

Simon Kenton School
705 N Ida Street
Kenton, Ohio 43326
Phone (419) 674-4158 Fax (419) 675-3274

CHILD ENROLLEE MEDICAL REPORT

Name: _____ Date of Exam: _____
 First Middle Last

Date of Birth ____/____/____

Sex: Male Female

Height Weight

BP _____ RR _____ HR _____ Pulse OX _____

Temp _____

Wears Glasses yes no
Vision Screening
(P=Pass F=Fail) Right eye _____ Left eye _____ Concerns _____

Wears Hearing Aids yes no
Hearing Screening
(P=Pass F=Fail) Right ear _____ Left Ear _____ Concerns _____

Dental Screening

MEDICAL INFORMATION:

General Appearance _____

Nutritional Status _____

Head _____

Neck _____

Chest _____

Heart _____

Lungs _____

Abdomen _____

Genitalia _____

Extremities _____

Back _____

Neurological _____

Orthopedic _____

Abnormalities as follows: _____

*** STATE MANDATED REQUIREMENT FOR PRE-SCHOOL**

* Hematocrit level:

* Lead level:

CURRENT IMMUNIZATIONS:

	Date	Date	Date	Date
DT/ DTaP				
POLIO				
MMR				
HIB				
HEPATITIS B				
VARICELLA				
HEPATITIS A			CHICKENPOX:	
PNEUMOCOCCAL				
ROTAVIRUS				
INFLUENZA				
MENINGOCOCCAL				

Are Immunizations Up To Date? YES OR NO

➤ IF Immunizations Are Not Up To Date, WHY?

- Medically Contraindicated
- Not appropriate for the Age of the Child
- Parent/Guardian declined for reason of conscience, including Religious convictions (Parents must sign waiver from school)

CAUSE OF DEVELOPMENTAL DISABILITY IF KNOWN:

How can the school assist with special programs, placement, or attention?

PAST HISTORY:

CHRONIC MEDICAL
CONDITION:
(Diagnoses)

ALLERGIES:
(Food/Medications)

SEIZURES: TYPE
(SEIZURE ACTION PLAN)

DESCRIPTION:

SURGERIES:

CURRENT LIST OF MEDICATIONS:

Name of Medication

Dosage

Purpose

PHYSICAL RESTRICTIONS, IF ANY:

DIETARY RESTRICTIONS, IF ANY:

G TUBE

YES

NO

I certify that this individual is free from apparent communicable disease and is in suitable condition to attend a preschool/school/adult program based on his/her medical history and physical condition at the time of this examination.

Physician's Signature

Physician's Name (Please Print or Type)

Date

Address

Phone Number





















City, State, Zip Code

DENTAL/ORAL HEALTH REPORT

Student's Name _____

Date _____

Comments _____

									
A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K
									

Dentist Signature _____

Dentist Printed Name _____

Office Name _____

Office Address _____

Office Phone Number _____

Return to:
Simon Kenton School
705 N. Ida Street
Kenton, OH 43326
Phone - 419-674-4158
Fax - 419-675-3274

SIMON KENTON SCHOOL
EMERGENCY MEDICAL AUTHORIZATION/INFORMATION

Date _____ Student's Name _____

Date of Birth _____

Street Address, City, Zip Code _____

Name of Student's Parents/Guardians _____

Home Telephone Number _____

Email Address _____

Parents/Guardians Cell Numbers (Mom's) _____ (Dad's) _____
(Circle the phone number you prefer we contact first.) Accept Text _____ Yes _____ No

Parents/Guardians Place of Employment (Mom's) _____ Work Number _____
(Can you be reached here? Yes ___ No ___) (Ext. # _____)

Parents/Guardians Place of Employment (Dad's) _____ Work Number _____
(Can you be reached here? Yes ___ No ___) (Ext. # _____)

May individual's name or photo appear in news releases or on our website? _____ Yes _____ No

May individual's picture (no name) appear on Facebook? _____ Yes _____ No

Facts concerning individual's medical history that the physician should be alerted to:

Any kind of allergies? _____

Specific Medical Problems: _____

Medications (include non-prescription medication and dosages):

Does your child have tubes in his/her ears? _____ No left ear _____ right ear _____ both _____

There may be times when we need to contact you because of illness or some other reason. In the event that we cannot reach you, please provide us with the names and phone numbers of two (2) people we can contact.

Name _____ Phone _____

Name _____ Phone _____



Does the individual have a current "Do Not Resuscitate" order _____ Yes _____ No
(If so, please attach a copy to this form)

Medicaid Number: _____

Name of Local Physician: _____

Address: _____ Office Phone: _____

Name of Local Dentist: _____

Address: _____ Office Phone: _____

PART I OR II MUST BE COMPLETED

PART I

In the event that _____ (individual) experiences a life-threatening injury at Simon Kenton School, I acknowledge that he/she will be transported immediately to Hardin Memorial Hospital (or nearest hospital) and efforts will be made to contact me immediately.

Further, I acknowledge that should _____ (individual) experience an injury that requires medical attention that is not life-threatening, all efforts will be made to notify me immediately. If I, or someone else, can not get to Simon Kenton School within 15 minutes of the accident, Simon Kenton School will ensure that the individual is transported to Hardin Memorial Hospital (or to nearest hospital).

In the event that reasonable attempts have been made to contact us (parents) at the above telephone numbers but are unsuccessful, I hereby give consent to:

Dr. _____ (preferred doctor)

Dr. _____ (preferred dentist)

Or in the event the designated preferred practitioner is not available, another licensed physician or dentist may administer the necessary treatment to the individual.

Signature of Parent/Guardian/Individual

PART II

In the event of illness or injury requiring emergency treatment I authorize Simon Kenton School to take no action or to:

Signature of Parent/Guardian/Individual

SIMON KENTON SCHOOL
705 N. IDA STREET KENTON, OH 43326
(419) 674-4158 FAX (419) 675-3274

**PARENT/GUARDIAN AUTHORIZATION TO ADMINISTER
NON-PRESCRIPTION MEDICATION**

I request and give my permission to the facility nurse or other certified and authorized personnel to administer the following non-prescription medication to my child.

Name of Student: _____ Date: _____
Birthdate: _____

NON-PRESCRIPTION, NON-ASPIRIN PAIN RELIEVER

1. Type of non-prescription, non-aspirin pain reliever: _____
2. Amount each dose: _____
3. Frequency each dose (ex. every four hours): _____
4. This medication may be administered four consecutive days at any one time.

NON-PRESCRIPTION ANTACID

1. Type of non-prescription antacid: _____
2. Amount each dose: _____
3. Frequency each dose (ex. every four hours): _____
4. This medication may be administered fourteen consecutive days at any one time.

NON-PRESCRIPTION DIAPER RASH OINTMENT

1. Type of non-prescription diaper rash ointment: _____
2. Amount of each dose: _____
3. To be administered after each diaper change.
4. This medication may be administered fourteen consecutive days at any one time.

NON-PRESCRIPTION SUNSCREEN

1. Type of non-prescription sunscreen _____
2. Amount of each _____
3. To be administered before sun exposure _____

Over

I agree to:

1. Allow the medication to be administered at the discretion of the facility nurse as needed.
2. Send the non-prescription medication in the original labeled container.
3. Notify the facility nurse of changes in medications.
4. Notify the facility nurse of changes in physicians.

I am aware that the facility nurse has the right and responsibility to check with the physician regarding the administration of any medication when in the best judgement it is prudent to do so.

Medications are to be administered beginning _____ (date) and ending _____ (date).

Parent/Guardian Signature

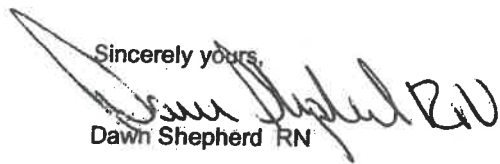
Date

Simon Kenton School
705 N. Ida Street Kenton, OH 43326
(419) 674-4158 FAX (419) 675-3274

PRESCRIPTION AUTHORIZATION FORM

Dear Physician:

In order for prescribed medications to be administered to children enrolled in our program, it is necessary to have an authorization for such drugs on file. To avoid errors, we are requesting the following information for all drugs prescribed.

Sincerely yours,

Dawn Shepherd RN
Health Services Coordinator

Name of Student _____ Date _____

Address of Student _____

Medication	Dosage	Route	Administration	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Possible side effects: _____

Special instructions regarding handling, administration or storage of medication: _____

Medication(s) to be administered beginning _____ (date) and ending _____ (date).

This form is valid for one program year.

The medications listed above have been prescribed by me for the above mentioned individual and are to be administered according to prescription directions when the individual is in attendance at programs operated by the Hardin County Board of Developmental Disabilities.

Name of Physician _____

Address/Office Phone Number _____

Signature of Physician _____

Over →

**PARENTS/GUARDIANS REQUEST FOR THE ADMINISTRATION OF MEDICATION
BY SIMON KENTON PERSONNEL**

I request and give my permission to the facility nurse or other certified and authorized personnel to administer ordered medication to my child.

I agree to:

1. Send in current medications in its original container with a label containing the child's name and written instructions for use from a licensed physician or nurse practitioner.
2. Notify the facility nurse of changes in physicians.
3. Notify the facility nurse of changes in medication, dose, or administration.

I am aware that the facility nurse has the right and responsibility to check with the physician regarding the administration of any medication when in the best judgement it is prudent to do so.

Parent/Guardian Signature

Date

**HARDIN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

Dear Parents,

Each year we put together a roster of each child enrolled in our program, their address, phone number and parent's names. This roster is made available upon request to other parents with children in the program and only to those parents.

We need your permission to include this information on the roster.

Please complete the form below and return it the first day your child attends school.

Sincerely,



Kara Brown

Superintendent

.....

Student's Name: _____

Parent's/Guardian's Names:

Mother _____

Father _____

Check all appropriate items:

_____ I give my permission for my name, my child's name, my address and phone number to be listed on the roster which is made available, upon request, to other parents in the program and only available to those parents. This permission will expire at the end of the current school year.

_____ I choose not to be included on this roster.

_____ Please send me a completed roster.

Parent's Signature

Date

SIMON KENTON SCHOOL
705 North Ida Street Kenton, OH 43326
(419) 674-4158 Fax (419) 675-3274

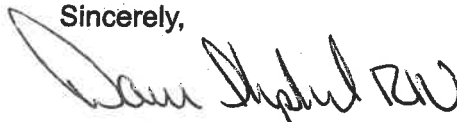
PROCEDURE AUTHORIZATION FORM

Dear Physician;

In order for prescribed procedures to be administered to children enrolled in our program, it is necessary to have an authorization for such on file.

To avoid errors, we are requesting the following information for all procedures prescribed.

Sincerely,



Dawn Shepherd, RN
Health Services Co-ordinator

Name of Student _____ Date _____

Address of Student _____

Procedure: _____

Possible side effects: _____

Special instructions regarding administration: _____

Procedure to be administered beginning _____ (date) and
ending _____ (date). This form is valid for one program year.

The procedure listed above has been described by me for the above mentioned individual and are to be administered according to prescription directions when the individual is in attendance at programs operated by the Hardin County Board of Developmental Disabilities.

Name of Physican _____

Address _____

Office Phone Number _____

Signature of Physican _____

OVER PLEASE

PARENT/GUARDIAN AUTHORIZATION FOR SPECIALIZED HEALTH CARE

We (I) the undersigned, who are the parents/guardians of

Name _____ Birhtdate _____

Request that the following health care service(s) _____

be administered to our child. We understand that the facility nurse or certified and authorized personnel will be performing the above-mentioned health care service. It is our understanding that in performing this service, the designated person(s) will be using standardized procedures which has been approved by our physician.

We will notify the school immediately if the health status of _____ changes, we change physicians, or there is a change or cancellation of the procedure.

Parent/Guardian _____

Date _____

Diet Prescription For Foods at Hardin County Board of Developmental Disabilities

Name of student for whom special diet has been recommended:

Disability or medical condition that requires the enrollee to have a special diet.

Diet Prescription (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Reduced Calorie |
| <input type="checkbox"/> Increased Calorie | <input type="checkbox"/> Modified Texture |
| <input type="checkbox"/> Other (DESCRIBE) _____ | |

FOODS OMITTED AND SUBSTITUTIONS (Please check food groups to be omitted. List specific foods to be omitted and suggest substitutions using the back of this form or attach information).

- | | |
|--|---|
| <input type="checkbox"/> Meat and Meat Alternates | <input type="checkbox"/> Milk and Milk Products |
| <input type="checkbox"/> Bread and Cereal Products | <input type="checkbox"/> Fruits and Vegetables |

Textures Allowed (Check the allowed texture.)

- REGULAR CHOPPED GROUND PUREED

Other Information Regarding Diet or Feeding (Please provide additional information on the back of this form or attach to this form.)

I certify that the above named student needs special diet prepared as described above because of the students disability or chronic medical condition.

Physician/Recognized Medical Authority Signature Office Phone Number Date

Simon Kenton School Transportation Department

Transportation Request

Date of Request _____ Start Date _____

Student Name _____ Birthdate _____

Parents/Guardians Names _____

Address _____

Home Phone # _____ Cell # _____

Emergency Contact Name and Phone #

IF THIS FORM IS FOR FIELD TRIPS ONLY CHECK HERE ____ AND STOP

Classroom Teacher _____

For Preschool (please circle) AM or PM Class

Does your child require any special assistance on the bus? _____

If yes, please explain _____

Does your child have any medical, physical, or behavior concerns that will need to be addressed on the bus? _____

If yes, please explain _____

If your child will be picked up/dropped off **daily** at an address other than home, (Example- babysitter, grandparent, etc.) Please fill in below.

Name of person _____

Address _____

Phone # _____

Please Note: We may ask for Photo Identification from anyone who gets your child off the bus, and they must be listed on the child release form.

We can only accommodate one address for pick up/drop off.

Times of pick up/drop off will be according to the route schedules. You will be notified of your pick up/drop off times.

If there is a change in address for pick up/drop off, transportation needs to be notified at least 3 days in advance to make accommodations.

HARDIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

CHILD RELEASE PERMISSION

In order to ensure the safety and well-being of your child, we are asking you provide us with the names of persons who are authorized to **pick up your child from the school or that can assist with your child off the bus.**

Everyone's name that appears on the list will be allowed to pick up your child at the end of the day or during the day when unique circumstances exist.

Other than the parents/guardians signing the bottom of this form, your child will not be released to anyone whose name is not on the list unless we receive a written note specifically authorizing someone else to pick up your child. There will be no exceptions to this policy. Identification may be required.

In the event that an unauthorized individual attempts to pick up your child, you will be contacted immediately.

Names of Authorized Persons	Relationship to Child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Student's Name

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

HARDIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
SIMON KENTON SCHOOL
2020-2021 CALENDAR

July 1, 2020 First Day of FY 2020 and Program Calendar for all Staff
July 3, 2020 Recognition of Independence Day, Staff Holiday, Program Closed

August 17- 19, 2020 Calamity Days Work in Classrooms
August 20-21, 2020 Training/Work Days for all Staff
August 24, 2020 First Day of School for School Age Students and Preschool
 Students on IEP's
August 31, 2020 First Day of School for Typically Developing Preschool Students

September 7, 2020 Labor Day Observed, Staff Holiday, Program Closed
September 18, 2020 Professional Development for Staff, No School for Students

October 9, 2020 Professional Development for Staff - No School for Students
October 12, 2020 Columbus Day Observed, Staff Holiday, Program Closed
October 23, 2020 Professional Development for Staff and Parent/Teacher
 Conference Day, No School for Students

November 11, 2020 Veteran's Day Observed, Staff Holiday, Program Closed
November 20, 2020 Professional Development for Staff, No School for Students
November 25-27, 2020 Thanksgiving Observed, Staff Holiday, Program Closed

December 21-31, 2020 Winter Break, Program Closed

HARDIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
SIMON KENTON SCHOOL
2020-2021 CALENDAR

January 1, 2021 New Year's Day Observed, Staff Holiday, Program Closed

January 4, 2021 School Re-Opens for Students

January 18, 2021 Martin Luther King, Jr. Day, Staff Holiday, Program Closed

February 5, 2021 Professional Development for Staff, No School for Students

February 15, 2021 President's Day, Staff Holiday, Program Closed

March 10 & 11, 2021 No Preschool Classes, Closed for Typical Screening

April 1, 2021 Parent/Teacher Conference Day- No School for Students
** Delegated Nursing Training for Certified Staff**

April 2 -5, 2021 Spring Break, Program Closed

May 6, 2021 No Preschool Classes, Closed for Parent Teacher Conferences

May 28, 2021 Last Day of School

May 31, 2021 Memorial Day, Staff Holiday, Program Closed

June 30, 2021 Last Day of Fiscal Year

HARDIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
SIMON KENTON SCHOOL
2020-2021 CALENDAR

TOTALS

	<u>Hours in Session for School Age</u>
Instructional Days/Hours	1,124.5 hours
Parent/Teacher Conferences	2 days
In-service Days	2 days

Professional Development for Staff	4 days
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	<u>Hours in Session for Preschool</u>
Instructional Days/Hours	446.16 hours
Parent/Teacher Conferences	2 days
In-service Days	2 days

Make up days-

To be determined by the Superintendent

End of 1st Quarter: October 16, 2020
Progress Reports Due: October 26, 2020
End of 2nd Quarter: January 8, 2021
Progress Reports Due: January 18, 2021
End of 3rd Quarter: March 12, 2021
Progress Reports Due: March 19, 2021
End of 4th Qtr./Progress Reports Due: May 21, 2021



Dear Parents/Staff Members,

Keeping you informed is a top priority at Simon Kenton School. That's why this year we again will offer the One Call Now notification service which will allow us to send a phone message to you providing important information about school events or emergencies. We anticipate using One Call Now to notify you of school delays, early dismissals, and cancellations due to inclement weather, as well as remind you about various events throughout the school year. In the event of an emergency at school, you can have peace of mind knowing you will be informed immediately by phone.

What you need to know about receiving calls sent through One Call Now

- Caller ID will display the school's main number (419-674-4158) when announcement is delivered.
- Cancellation and delay messages will be sent out immediately when a decision has been made. **This could be as early at 5:15am.**
- One Call Now will leave a message on any answering machine or voicemail.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know immediately.

Please return the form below to the school office and allow up to two days before your number is added to the system. Note that all phone numbers will be dialed simultaneously. Thank you for your cooperation and if you have any questions, please don't hesitate to contact us.

Please remember that you will not receive calls unless we have received this form.

Please get permission to provide another person's phone number on the list (such as grandparents or daycare providers). Please mark if these numbers will accept a text message. We are striving to be able to text to everyone.

Student's Name(s) _____

Phone Number _____ *accept text* _____

Phone Number _____ *accept text* _____

Phone Number _____ *accept text* _____

Phone Number _____ *accept text* _____

Phone Number _____ *accept text* _____

Phone Number _____ *accept text* _____

Only authorized administrators of the company may activate the system. One Call Now keeps all of its clients' information confidential and secure. All data is password protected on secure servers.

**HARDIN COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

Dear Parents,

Each year we put together a roster of each child enrolled in our program, their address, phone number and parent's names. This roster is made available upon request to other parents with children in the program and only to those parents.

We need your permission to include this information on the roster.

Please complete the form below and return it the first day your child attends school.

Sincerely,



Kara Brown
Superintendent

Student's Name: _____

Parent's/Guardian's Names: Mother _____

 Father _____

Check all appropriate items:

_____ I give my permission for my name, my child's name, my address and phone number to be listed on the roster which is made available, upon request, to other parents in the program and only available to those parents. This permission will expire at the end of the current school year.

_____ I choose not to be included on this roster.

_____ Please send me a completed roster.

Parent's Signature

Date

Resources

Ohio Department of Education Website
education.ohio.gov/McKinneyVento

LAU Resource Center for English Learners
education.ohio.gov/LAU • (614) 466-4109 •
lau@education.ohio.gov

National Center for Homeless Education (NCHE) – Improving Learning through Research and Development
nche.ed.gov/index.php

School House Connection
schoolhouseconnection.org/about-schoolhouse-connection

National Law Center on Homelessness and Poverty
nlchp.org

Runaway and Homeless Youth
act.hhs.gov/fysb/programs/runaway-homeless-youth

Coalition of Homelessness and Housing (COHHIO)
cohho.org • (614) 280-1984

National Association for the Education of Homeless Children and Youth (NAEHCY)
naehcy.org • (866) 862-2562

National Law Center on Homelessness and Poverty
nlchp.org • (202) 638-2535

SERVE Improving Learning through Research and Development
center.serve.org/nche • (800) 308-2145 (toll-free)

State Homeless Liaison

Susannah Wayland

Ohio Department of Education
Center for Accountability and Continuous Improvement
Office of Federal Programs
25 S. Front St., Mail Stop 404,
Columbus, OH 43215-4183
Susannah.Wayland@education.ohio.gov

Phone: (614) 387-7725

Fax: (614) 752-1622

Toll-Free: (877) 644-6338

District Homeless Liaison

Phone:

Email:



A Parent's Guide to the
Rights of Children and
Youth Experiencing
Homelessness

The definition of homelessness

The McKinney-Vento law says that homelessness includes individuals who do not have a fixed, regular and adequate home because they have lost their own home. This means:

- Individuals who have lost their own home, suffering a financial hardship or similar reason;
- Individuals who are sharing the housing of others;
- Individuals who are living in hotels or motels or in campgrounds or trailer parks that are not viewed as year-round homes because they do not have accommodations, such as heat or running water;
- Individuals who are living in emergency shelters or who have been abandoned in hospitals;
- Individuals who are living in cars, parks or public spaces.

The rights of homeless parents and their homeless students

- Your child may stay in the school he or she was in before becoming homeless or enroll in a school where the child is living for the time being;
- You may make this choice of schools with the best interests of your child in mind;
- Your child must receive the transportation he or she needs;
- You can expect to enroll your child in school without delay, even if you do not

have paperwork, such as your child's birth certificate or medical records;

- Your child has the right to receive free meals;
- Your child must receive the same special programs and services that other children receive, including special education, migrant education and vocational education;
- Your child must receive the same public education other children receive, including preschool.
- Your child cannot be separated from other students in a different school or different program because he or she is homeless;
- Your child may attend the school you choose, even if there is a dispute while the dispute is in the appeal process;
- After being placed in permanent housing, your child may stay in his or her original school for the rest of the school year and receive transportation to that school. This will provide stability for your child.

To help your student have stability, you can:

- Keep in touch with the school district's local contact person to update this person on changes that may occur with the child;
- Inform district contacts when you foresee a change in student's transportation needs;
- Make sure your student is going to school regularly;
- Ask the district contact person about help available in the community;

- Ask for more support for your child's education, if needed. This includes school supplies and support in learning, such as tutoring.

Your district contact person can help you:

- Understand your rights;
- Make a choice between schools;
- Get school records sent to another school;
- Get birth certificates and vaccination records
- Get information about help in the community, such as health, dental and mental health care and other services;
- Make sure your student has the needed academic support;
- Refer your student for early education services, including Head Start and intervention services;
- Connect your student with after-school programs and activities;
- Represent your needs as an unaccompanied youth; and
- Manage disputes about whether you or your child qualify for these services.



2020-2021 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	School	Grade		
			<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"/>

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: _____ **7-DIGIT CASE NUMBER:** _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Regina Comstock @ 419-673-7248.

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/ quarterly
	\$ _____	<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"/>	\$ _____ / _____

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals. Please check a box: Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

Signature of Parent/Guardian: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ I do not have a Social Security Number

Part 7. Children's ethnic and racial 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.

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

Do not complete this section. Intended for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice per Month, Month, Year Household size: _____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____ Reason: _____

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change ____ Free to Reduced Price ____ Free to Paid ____ Reduced Price to Free ____ Reduced Price to Paid ____

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

INCOME ELIGIBILITY GUIDELINES 2020-2021			
Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to provide information, but if information is not provided, the state agency 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), Ohio Works First (OWF) case number or other 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: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.**

No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **KCS Fee Management Personnel**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Regina Comstock** at **419-673-7248** or **comstockr@kentoncitieschools.org**.
Return this form to: 631 Silver Street, Kenton OH 43326 with your application

This institution is an equal opportunity provider.

INSTRUCTIONS FOR APPLYING

A household member is any child or adult living with you.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and grade level for each child.

Part 2: List the 7-digit case number for any household member (including adults) receiving SNAP or OWF benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 7: 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.

IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and school grade level for each child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Regina Comstock, 419-673-7248. If not, skip this part.

Part 4: Complete only if a child in your household is not eligible under Part 3. See instruction for all other households.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security Number are not necessary if you did not need to complete in part 4.

Part 7: 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.

IF YOU APPLY FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name and grade level for each child. Check the box that indicates the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 7: 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.

If some children in the household are foster children:

Part 1: List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

Part 2: If the household does not have a 7-digit SNAP or OWF case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Regina Comstock, 419-673-7248. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and how often it was received:** For each household member, list each type of income received for the month. Check the appropriate box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, list the gross income - not the take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she does not have one).

Part 7: 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.

ALL OTHER HOUSEHOLDS (INCLUDING WIC HOUSEHOLDS) FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box."

Part 2: If the household does not have a 7-digit SNAP or OWF case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Regina Comstock 419-673-7248 option 2 if not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1 – Name:** List all household members with income.
- **Box 2 –Gross Income and how often it was received:** For each household member, list each type of income received for the month. Check the box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income - not take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she does not have one).

Part 7: 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.

Kenton City Schools

Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. The Kenton City School district offers healthy meals each school day. Breakfast is FREE to all students and lunch costs \$2.60 for K-6 and \$2.85 for students 7-12. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is \$0.40 for each lunch meal. This packet includes an application for free or reduced-price meal benefits and detailed instructions. Below are some common questions and answers to help you with the application process.

1. **Who can receive free or reduced-price meals?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF); **foster children that are under the legal responsibility of a foster care agency or court; children participating in their school's Head Start program; and children who meet the definition of homeless, runaway, or migrant** are eligible for free meals. Also, your children may receive free or reduced-price meals if your

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2020-2021			
Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

household's income is within the federal income eligibility guidelines limits.

2. **How do I know if my children qualify as homeless, migrant or runaway?** If members of your household lack a permanent address; are staying together in a shelter, hotel or other temporary housing arrangement; relocate on a seasonal basis or; children live with you who have chosen to leave their prior family or household then the children may qualify as homeless, migrant or runaway. If you have not been told your children will receive free meals, please call or email **Regina Comstock, 419-673-7248 option 2, or comstockr@KentonCitySchools.org**
3. **Do I need to fill out an application for each child?** No. Use one free and reduced-price school meal application for all students in your household. We cannot approve an application that is not complete. Please submit all required information. **Return the completed application to Regina Comstock, 631 Silver St., Kenton OH 43326**
4. **Should I complete an application if I received a letter this school year saying my children are approved already for free meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from the eligibility notification, contact **Regina Comstock, 631 Silver Street, Kenton OH 43326 419-673-7248 option 2** immediately.
5. **Can I apply online?** Yes. If possible, you are encouraged to complete an online application instead of a paper application. The online application requirements are the same and will request the same information as the paper application. Visit KENTON.payschools.com to begin or to learn more about the online application process. Contact **Regina Comstock, 631 Silver Street, Kenton OH 43326 419-673-7248 option 2** with any questions about the online application.
6. **My child's application was approved last year. Do I need to complete another application?** Yes. Your child's application is valid for that school year and for the start of this school year. You are required to submit a new application unless the school notified you that your child is eligible for the new school year.

7. **I receive Women, Infants and Children (WIC) benefits. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit a completed application.
8. **Will the information I give be checked?** Yes, we also may ask you to send written proof.
9. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to the following contact person: **Regina Comstock, 631 Silver Street, Kenton OH 43326 419-673-7248 option 2.**
11. **May I apply if someone else in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify 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 \$1,000 each month, but you missed some work last month and only made \$900, submit the report with the routine amount of \$1,000 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 that are asked for you to report on the application or may not receive income at all. When this happens, please write a 0 in the corresponding field. However, if any income fields are left empty or blank, those also will be counted as zeroes. Please be careful when leaving income fields blank.
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, it also must 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 also is excluded from income.
15. **What if there is not 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 **Regina Comstock, 631 Silver Street, Kenton OH 43326 419-673-7248 option 2** to receive a second application.
16. **WHY AM I BEING ASKED TO GIVE MY CONSENT FOR AN INSTRUCTIONAL FEE WAIVER?** OHIO PUBLIC SCHOOLS ARE REQUIRED TO WAIVE THE SCHOOL INSTRUCTIONAL FEES FOR CHILDREN THAT QUALIFY FOR FREE MEAL BENEFITS. SCHOOL FOOD SERVICE PERSONNEL MUST HAVE PARENT CONSENT TO SHARE THE STUDENT MEAL APPLICATION IF YOUR CHILD(REN) QUALIFY FOR A FEE WAIVER. IF YOU AGREE TO ALLOW YOUR CHILD(REN)'S MEAL APPLICATION TO BE SHARED WITH SCHOOL OFFICIALS TO SEE IF THEY QUALIFY FOR A FEE WAIVER THEN SELECT **YES** IN PART 5. IF YOU DO NOT WISH FOR THAT INFORMATION TO BE SHARED, THEN SELECT **NO** IN PART 5. ANSWERING **NO** TO THIS QUESTION WILL MEAN YOUR CHILD WILL NOT BE CONSIDERED FOR A FEE WAIVER. ANSWERING THIS QUESTION EITHER WAY WILL NOT CHANGE YOUR CHILD(REN)'S FREE OR REDUCED-PRICE MEAL ELIGIBILITY.
17. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call **419-673-7248 option 2.**

Si necesita ayuda, por favor llame al teléfono: 419-673-7248 option 2.

Si vous voudriez d'aide, contactez nous au numero: 419-673-7248 option 2

Sincerely,

Regina Comstock RD LD

Cafeteria Supervisor, Kenton City Schools

