



LEBANON MIDDLE SCHOOL

Chad Johnson, Principal

891 Exeter Road
Lebanon, CT 06249
(860) 642-4702

Welcome to Lebanon! Attached you will find our enrollment packet for your child enrolling in Lebanon Middle School. The following forms are attached:

Authorization For Release of Student Information: Please complete this form and return it as soon as possible so that we may request your student's records from their current school.

School Calendar: The school calendar will let parents know when school vacations, professional days or students will have early-release.

Enrollment Form: This information will be entered into the student database. It is important that we have all telephone numbers and email addresses accurate for communication purposes.

Home Language Survey: A brief survey regarding primary home language in reference to services that could potentially be offered through the school.

Residency Requirements: Please be sure that this form is returned to the school along with the required 2 proofs of residency. Without these documents your child's admission to LMS can be delayed.

Emergency Form: Please fill out *both* sides. This form will be kept in the Health Office as well as sent on field trips in case parents need to be contacted.

Bus Route Request: Please complete the top half of the form (except for Student ID Number) and return to the Middle School Office. We will notify you once we hear back from the bus company.

Chromebook Permission: Every student at LMS is assigned a Chromebook for academic use. A permission slip must be signed by both parent/guardian and student. Insurance is optional. The website for insurance is only active the first month of school. If you are registering mid-year, insurance can be added through the school directly.

Free & Reduced Lunch: This is optional to complete. Please contact Chelsea Williams in Central Office at 860-642-5637 with any questions.

All forms must be completed before your child begins school, as well as copies of your child's immunization records, grades and achievement/mastery test results from their sending school. Also, special education records should be sent prior to your child's enrollment. New student orientation will be held mid-August and is mandatory for both parents and students.

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Date _____

LEBANON PUBLIC SCHOOLS 2023 / 2024 CALENDAR

Important Calendar Dates

August 22 - New Staff
August 23 - Convocation
August 24, 25 - Professional Development
August 28 - School begins for all students
September 1 - Schools Closed
September 4 - Labor Day, District Closed
October 6 - Professional Development
October 9 - Indigenous Peoples' and Columbus Day, Dist. Closed
November 6 - Early Dismissal All Students
 LES, LMS, LMHS Parent Teacher Conferences
November 7 - No School All Students
 LES, LMS, LMHS Parent Teacher Conferences
November 10 - Veterans Day, District Closed
November 22 - Early Dismissal All Students
November 23, 24 - Thanksgiving, District Closed
December 22 - Early Dismissal All Students
December 25 - January 1 Schools Closed
January 15 - Martin Luther King Day, District Closed
January 16-19 - Early Dismissal LMHS (Exams)
February 16 - Early Dismissal All Students, Afternoon P.D.
February 19 - Presidents' Day, District Closed
February 20 - Schools Closed
March 1 - Professional Development
March 14, 15 - Early Dismissal All Students
 LES, LMS, LMHS Parent Teacher Conferences
 March 15 - No PM PreK
March 29 - Good Friday, District Closed
April 8-12 - Schools Closed, April Break
May 24 - Early Dismissal All Students, Afternoon P.D.
May 27 - Memorial Day, District Closed
June 4, 5, 6, 7 - Early Dismissal LMHS (Exams)
June 6, 7 - Early Dismissal All Students
June 7 - Last day for students

- Indicates Holiday/District Closed
- Indicates No School
- Indicates Prof. Dev. / Conferences
No School for Students
- Indicates Early Dismissal: All Students
- Indicates Early Dismissal: LMHS Only

AUGUST 2023 - 4 days				
M	T	W	TH	F
21	22	23	24	25
28	29	30	31	

SEPTEMBER 2023 - 19 days				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

OCTOBER 2023 - 20 days				
M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

NOVEMBER 2023 - 18 days				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

DECEMBER 2023 - 16 days				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

JANUARY 2024 - 21 days				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

Quarters End - HS

October 30, 2023
 January 12, 2024
 March 22, 2024
 June 7, 2024

Quarters End - MS

November 3, 2023
 January 12, 2024
 March 22, 2024
 June 7, 2024

FEBRUARY 2024 - 19 days				
M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	

MARCH 2024 - 19 days				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

APRIL 2024 - 17 days				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

MAY 2024 - 22 days				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

JUNE 2024 - 5 days				
M	T	W	TH	F
3	4	5	6	7

If five school days are cancelled due to inclement weather, etc. prior to March 1st, additional school closing days will be made up during April vacation beginning on April 12th.

180 Student Days
 186 Teacher Days

Trimesters End - ES

December 1, 2023
 March 15, 2024
 June 7, 2024

Approved: 11/18/2022 (rev. 4/4/2023)

Lebanon Middle School

Student Enrollment Form

I. STUDENT INFORMATION

***Please provide a copy of student's birth certificate**

Student's Legal Name: _____
Last First Full Middle

Resident Address: _____
House # Street

Mailing Address: _____
(If different from above)

Male: _____ Female: _____ Grade: _____ Date of Birth: _____ Place of Birth: _____

Is the Student Hispanic/Latino?: Yes _____ No _____

What is the Student's Race?:

_____ North American Indian or Alaskan Native _____ Native Hawaiian/Other Pacific Islander
_____ Asian _____ White _____ Black or African American

Is the Student a Foster Child?: Yes _____ No _____ If yes, Case Worker's Name: _____

Has the student received CT Migratory Children Services?: Yes _____ No _____

In the past 2 years, has the parent/guardian worked in an agriculture related field?: Yes _____ No _____

Is the parent/guardian a member of the U.S. Armed Forces?: Yes _____ Branch: _____ No _____

Other minor (to age 18) children in the family (names and birth dates)

Child's Name _____ DOB _____ Child's Name _____ DOB _____

Child's Name _____ DOB _____ Child's Name _____ DOB _____

II. PARENT INFORMATION

Student is living with (check space(s)): _____ mother; _____ father; _____ step-mother; _____ step-father; _____ guardian;
_____ relative; _____ friend; _____ foster parent

Parent/Guardian: _____ Relationship: _____

Employer: _____ Occupation: _____

Phone numbers - Home: _____ Cell: _____

Work: _____

E-mail: _____

Parent/Guardian: _____ Relationship: _____
Employer: _____ Occupation: _____
Phone numbers - Home: _____ Cell: _____
Work: _____
E-mail: _____

Parent/Guardian: _____ Relationship: _____
Employer: _____ Occupation: _____
Phone numbers - Home: _____ Cell: _____
Work: _____
E-mail: _____

If parents are divorced/separated, are there any custody arrangements the school should be aware of?:

*If a non-residing biological parent would like to be included in a **second mailing**, please fill out the following:*

Name: _____ Relation: _____
Address: _____ Town: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

III. Educational Information

Name of last school attended: _____

Address: _____

Last Grade Completed: _____ Dates Attended: _____

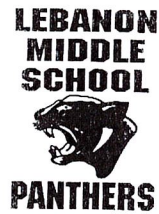
Does the student receive/has received Special Education Services?: Yes _____ No _____

Does the student receive/has received 504 Accommodations?: Yes _____ No _____

Other Services received the school should be made aware of?: _____

Person completing this form: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____



LEBANON MIDDLE SCHOOL

Chad Johnson, Principal

891 Exeter Road
Lebanon, CT 06249
(860) 642-4702

CT Home Language Survey Lebanon Middle School

Welcome to our school!

We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

Student Information

Student Name:

Country of Birth:

Date of Birth:

Date first enrolled in any US schools:

1. What is the primary language used in the home, regardless of the language spoken by the student?

2. What is the language most spoken by the student?

3. What is the language the student first acquired?

1. What language would you prefer for written communication from the school?

2. Will you require interpretation/translation at Parent/Teacher meetings?

Parent/Guardian name (please print)

Parent/Guardian Signature

Date

Thank you for answering the questions. We look forward to working with your child.

**LEBANON MIDDLE SCHOOL
891 EXETER ROAD
LEBANON, CT 06249**

TELEPHONE: (860) 642-4702

FAX NUMBER: (860) 642-3534

RESIDENCY FORM

Date _____

Parent/Guardian Name _____

Residence Address _____
(legal street address)

Mailing Address _____
(please fill out if P.O. Box is used)

Type of residence _____ New

If new dwelling, provide copy of Certificate of Occupancy which must be dated and signed by Town Inspector. Also, copies of any paper work showing the legal address of the dwelling should be submitted as proof of residency.

_____ Existing

If existing dwelling, copies of any paper work showing the legal address of the dwelling should be submitted as proof of residency. Examples of paperwork are utility bill, photo identification (drivers license) with Lebanon address, mortgage paperwork. If you do not have a current utility bill, you can contact the utility company and they will write a letter stating that service has been established at the residence.

_____ Rental

If renting, copies of the lease, should be submitted as proof of residency. Examples of paperwork are utility bill, photo identification (drivers license) with Lebanon address. If you do not have a current utility bill, you can contact the utility company and they will write a letter stating that service has been established at the residence.

Please fill in the date that actual occupancy took place _____

Students are not allowed to attend Lebanon Public Schools until sufficient proof of residency has been established. Any student found attending school but not actually living in said residence, can be removed from school until actual residence has been established. Tuition may be charged at the discretion of the Superintendent's Office.

Signature of Parent/Guardian _____ Date _____

LEBANON PUBLIC SCHOOLS

Lebanon Middle School

Jennifer Rahl, R.N.

jennifer.rahl@lebanonct.org

Phone: (860) 642-5630

Fax: (860) 642-3534

STUDENT EMERGENCY INFORMATION 2023-2024STUDENT NAME: _____ GRADE (2023-2024) _____
Last FirstSTUDENT ADDRESS: _____
Street Town

HOME PHONE: _____ BIRTHDATE (MM/DD/YY): ____/____/____

PARENT / GUARDIAN INFORMATIONMother's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____Father's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____Step-Parent/Guardian: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____**EMERGENCY CONTACTS** *List two (2) neighbors or relatives who will assume temporary care of your child if you cannot be reached. (They must drive and be at least 18 years old.)*1. Name/Town _____ Relationship _____ Phone: () _____
2. Name/Town _____ Relationship _____ Phone: () _____Does your child have health insurance **Yes / No**If not, would you like information involving the Connecticut Husky Plan? **Yes / No****AUTHORIZATION FOR FIRST AID, MEDICAL TREATMENT, TYLENOL/ADVIL OR OTHER MEDICATIONS**

In case of accident, illness or injury, I grant permission for school personnel to administer first aid or secure medical treatment for my child. In case of emergency, your child will be taken to the nearest medical facility.

Parent/Guardian Signature: _____ Date _____

I grant permission for generic forms of Tylenol or Advil or Tums to be administered to my child.

Parent/Guardian Signature: _____ Date _____

If your child has a life threatening allergy or a serious medical condition that may require emergency care or special procedures at school, please telephone school nurse directly prior to beginning of the school year, at time student enrolls, or as soon as diagnosis is made so plans for care can be developed.

Student Allergies	Chronic Illnesses or Medical Conditions (list)	Medications (list) Include medications taken at home
Has student been prescribed epinephrine (EpiPen or Twinject) for a life threatening allergy? Y____ N____ If yes list allergy: _____	_____ _____ _____	_____ _____ _____
Other Allergies: _____		

Please turn over and fill out reverse side

LEBANON PUBLIC SCHOOLS ANNUAL HEALTH SUMMARY

School Year 2023-2024

STUDENT NAME: _____ GRADE: _____

Student's Physician: _____ Phone: (____) _____

Please check the following illnesses or conditions that apply:

- ☐ Frequent colds
- ☐ Sore throats
- ☐ Ear Infections/hearing impairment
- ☐ Seizure disorder
- ☐ Heart
- ☐ Kidney
- ☐ Diabetes
- ☐ Migraines / frequent headaches
- ☐ Other _____
- ☐ Asthma ↓

- ☐ Bone Fractures
- ☐ Dislocations/Sprains
- ☐ Scoliosis
- ☐ Weight Problems
- ☐ Recent Surgery/hospitalization
- ☐ Concussion/Head injuries
- ☐ Frequent nosebleeds
- ☐ High blood pressure
- ☐ Skin conditions

Allergic to:

- ☐ Animals
 - ☐ Drugs
 - ☐ Foods _____
 - ☐ Milk, Milk products
 - ☐ Bee stings
 - ☐ Environmental allergies (dust, pollen, grass, etc)
 - ☐ Other Allergies
- Epinephrine prescribed?
(Y____N____) If yes,
list allergy _____

For asthma only - If checked, please rate severity level

- ☐ mild intermittent ☐ mild persistent
- ☐ exercise induced ☐ severe persistent

Please explain any conditions checked above:

Is there any other condition pertaining to your child's health you would like to bring to the attention of the school nurse? (Please include any major health changes in last year.)

- Has your child had a tetanus booster in the past year? Y____N____ If yes, date _____
- Does your child wear glasses or contacts? Y____N____ for Distance ____ Reading ____

Will your child need to take medication at school. Y____ N____ List med. _____

Connecticut State Law requires a written medication order signed by an authorized prescriber and parent/guardian be submitted for any medication administered at school or any medication authorized to be self-carried by student (inhalers & Epinephrine by older students). Contact school nurse for more information, or if forms are needed.

I have reviewed the above information and completed it to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

LEBANON MIDDLE SCHOOL
891 EXETER ROAD
LEBANON, CT 06249

TELEPHONE: (860) 642-4702

FAX NUMBER: (860) 642-3534

BUS ROUTE REQUEST

To: M & J
Lebanon, CT 06249

Date _____

Reason for Request:

- ☐ New Student Date of Enrollment _____
☐ Student Withdrawal Date of Withdrawal _____
☐ Other _____

Request applies to:

Student Name _____

Parent/Guardian Name _____

Residence Address _____
(legal street address)

Student Telephone Number _____

Grade _____

Student ID Number _____

Please fill out and fax back to LMS Main Office. Parents will be notified of bus information

Faxed to M & J on _____ by _____

Bus Number _____ Pick Up Time _____ Drop Off Time _____

Student will be picked up at: _____
(i.e. end of driveway, corner of street, different house #)



Lebanon Public Schools



Parent/Guardian/Student Agreement Distribution and Use of Computer Devices

Student Name _____ Student I.D. Number _____

School: Lebanon Middle School Grade _____ Year 2023-2024

Device _____

Dear Parent/Guardian/Student,

We are delighted to be able to offer students in grades K-12 a device. The Lebanon Public Schools has a longstanding commitment to providing instruction in ways relevant to the lives of our students. The distribution of devices is intended to give the students greater access to the Internet, enhance online learning and expedite student collaboration with each other and their teachers. We are asking you and all families of students provided a device to agree to the following:

Acknowledge and comply with the Lebanon Board of Education Acceptable Use Policy (AUP), policy 6141.321, which states in part:

"These computer systems are expensive to purchase, install and maintain. As the property of the district these computer systems must be carefully handled and their integrity preserved for the benefit of all. Therefore, *access to the computer systems is a privilege, and not a right*. Students will be required to adhere to a set of policies and procedures, as set forth in detail below. Violations may lead to withdrawal of the access privilege and/or disciplinary measures in accordance with the Board's student discipline policy."

Note: Student use of the device is filtered and monitored by the IT department. Students are expected to follow the same Internet guidelines with the school's property whether at school or at another wireless location. The Lebanon Public Schools reserves the right to periodically check the student's Internet history and take disciplinary action due to violations of the acceptable use policy outside of school. Students assume responsibility for the safekeeping of the device and its associated peripheral devices (including but not limited to device covers, A/C adaptors, and cables) and assume responsibility for the cost of the repair, for its loss or its damage. Families are responsible for charges related to negligent or intentional damages to the device.

Please review the following guidelines with your child explaining his/her commitment.

We expect these will help clarify his/her responsibility for the device, and will reinforce the standards of the Lebanon AUP, however, these are not intended to replace the full AUP:

- We understand that we are responsible for the condition of the device and can incur a monetary assessment. If it is not returned or it is damaged, we will be assessed the replacement cost.
- We understand that this device is for school related activities only. This device is not for personal use.
- We understand that I will exercise reasonable care to protect the device from damage or loss.
- We understand I will store the device in my locker that is secured with a lock and will not share my locker with classmates.

- We understand that I must bring my device charged to class every day.
- We understand that I cannot install any unapproved software on my device. All devices will be synced with the school computer and unapproved software and student work may be lost.
- No modifications may be made to the device.
- Misuse of the device may result in the loss of the privilege of the device at home, at school or both.
- If the device is lost/stolen, my parent/guardian will immediately file a police report and submit a copy of the report to a school administrator within 48 hours.
- We will report immediately to my teacher any damage to the device.
- We understand that I must comply with all Lebanon technology practices both at school and at home.
- We understand that this device is property of the Lebanon Public Schools and that the school retains control and supervision of the device, network and Internet services owned by the school as well as Internet activity conducted on the device on non-school network(s), such as but not limited to home Internet accounts. The school reserves the right to monitor all device and Internet activity by students. As a student I have no expectation of privacy in my use of school devices, including email and stored files, and Internet activity either at school or away from school.
- The device will be returned promptly should I be withdrawn from the Lebanon Public Schools.
- The device will be returned at the end of the school year in reasonable condition, at a date to be determined by the principal.

Student signature _____ **Date** _____

I have carefully read the above agreement concerning my responsibilities related to the provision of a device to my child. I accept the conditions set forth above and will exercise appropriate supervision of my child's use of the device and accept responsibility for the exercise of ordinary and reasonable care of the device.

Parent/Guardian signature _____ **Date** _____

2023-24 Application for Free and Reduced-price School Meals or Free Milk

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

Application No: _____

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

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.

Child's First Name

MI

Child's Last Name

School

Grade

Student?

Yes No

Foster Head Start Homeless or Runaway

Check all that apply

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

If NO, > Go to STEP 3

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

Case Number: (Not an EBT Number):

Write only one case number in this space.

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

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Note: Biweekly is Every 2 Weeks

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

Child income
\$

How often?

Weekly Bi-Weekly 2x Month Monthly Annual

B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

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 and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members
(First & Last Name)

Earnings from Work

How often received?

Weekly Bi-Weekly 2x Month Monthly Annual

Public Assistance/
Child Support/Alimony

How often received?

Weekly Bi-Weekly 2x Month Monthly Annual

Pensions/Retirement, SS, SSI,
VA benefits, All other income

How often received?

Weekly Bi-Weekly 2x Month Monthly Annual

Total Household Members
(Children and Adults –
Step 1 & Step 3)Last Four Digits of Social Security Number of Primary
Wage Earner or Other Adult Household Member

X X X X X

Check if no social security number ☐**STEP 4****Contact Information and Adult Signature. Return completed form to your child's school: Superintendent's Office, 891 Exeter Road, Lebanon, CT 06249**

"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."

Printed Name of Adult Signing the Form

Signature of Adult

Today's Date

Mailing Address (if available)

Apt #

Town or City

State

Zip

Daytime Phone and Email (optional)

2023-24 Application for Free and Reduced-price School Meals or Free Milk

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	
<ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans' benefits Strike benefits 	<ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages 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 A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ 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

School Use Only – Do Not Write Below This Line

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

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

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

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

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

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

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

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.

Return completed form to your child's school.

How to Apply for Free and Reduced-price School Meals

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, *even if your children attend more than one school in Lebanon Public Schools*. The application must be filled out completely to determine the eligibility of your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Chelsea Williams, 860-642-5637, Chelsea.williams@lebanonct.org.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

Step 1: List **ALL** children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, through a court or state/local agency, or qualify as homeless or runaway youth;
- Students attending (*regardless of age*) Lebanon Public Schools.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, please print clearly. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for "middle initial". Print the first letter of each child's middle name in the "MI" section.

B) Is the child a student? List the name of the school (optional), the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.
Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

D) Are any children homeless, runaway or in a Head Start Program? If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and *complete all steps of the application*. Homeless, Runaway and Head Start status must be confirmed with the appropriate program staff. If the status cannot be confirmed, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP or TFA?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

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

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in SNAP or TFA:

- Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker.

Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.

- Go to **STEP 4**.

Step 3: Report income for all household members

How do I report my income?

- Use the charts titled "**Sources of Income**" and "**Examples of Income for Children**," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received **before** taxes.
 - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

How to Apply for Free and Reduced-price School Meals

3.A. Report income earned by children

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

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. Report income earned by adults

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, *even if they are not related and even if they do not receive income of their own.*
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, children and students already listed in **STEP 1.**

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

C) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

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.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

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 Social Security Number.”

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today’s date. Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

Please return the application directly to your child’s SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child’s eligibility for free or reduced-price meals will be delayed.

C) Mail completed form to Superintendent’s Office, 891 Exeter Road, Lebanon, CT 06249

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.



Does Your Family Need Health Insurance?

Connecticut offers low or no-cost coverage and free enrollment help

Don't have health and dental insurance? Complete one application using some basic information about your household and see what Access Health CT has to offer. Most Connecticut residents qualify for some type of **financial help, low or no-cost coverage.**

Check your options and enroll now! Get started at AccessHealthCT.com. If you're already on HUSKY Health, don't lose it! Complete your renewal on time to prevent a gap in coverage.

- ✓ **HUSKY A or HUSKY B**
- ✓ **State HUSKY A & B for children—now more can enroll***
- ✓ **Covered Connecticut Program**
- ✓ **Qualified Health Plans and Financial Help**
- ✓ **Qualified Health Plans**
- ✓ **Low-cost Dental Insurance**
- ✓ **Free enrollment help**



Don't miss out.

Compare Your Options, Enroll or Get Help Online at AccessHealthCT.com today. **All help is free and available in many different languages.**

If you recently lost your HUSKY Health coverage, you may still have time to re-enroll without a gap or choose an affordable plan. Visit AccessHealthCT.com today to find out.

Take action now:

- For general information about HUSKY Health visit www.ct.gov/HUSKY
- For all other questions visit AccessHealthCT.com
- Scan the QR code above

*State HUSKY A & B: Now, more children can enroll no matter their immigration status, but you must call Access Health CT to apply for coverage.

1-855-805-4325 | AccessHealthCT.com | Find free help online, by phone or in person

If you are deaf or hearing impaired, you may use the TTY at 1-855-789-2428 or contact us with a relay operator.

Follow us on:



Addendum C: Information on the Supplemental Nutrition Assistance Program (SNAP) New Increased Income Guidelines Effective October 1, 2022

Dear Parent/Guardian:

New increased income guidelines are in effect as of October 1, 2022. If your children qualify for free school meals or milk, you might also qualify for **SNAP** (formerly called Food Stamps). SNAP helps people buy food for themselves and their families. SNAP benefits are issued each month on plastic debit cards. You can use SNAP benefits to buy food at major supermarkets, neighborhood grocery stores, online at participating retailers, and some farmers' markets authorized to accept SNAP.

How to Qualify

If and how much SNAP you qualify for depends on:

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

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

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

Effective October 1, 2022		
Household size	Gross monthly income	Gross annual income
1	2,265	27,180
2	3,052	36,620
3	3,839	46,060
4	4,625	55,500
5	5,412	64,940
6	6,199	74,380
7	6,985	83,820
8	7,772	93,260
For each additional member	+787	+9,440
Larger households = higher incomes		

To Apply or Get More Information

- To find your local Connecticut Department of Social Services (DSS) office, call **United Way's free referral number 2-1-1** (free call statewide) or visit www.ct.gov/dss/fieldoffices.
- You can find a list of all **Connecticut Department of Social Services (DSS)** offices, or you can apply online at www.connect.ct.gov (click "Apply for Benefits"). You can get the paper SNAP application in English and Spanish at <https://www.ct.gov/snap> (Click "Apply").
- The following two organizations that conduct outreach and can assist with applying for SNAP benefits:
 1. **End Hunger CT!** provides a SNAP outreach call center (866-974-SNAP (7627)) to assist in applying for as well as maintaining eligibility for SNAP benefits. If you are eligible for SNAP, you will stretch your food dollars, support your school and community, and your kids get school meals at no cost. Many families are surprised they qualify – it is quick, easy, and confidential to check by calling one of our trained associates
 2. **The Connecticut Association for Community Action (CAFCA)** works with community action agencies that will help you enroll in SNAP (see table on page 2):

Addendum C: Information on SNAP

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

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

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

Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Coordinator (ADA), Connecticut State Department of Education, 450 Columbus Boulevard, Suite 505, Hartford, CT 06103, 860-807-2071, levy.gillespie@ct.gov.

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