requirement (if applicable).
  - Amount of time it takes students to complete the test, and time and format of disseminating results.
  -

If you have any questions about your child's assignment to a teacher or paraprofessional, please contact Mr. Matt Hall at Claysburg Kimmel at 814-239-5144 or email him at [mHall@chsd1.org](mailto:mHall@chsd1.org).

Sincerely,

*Darren J. McLaurin*

Mr. Darren J. McLaurin

Superintendent of Schools

## PENNSYLVANIA SCHOOL IMMUNIZATION REQUIREMENTS

The Department of Health is changing school immunization regulations beginning in August 2017. The regulations are intended to ensure that children attending school in the commonwealth are adequately protected against potential outbreaks of vaccine preventable diseases.

**Admission for ALL children in ALL Grades** (K-12) need the following immunizations for attendance:

- DTAP** 4 Doses (tetanus, diphtheria and acellular pertussis)  
1 dose on or after 4<sup>th</sup> birthday
- IPV** 4 Doses (polio)  
4<sup>th</sup> dose on or after 4<sup>th</sup> birthday and at least 6 months after previous dose given)
- Hep B** 3 Doses  
3<sup>rd</sup> dose on or after 24 weeks of age
- MMR** 2 Doses (measles, mumps and rubella)
- VAR** 2 Doses (chickenpox) or evidence of immunity (had disease)

**7<sup>TH</sup> through 12<sup>TH</sup> Grade** need additional immunization requirements for attendance:

- MCV** 2 Doses (meningococcal conjugate)  
First dose is given 11-15 years of age; a second dose is required at age 16 or entry into 12<sup>th</sup> grade  
If the dose was given at 16 years of age or older, only one dose is required
- TDAP** 1 Dose (tetanus, diphtheria and acellular pertussis)



A CHILD MUST HAVE REQUIRED VACCINES OR RISK EXCLUSION FROM SCHOOL.  
A child must have the required medically-appropriate vaccines or a plan to complete those vaccines or risk exclusion from school. A child may still obtain medical, religious or philosophical exemption from meeting the immunization requirements. Talk to your child's pediatrician about the vaccines your child needs to attend school.

### **Exemptions to the school laws for immunizations are:**

**MEDICAL REASONS • RELIGIOUS BELIEFS • PHILOSOPHICAL/STRONG MORAL OR ETHICAL CONVICTION**

A waiver signed by parent must be documented and kept with student's records.

*If your child is exempt from immunizations, he or she may be removed from school during an outbreak.*

**VACCINE SAFETY** Vaccines are held to the highest standard of safety  
The United States has the safest, most effective vaccine supply in history  
Vaccines are continually monitored for safety and effectiveness

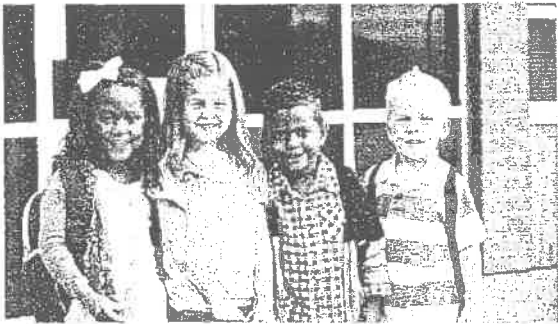
Contact your health care provider or the PA Department of Health at 1-877-PA-HEALTH (1-877-724-3258)

Vaccine information can be found at [www.dontwaitvaccinate.pa.gov](http://www.dontwaitvaccinate.pa.gov)

Pennsylvania's school immunization requirements can be found in 28 PA Code Ch.23 (School Immunization)

# SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

## FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis\* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)\*\*
- 2 doses of measles, mumps, rubella\*\*\*
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

\*Usually given as DTP or DTaP or if medically advisable, DT or Td

\*\* A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose

\*\*\*Usually given as MMR

**ON THE FIRST DAY OF SCHOOL**, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.



## FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

**ON THE FIRST DAY OF 7TH GRADE**, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

## FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

**ON THE FIRST DAY OF 12TH GRADE**, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

**The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.**

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



**pennsylvania**  
DEPARTMENT OF HEALTH





## PUT YOUR BACHELOR'S DEGREE TO WORK.

### Fast-track your career in education with a Guest Teacher Program from ESS.

ESS' Guest Teacher Program offers training to those who wish to substitute teach in Blair County, but do not hold an active Pennsylvania teaching certificate.

Participants will receive step-by-step instructions on how to apply for an Emergency Permit in addition to the requirements mandated by the Pennsylvania Department of Education.

#### Training will cover:

- Planning and Preparation
- Classroom Management
- Instructional Strategies
- Professionalism
- Special Education
- PDE Mandates



Visit [www.ESS.com](http://www.ESS.com) to start your application.  
To learn more, please contact **Melissa Santangelo** at:  
724.244.9512 | [MSantangelo@ESS.com](mailto:MSantangelo@ESS.com)



# Parents: Your High School Student Can Earn College Credits for Free!

For More Info: Contact the HS  
Guidance office 239-5141 ext 1308

## How to Dual Enroll

### 1 COUNSELOR



Discuss with your school counselor what classes are eligible for dual enrollment.

### 2 APPLY



Apply on the college website under the Dual Enrollment Section. Contact your counselor if you need help.

### 3 REGISTER



Register

Your counselor may need to sign your college registration form that contains courses you can take.

### 4 REIMBURSEMENT



Complete the Claysburg Education Foundation Scholarship Application.

### 5 STUDY



\*The Foundation will cover payments based on the student's grades:

A= 100% B=75%



\*Full payment will be extended first to seniors, followed by juniors, and then sophomores until the funding is depleted.

CKSD is NOT guaranteeing reimbursement. Application and approval must be received from the Claysburg Education Foundation.



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Dear Parent/Guardian:

Children need healthy meals to learn. The Claysburg-Kimmel School District offers healthy meals every school day. Breakfast costs \$1.25; lunch costs \$2.00 (Elementary) and \$2.15 (Secondary). **Your child(ren) may qualify for free meals or for reduced price meals.** Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free and reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **NOTICE OF DIRECT CERTIFICATION** letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on 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.

Your children may qualify for free or reduced price meals/milk if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2019-2020			
Household size	Annual	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 person:	8,177	682	158

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, 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 haven't been told your children will get free meals, call or email Julie Heckman, Social Worker/Homeless Liaison (814) 239-5141 ext. 1337 or [jheckman@cksdbulldogs.com](mailto:jheckman@cksdbulldogs.com).
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Robin Echard, CKSD 531 Bedford St., Claysburg, PA 16625; (814) 239-5141 extension 1340 or [rechard@cksdbulldogs.com](mailto:rechard@cksdbulldogs.com).
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact Robin Echard, CKSD 531 Bedford St., Claysburg, PA 16625; (814) 239-5141 extension 1340 or [rechard@cksdbulldogs.com](mailto:rechard@cksdbulldogs.com) immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an 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 [www.cksdbulldogs.com](http://www.cksdbulldogs.com) or visit the PA Department of Human Services website at [www.compass.state.pa.us](http://www.compass.state.pa.us).

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 the first 30 operating school days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
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. 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/or 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 to: MICHELLE SMITHMYER, CKSD 531 BEDFORD ST., CLAYSBURG, PA 16625; (814) 239-5141 EXTENSION 1354 OR [MSMITHMYER@CKSDBULLDOGS.COM](mailto:MSMITHMYER@CKSDBULLDOGS.COM).
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.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 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. Whenever this happens, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. 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, it 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 it to your application. Contact Robin Echard, CKSD 531 Bedford St., Claysburg, PA 16625; (814) 239-5141 extension 1340 or [rechard@cksdbulldogs.com](mailto:rechard@cksdbulldogs.com) to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, visit [www.compass.state.pa.us](http://www.compass.state.pa.us), contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, call ROBIN ECHARD AT (814) 239-5141 EXTENSION 1340.

Sincerely,

**Michelle R. Smithmyer, PCSBA**

**Business Manager/Board Secretary**

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](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](mailto:program_intake@usda.gov)

This institution is an equal opportunity provider.

2019-2020 SY

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS OR SPECIAL MILK PROGRAM

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 Claysburg-Kimmel School District. The application must be filled out completely to certify your children for free or reduced-price school meals. Follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, contact Robin Echard; (814) 239-5141 ext. 1340; rechard@cksdbulldogs.com.

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			
<p>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.</p> <p><b>Who should I list here?</b> When filling out this section, include ALL members in your household who are:</p> <ul style="list-style-type: none"> <li>• Children age 18 or under AND are supported with the household's income;</li> <li>• In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;</li> <li>• Students attending the Claysburg-Kimmel School District, regardless of age.</li> </ul>			
<p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. 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>B) Is the child a student at the Claysburg-Kimmel School District?</b> Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend the Claysburg-Kimmel School District. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the left.</p>	<p><b>C) Do you have any foster children?</b> 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.</p>	<p><b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.</p>
STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP OR TANF?			
<p>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:</p> <ul style="list-style-type: none"> <li>• The Supplemental Nutrition Assistance Program (SNAP).</li> <li>• The Temporary Assistance for Needy Families (TANF).</li> </ul>			
<p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave STEP 2 blank and go to STEP 3.</li> </ul>	<p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-877-395-8930 or your local assistance office.</li> <li>• Go to STEP 4.</li> </ul>		
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS			
<p><b>How do I report my income?</b></p> <ul style="list-style-type: none"> <li>• Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children" printed on the back side of the application form to determine if your household has income to report.</li> <li>• Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.             <ul style="list-style-type: none"> <li>○ Gross income is the total income received before taxes.</li> </ul> </li> </ul>			



- o 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, 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:**
  - o People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - o 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, 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.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."

**C) Write today's date.** In the space provided, write today's date in the box.

**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.

**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, Migrant 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		Grade Enter HS for Head Start		Student?		Homeless, Migrant, Runaway	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	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"/>	<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"/>	<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"/>	<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 TANF?**

If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3) Case Number: \_\_\_\_\_ Write only one nine (9) digit case number in this space.

**STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)**

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

Child Income \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  2x Month  Monthly

**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 no income is received 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 and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income		
	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Weekly	Bi-Weekly	2x Month	Monthly
	<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"/>	<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"/>	<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"/>

Total Household Members (Children and Adults) \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member  X  X  X  Check if no SSN

**STEP 4 Contact Information and Adult Signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL**

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 \_\_\_\_\_

**INSTRUCTIONS Sources of Income**

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> <li>• Disability Payments</li> <li>• Survivor's Benefits</li> </ul>	- 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 - A friend or extended family member regularly gives a child spending money
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
- Income from any other source	

**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.

**Do not fill out For School Use Only**

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Monthly,  Yearly, \_\_\_\_\_ Household Size: \_\_\_\_\_ Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Eligibility:  Free  Reduced  Denied Reason: \_\_\_\_\_  Categorically Eligible  Other Source Categorically Eligible \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Confirming Official's Signature (cannot be the Determining Official): \_\_\_\_\_ Date: \_\_\_\_\_ Signature of School Employee Completing Verification: \_\_\_\_\_ Date: \_\_\_\_\_ Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross Salary, wages, cash bonuses - Net income from self-employment (farm or business) * Reporting Annual Income is allowable for seasonal or self-employment 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 benefits - Regular income from trusts or estates - Annuities - Investment income - Rental income - Eamed interest - Regular cash payments from outside household

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.

\* All Household Applications must be returned to your child's school for processing.