



Grandview R-II School
Matt Zoph, Superintendent
11470 Hwy C
Hillsboro, Missouri 63050
(636) 944-3941

Date: August 1, 2022
To: All Grandview R-II School District Parents
From: Matt Zoph, Superintendent
RE: 2022-2023 School District Informational Packet

Grandview Community,

Welcome to the start of the 2022-23 school year! I hope everyone had a great summer and had the chance to begin seeing friends and family, visiting your favorite places, and acting semi-normal again. I hope that you also had an opportunity to relax, recharge, and enjoy the summer break.

This is my favorite time of the year, as kids are actually excited to be back at school. They can't wait to see their friends and favorite staff in the classroom. We also get to see a new crop of preschoolers and kindergarteners experiencing school for the first time, which is always so exciting. Their energy and smiles are contagious.

It has been a busy summer, as always, with our top priorities this year being improved instruction and student and staff safety. This summer, the administration, curriculum team, and several teachers attended a training on Championship Teaching over several days. That group will be training the staff during the teacher-in-service training before school begins.

Additionally, the administration, counselors, advisors, and a board member attended the Jefferson County Safety Summit, which focused on the physical and mental safety of our students and staff. We've also been evaluating our doors, entry systems, and safety protocols to help ensure the safety of all individuals on campus. We will continue to work with county agencies and the Jefferson County Sheriff's Department to ensure the safety of our students and staff, including mental health. Safety will always be on our mind.

Together, we have navigated the challenges of the last couple of years and we are excited to keep moving toward a more consistent normal.

I look forward to the excitement of the new year, and I thank you for your dedication to our District and community, you are what makes Grandview Great!

Sincerely,

Matt Zoph (Superintendent)

1. District must provide the address to the trauma informed website (<https://dese.mo.gov/traumainformed>) , developed by DESE, to all parents.

2. District must provided earthquake safety requirements to all students/parents:

https://www.fema.gov/sites/default/files/2020-07/fema_earthquake_earthquake-safety-checklist_110217.pdf

Matt Zoph, Superintendent

Note: **We are emailing packets this year. Extra copies will be available at Open House.** Enclosed you will find a school calendar, bus routes, (Reminder that most routes will change. School bus rules are posted on the web site.) free and reduced lunch information, medication information and other items of interest.

Grandview School Hours-School hours are 7:30am to 3:17pm. The hours in which we have supervision of students by teachers are from **7:20am to 3:30pm**. **Please be aware of this time frame when dropping off and picking up your children.**

Schedules

HS Schedule pick up – August 11th – 5:30am- 7:00pm Freshman Walk Through
August 17th – 8:00am- 9:00am Early Bird for Seniors
August 17th – 9:00am- 11:00am for Juniors and Seniors
August 17th – 12:00pm- 2:00pm for Freshman and Sophomores

All HS students/parents need to enter Commons by concession stand door. Please stop at each station to pick up his/her schedule, computer handout, nursing forms, lunch information and parking passes. Reminder: High School Parking Passes are first come, first serve. And family contact information needs to be updated in the parent portal to pick up schedules.

Elementary Pre-K – 4th Open House is **APPOINTMENT ONLY** [22-23 Open House Signup Links - Google Docs](#) and scheduled for August 18th from 5:30pm – 7:30pm. **Pre-K first day of class will be August 25, 2022.**

5th-8th Open House is scheduled for August 18th from 5:30pm - 7:30pm

PLEASE NOTE:

Parent Teacher Conferences-Grandview parents will have two parent/teacher conferences scheduled in 2022-2023 from 12pm-6pm. The first is scheduled for October 24, 2022, and the second is for March 20, 2023.

Free and Reduced Lunch. Information and application are enclosed. Please refer to income guidelines to determine eligibility. If you have any questions or need assistance completing the application, please call Vicky Ketcherside ext.2121. If you meet the eligibility guidelines and do not want to participate in the program, PLEASE, still fill out the form. Monies available by the State and Federal Government along with other programs are based on the percentage of students who meet these guidelines. Please fill out the application so that Grandview may be eligible to receive these benefits. **We are offering a \$100 Walmart Gift Card drawing this year for families turning in their completed Free and Reduced applications by September 30th.**

Breakfast/Lunch Procedures. Breakfast and lunch are served daily. Grandview will continue the computerized food service accounting system. Each student will have an identification card and an account. Students will bring in breakfast/lunch money and the amount will be credited to their account. If you are writing a check please include the student's name and grade on the check. The students will then have regular breakfast/lunch purchases and snack bar purchases deducted from their account. Parents can pay for one day, all week, or all year as they wish.

No charges will be allowed for grades 5-12. Teachers will handle the identification cards for grades K-5. Students in grades 6-12 will handle their own identification cards. The system is for regular school breakfast/lunches and for snack bar purchases. In grades 5-12 breakfast, lunch, and/or snack bar purchases are allowed. In grades 4 and below the card can be used for regular breakfast, lunches, juices and additional milks. The District is not responsible for any checks or cards intended for regular lunches that students use for snack bar or juice purchases.

Unpaid Meal Charge Policy. Letters are emailed home weekly informing parents of their student's negative lunch balance. Any negative lunch balances after the last day of school will be rolled over into the student's Fines and Fees account, depending on each building's policy, the student may be required to pay such negative lunch balances and/or fees and fines in order to attend school dances and graduation. Upon withdrawal from the school district, parents are required to pay such negative lunch balances and/or fees and fines.

Breakfast Prices. Breakfast prices for 2022-2023 will be:

*Grades K-12	\$2.00	*Adult	\$2.20
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Lunch Prices. Lunch prices for 2020-2021 school year will be:

*Grades K-5	\$3.20	*Grades 6-12	\$3.20	*Adults	\$4.20
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You may make a lunch deposit at any of the scheduled Open Houses/Registrations. Visit a building office, fill out a lunch envelope, drop it into the drop box in office and we will get your money deposited into your student's lunch account.

Grandview Sports. **Seventh and Eighth grade sports begin August 23th.**

High School practices begin on August 8th.

Physicals, along with proof of medical insurance, are needed to participate in extra- curricular sports.

New Staff: The following is a list of new staff members/assignment changes for the 2022-2023 school year:

Certified

Ballard, Vincent- HS Counselor
Dugan, Ann- MS Social Studies
Ennis, Amber- EL Teacher
Garrison, Samantha – EL Teacher
Heideman, Allison- Speech and Language Pathologist
Kasmarzik, Terry- MS Counselor
Messer, Kristina- EL Special Ed Teacher
Moss, Jeremy- HS Social Studies
Mothersbaugh, Cody- MS Principal
Sims, Adam- MS PE
Villmer, Stephanie – P/T HS Counselor
Willis, Christian – HS English

Classified

Jetensky, Danielle – EL Para
Keim, Beth- HS Para
Kutrip, Casey – RootEd Advisor
Sparks, Kirstin- MS Para
Steinmetz, Kirk – EL Para

Coaching

- Head Track Coach
Keim, Beth- HS Assistant Cross Country
Moss, Jeremy- HS Boys basketball
Sims, Adam – Assist Football, Head MS basketball
Sparks, Kirstin – Assist MS Volleyball

Have a great school year!

Math Loph

Superintendent

August 2022				
Monday	Tuesday	Wednesday	Thursday	Friday
X	X	X	X	X
NTT	NTT	X	X	X
TIS	TIS	TIS	TWD*	X
X	Open	24	25	26
X	30	31		

6

September 2022				
Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
H	6	7	8	9
PD	13	14	15	16
X	20	21	22	23
X	27	28	29	30

18

October 2022				
Monday	Tuesday	Wednesday	Thursday	Friday
X	4	5	6	7
X	11	12	13	14
X	18	QRT	20	21
PTC	25	26	27	28

16

November 2022				
Monday	Tuesday	Wednesday	Thursday	Friday
X	1	2	3	4
PD	8	9	10	11
X	15	16	17	18
21	22	X	H	H
X	29	30		

16

December 2022				
Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
PD	6	7	8	9
12	13	14	15	QRT
X	X	X	X	X
X	X	X	X	X

11

January 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
X	3	4	5	6
PD	10	11	12	13
H	17	18	19	20
X	24	25	26	27
X	31			

February 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
X	7	8	9	10
X	14	15	16	17
H	21	22	23	24
PD	28			

March 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
X	7	8	9	QRT
X	14	15	16	17
PTC	21	22	23	24
X	28	29	30	31

April 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
X	4	5	6	H
H	11	12	13	14
X	18	19	20	21
X	25	26	27	28

May 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
X	2	3	4	5
X	9	10	11	12
X	16	17	18	19
22	23	24	25	QRT*
H	X			

Legend

TIS= Teacher In-Service

TWD*=Teacher Work Day/Open House

QRT= End of Quarter for Students

QRT= End of Quarter for Students

QRT*= End of Quarter for Students/ TWD till 7pm

H= Legal Holiday

PD= Professional Development- No School 8am-3pm

X= School Not In Session

PTC= Parent Teacher Conf. 12pm till 6pm

NTT= New Teacher Training (Required for all Teachers new to the District)

MS= Middle School HS= High School EL= Elementary School

1st Qtr. 34

2nd Qtr. 33

3rd Qtr. 40

4th Qtr. 44

Calendar Provides For

151 Days of Student Attendance

9 Days of Legal Holidays

5 Days of Professional Development

2 Days of Parent Teacher Conferences

3 Days of Teacher In-Service

1 Teacher Work Days

2 Summer Workshop Days

36 Weather Make-Up Hours Built-In

1106.83 Hours

166 Total Days

7.33 hrs a day

2022-2023 Grandview R-II School District Transportation Information:

The Grandview R-II School District will begin classes on August 23, 2022.

Tentative Bus Routes: The bus number and name of the driver appear before each route listing. Please keep in mind that these times have been estimated and might change during the first two weeks of school. **STUDENTS SHOULD BE AT THEIR BUS STOPS AT LEAST 10 MINUTES BEFORE THEIR SCHEDULED PICK UP TIME. PARENTS ARE URGED TO HAVE THEIR STUDENTS RIDE THEIR BUS TO SCHOOL ON THE FIRST DAY.**

Student bus loads can then be determined and help us identify students by their bus numbers as they depart from the bus that morning. Please have patience on the first few days of school, especially with the PK-4 students. Classroom teachers walk every elementary student to their bus. This adds additional time on the afternoon run. **REMINDER:**

BECAUSE OF SAFETY CONCERNS STUDENTS IN PRESCHOOL – 2nd GRADE MUST BE MET AT THE

AFTERNOON BUS STOP. Parents with questions relative to bus stops may call the District's Transportation

Department at (636) 944-3941 option 2. The first week we will be monitoring the number of students on each bus, if necessary some of the routes may have to be adjusted. Also, during the school year it may be necessary to adjust the routes because of student population changes. Changing one route usually affects several other routes. Thank you for your patience and understanding.

BUS #1 Tammy Payton

	AM	PM
12722 Ware Rd	5:46	4:26
Kimes	5:47	4:27
7150 Hammel	5:49	4:29
12650 Ware Rd	5:51	4:31
George Dover	5:52	4:32
Dude Lane	6:03	4:42
Tom Sparks Loop	6:10	4:24
Calico Rd	6:12	4:19
Cowboy	6:13	4:20
Big Pine	6:14	4:22
7657 Old H	6:15	4:16
Fletcher Post Office	6:15	4:16
7699 Old H	6:16	4:15
7730 Hwy H	---	4:18
Holiday Hills	6:22	4:09
11151 Hwy WW	6:23	4:08
10775 Hwy WW	6:25	3:47
10052 Pillen	6:30	3:52
9903 Pillen	6:32	3:54
Kelemen Farms	6:35	3:57
10233 Hwy WW	6:38	4:00
East Brook	6:40	4:02
10527 Brook Hollow	6:41	4:03
Cedar	6:56	3:36
Ware Lake	7:05	3:30
7456 Brownford	7:10	3:26
7425 Brownford	7:11	3:25
Brown Rd	7:12	3:24
Chadwyck Forest	7:13	3:23
School	7:20	3:17

Bus #7 Randy Dallas

	AM	PM
St. Martins	6:25	4:17
North Slope	6:31	4:06
9132 Ridge Rd	6:32	4:05
Lyle Lane	6:33	4:02
Woodland	6:36	3:59
8507 Yukon Dr.	-----	3:45
Shore Acres	6:48	3:47
6962 White Rd	6:54	3:35
Pleasant View Dr.	6:56	3:37
Rivertrail	6:57	3:39
Woods Entrance	6:59	3:40
6666 Reynolds Creek	7:03	3:29
Roberts Dr.	7:09	3:31
10961 Hwy C	7:11	3:24
11018 Hwy C	7:13	3:55
School	7:20	3:17

BUS #22 Ken Cantrell

	AM	PM
Hawthorn Place	6:10	4:00
KL Farms Road	6:30	3:32
Park Ridge	6:40	3:40
Post Office Lot	6:45	3:22
10240 DeClue Lane	7:00	3:12
School	7:20	2:55

BUS #3 Rocky Hudson

	AM	PM
Riverview Dr	6:35	3:23
6956 Hwy B	6:36	3:24
KL Farms Rd	6:37	3:25
7090 Hwy B	6:38	3:26
7966 Hwy B	6:40	3:28
Brouk Dr.	6:41	3:29
8058 Hwy B	6:42	3:30
Ficken Rd	6:45	3:33
Lake Adell	6:48	3:36
Oak Dr.	6:49	3:37
Twin Ridge	6:51	3:39
8593 Ridge Rd	6:52	3:40
8766 Ridge Rd	6:54	3:42
8734 Ridge Rd	6:55	3:43
Homewood Dr	6:57	3:45
Elm Springs	6:58	3:46
Buxton Acres	6:59	3:47
Old Orchard	7:00	3:48
Logans Run	7:01	3:49
7025 Hwy B	7:02	3:50
School	7:20	3:17

Bus #8 Dave Boley

	AM	PM
A to Z Daycare	6:39	3:35
Tracy Lane	7:10	3:37
Circling Hawk	6:44	3:40
Hidden Valley Estates	6:51	3:45
Brinley Road	6:59	3:52
Cedar Trace	7:05	3:58
Twin Oaks Ln	7:12	3:25
6355 Butcher Branch	7:13	3:24
Green Summers	7:14	3:23
Branch	---	3:19
School	7:20	3:17

Bus #4 Don Moses

	AM	PM
6182 Hwy Y	6:11	3:24
Sigman	6:13	3:26
Siebel Rd	6:15	3:28
Cornerstone	6:18	3:33
Sunset/Tall Cedars	6:28	3:41
Maness	6:41	3:51
12700 Dry Creek	6:45	3:56
12692 Dry Creek	6:51	4:01
Whispering Pines	6:52	4:05
6358 Hwy H	6:55	4:08
6470 Hwy H	6:56	4:09
Hidden Valley	6:57	4:09
6749 Russell Ed	7:11	4:31
Squirrel Lane	7:11	3:21
Fox Lane	7:16	3:20
Woodsorrell	7:17	3:19
School	7:20	3:17

BUS #16 Troy Trimborn

	AM	PM
9555 Jones Creek	6:40	4:06
9651 Jones Creek	6:42	4:04
Portland	6:44	3:59
Seven Cedars	6:46	3:56
Spring Hollow	6:50	3:53
Scenic View Dr	6:56	3:51
9475 Morse Mill	6:58	3:48
Sherri Lane	6:59	3:47
9822 Morse Mill	7:00	3:46
9401 Hwy Y	7:05	3:36
8734 Hwy Y	7:15	3:25
8630 Hwy Y	7:16	3:24
Jim Wilson	7:17	3:23
Tierney Farms	7:19	3:21
School	7:22	3:17



August 9th, 2022

Dear Grandview Families,

This year our district is encouraging all families to complete the Free & Reduced Lunch program application. This form is necessary for our district to receive additional Title 1 funding to support all of our students' needs within the district.

Our school district is currently a schoolwide Title 1 district. This means we are able target and support students' needs through curriculum and programming necessary to support student achievement.

Our Title 1 program currently funds and supports the following:

- 2 Title - Certified Teachers in Math and Reading
- 2 Title - Paraprofessionals
- Reading and Math curriculum and resources teachers utilize daily
- Benchmarking and data tracking programs to support students achievement
- Student engagements/family nights
- Professional Development in best practices for staff

Therefore, to ensure we meet the minimum requirements for Title 1 funding and to maintain our schoolwide Title 1 program we are providing an incentive for completing the application. For families who complete the application by the following dates will be entered into a drawing to receive a **\$100** Wal-Mart Gift Card. We are giving **3** gift cards away. One card from each building. To enter the drawing you must complete the [Free & Reduced Lunch](#) application.

Turn your Free and Reduced application in by September 30th by 3:00pm to be entered into the drawing for one \$100 Walmart Gift Card!

Drawing will be held on October 4th, 2022

***Once all the applications have been processed by our Central Office staff, we will hold the drawing. The drawing will be on October 4th, 2022 to declare the winners. Then you will be contacted by the district on how to pick up your gift card.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Grandview RII** offers healthy meals every school day. Breakfast costs **\$2.00**; lunch costs **\$3.20**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$3.30** for breakfast and **\$4.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the **Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP)**, the **Food Distribution Program on Indian Reservations (FDPIR)** or **Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
For each add'l person add	+ 8,732	+ 728	+ 168

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Josh Faulkner @ faulknerj@grandviewr2.org**.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Vicky Ketcherside ketchersidev@grandviewr2.org 11470 Hwy C, Hillsboro MO 63050, 636-944-3941 x 3.**

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Vicky Ketcherside ketchersidev@grandviewr2.org 11470 Hwy C, Hillsboro MO 63050, 636-944-3941 x 3** immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

Attachment B (Continued)

9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Vicky Ketcherside** ketchersidev@grandviewr2.org 11470 Hwy C, Hillsboro MO 63050, 636-944-3941 x 3.

10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Vicky Ketcherside** ketchersidev@grandviewr2.org 11470 Hwy C, Hillsboro MO 63050, 636-944-3941 x 3 to receive a second application.

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call 636-944-3941 x 3.

Sincerely,

Vicky Ketcherside

USDA Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

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

This institution is an equal opportunity provider.

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 [Grandview R II](#). The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [Vicky Ketcherside](#) ketchersidev@grandviewr2.org [636-944-3941](tel:6369443941) x 3.

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

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

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

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending [Grandview R II](#), regardless of age.

List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	Building name/Grade. If child is a student, list building name and grade.	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.	Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR?

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 Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

If no one in your household participates in any of the above

listed programs:

- Leave STEP 2 blank and go to STEP 3.

If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636 .
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "[Sources of Income for Adults](#)" and "[Sources of Income for Children](#)," printed on the back side of the application form to determine if your household has income to report.
- 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.

(Information follows on the reverse side.)			
Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.			
• Mark how often each type of income is received using the check boxes to the right of each field.			
3.A. REPORT INCOME EARNED BY CHILDREN			
A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.			
What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.			
3.B. REPORT INCOME EARNED BY ADULTS			
Who should I list here?			
• When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own.</u>			
• 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.			
List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.	Report earnings from work. Report all total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.	Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> 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.	Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."
Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.	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.		
STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE			
<i>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.</i>			
Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	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."	Mail Completed Form to: Grandview R11 School District, 11470 Hwy C, Hillsboro Mo, 63050	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.

Attachment E

Date Received by LEA (LEA use only)

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

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space

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

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

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

B. All Adult Household Members (including yourself)

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

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/ Child Support/Alimony			Pensions/Retirement/ All Other Income			How often?		
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly

Total Household Members (Children and Adults) \$

Last four digits of Social Security Number (SSN) of primary wage earner or other adult household member. X X X X Check if no SSN ☐

STEP 4 **Contact information and adult signature**

Mail Completed Form To: Grandview R II School District, 11470 Hwy C, Hillsboro Mo 63050

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

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

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's date _____

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

☐ Food Stamps/Temporary Assistance Household size: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____ Date withdrawn: _____

Error Prone Application: ☐ Yes ☐ No (Optional) – See FAQs Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children		Sources of Income for Adults	
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance/Alimony/Child Support
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses - Net income from self-employment (farm or business)	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI)
- Social Security	- 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	If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money		- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust		

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

- (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.

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

School Health Center Permission Form



Our school is partnering with Hazel Health to provide access to quality healthcare services for all students. The school nurse or school health representative can initiate a video visit with one of Hazel's healthcare providers in order to ensure there are no delays in care. Complete this form to ensure access to this convenient service.

To learn more about Hazel or complete this form online, visit:
my.hazel.co/grandviewer2

Month / Day / Year

Child's First Name

Child's Last Name

Child's Birthdate

()

()

Parent / Guardian #1 Name

Mobile Phone

Home Phone

Email

()

()

Parent / Guardian #2 Name

Mobile Phone

Home Phone

Email

Is your child allergic to any medications?

☐ YES ☐ NO Please List:

Is your child currently taking any medications?

☐ YES ☐ NO Please List:

If recommended by a licensed medical provider, can the following medications (age/weight appropriate) be administered to your child at school? Mark YES or NO: ☒

YES NO

- ☐ ☐ Tylenol™ / Acetaminophen (pain, fever)
- ☐ ☐ Advil™ / Motrin™ / Ibuprofen (pain, fever)
- ☐ ☐ Children's Pepto™ / Calcium Carbonate (upset stomach)
- ☐ ☐ Liquid Pepto-Bismol™ / Bismuth Subsalicylate (nausea, indigestion, upset stomach)
- ☐ ☐ Liquid Antacid / Aluminum Hydroxide / Magnesium Hydroxide, Simethicone (upset stomach)
- ☐ ☐ Throat Lozenge / Benzocaine / Menthol (cough, sore throat)

YES NO

- ☐ ☐ Cough Syrup / Dextromethorphan / Guaifenesin (cough)
- ☐ ☐ Honey (cough)
- ☐ ☐ Sudafed™ / Phenylephrine (congestion)
- ☐ ☐ Hydrocortisone Cream (inflammation, itch)
- ☐ ☐ Benadryl™ / Diphenhydramine (allergic reaction)
- ☐ ☐ Zyrtec™ / Cetirizine (allergies, allergic reaction)
- ☐ ☐ Zaditor™ / Ketotifen (allergy eye drops)
- ☐ ☐ Antibiotic Ointment / Bacitracin / Neomycin / Polymyxin B (cuts, infections)

I have read the Hazel Health Services Authorization and Privacy Policy and: (Please check one box below)

- ☐ I **give** permission for my child to receive services from Hazel Health Services.
- ☐ I **DO NOT give** permission for my child to receive services from Hazel Health Services.

Parent / Guardian Signature (Required)

Date

Child's First Name

Child's Last Name

Child's Birthdate

Has your child ever had any of the following health conditions or health concerns? Mark YES or NO: ☒

YES NO

- ☐ ☐ Diabetes
- ☐ ☐ Acid Reflux (Heartburn)
- ☐ ☐ Constipation
- ☐ ☐ Headaches / Migraines

YES NO

- ☐ ☐ Anxiety
- ☐ ☐ Depression
- ☐ ☐ ADD / ADHD (Attention Deficit Hyperactivity Disorder)
- ☐ ☐ Eczema

YES NO

- ☐ ☐ Allergies, other than medications (food, seasonal) List Allergies: _____
- ☐ ☐ Asthma Date of Last Attack: _____
- ☐ ☐ Lung Problems List Lung Problems: _____
- ☐ ☐ Heart Problems Circle Problems: High Blood Pressure / Aortic Arch Obstruction Other: _____
- ☐ ☐ Infections Circle Infections: Ears / Bladder / Throat Other: _____
- ☐ ☐ Seizures Date of Last Seizure: _____
- ☐ ☐ Surgery Circle Surgeries: Appendix / Gallbladder / Tonsils / Ear Tubes Other: _____
- ☐ ☐ Other Please Describe: _____

Does your child have a primary care doctor?

Hazel uses this information to coordinate with your child's doctor and inform them of any Hazel visit. Providing the fax number will allow Hazel to send a visit summary to your child's doctor.

☐ YES ☐ NO

Child's Doctor

Phone

Fax

Cost and Insurance (Required)

Medicaid and CHIP: In Missouri, Missouri Health Net (Medicaid and CHIP) covers 100% of the cost of Hazel visits.

Families of students covered by Missouri Healthnet (Medicaid) and Missouri HealthNet for Kids (CHIP) will pay \$0.

Other: For all other plans and questions, families can contact their health plans to confirm coverage for Hazel. More information including coverage for the uninsured and cash pay can be found at my.hazel.co/grandviewr2 or by calling (636) 242-5564.

Does your child have medical insurance?

☐ YES ☐ NO

Insurance Provider / Plan Name

Member Id Number

Group Number (if applicable)

Policy Holder (if applicable)

Policy Holder Birthdate

Relationship to Student

Create an account at my.hazel.co to update your information, view your child's visits, and more!

Hazel Health Services School Health Center Authorization

Understanding that your child may need healthcare treatment or healthcare screenings during school hours at the school or after hours outside the school, you hereby authorize Hazel Health Services, and the School by and through the Hazel Health Services telehealth service, to initiate and administer such first aid or other medical or behavioral health examination and treatment as shall be deemed best under the circumstances, and you consent for your child to receive such treatment. You understand that Hazel Health Services may not always be available due to capacity or other reasons. You represent and warrant that you are an authorized legal representative of the child. You understand that the School will attempt to notify an authorized legal representative of the child in the event of an emergency requiring immediate medical care for your child and if the School is unable to notify an authorized legal representative of the child, it will have your child treated by a duly qualified medical practitioner. You authorize Hazel Health Services to contact and leave a voicemail and/or a text message, leaving protected health or personally identifiable information, such as a diagnosis, of you or your child, on the supplied phone number and contact phone numbers from the School. You also understand that the transmission of personal health and/or personally identifiable information may not be secure and may be illegally accessed by a third party. Any medical or demographic information provided to the School may be shared with Hazel Health and Hazel Health Services.

1. **PURPOSE.** The purpose of this form is to obtain your consent for your child to participate in a telehealth consultation. This consent will authorize medical information about the child, including personally-identifiable medical information, to be disclosed to your school District, Hazel Health and Hazel Health Services and medical professionals, administrative staff, and employees of Hazel Health and Hazel Health Services for the purposes of treatment or general administration. This disclosure will also authorize the use of written or recorded information containing the child's personally-identifiable medical information, including recordings of any telemedicine encounter with the child, for training and informational purposes by employees of the School or Hazel Health or Hazel Health Services and the use of personally-identifiable information by Hazel Health for the development and improvement of software, hardware, and related tools designed to improve services provided by medical professionals, administrative staff, contractors and employees of Hazel Health and Hazel Health Services. This consent will also authorize the disclosure of information and records containing or related to the child's personally-identifiable medical information for the purposes of billing commercial and insured healthcare payors, state and/or federal healthcare payors, including but not limited to state Medicaid plans. The purpose of the disclosure is to obtain information and/or remuneration for reimbursable medical services.
2. Your child's ability to receive services outside of the school setting will not be impacted. You may withdraw this consent at any time. You understand that you may choose your provider and you have no obligation to select Hazel Health or Hazel Health Services as a healthcare provider for your child. You understand that you are responsible for any out of pocket patient responsibility that is not covered by your healthcare payor or other agency. You or your child will have access to all medical information resulting from the telemedicine services as provided by applicable law for patient access to medical records.
3. **NATURE OF TELEHEALTH CONSULTATION.** During the telemedicine consultation, the following may occur:

- A. Details of your child's medical and behavioral health history, examinations, x-rays, and test will be discussed with other health professionals through the use of a mobile application with real-time, interactive video, audio and telecommunications technology.
 - B. Physical examination and behavioral assessment of your child may take place via a remote medical practitioner through the mobile application. Not all conditions can be treated by a telehealth consultation.
 - C. Non-medical personnel including school staff, Hazel Health Services employees and/or translators may be present to aid with language and technical implementation of the consultation. You authorize school personnel, including the nurses and non-medical personnel to administer medications including over the counter medications.
 - D. Video, audio and/or photo recordings may be taken of the consultation.
4. **MEDICAL INFORMATION AND RECORDS.** All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth consultation. Additionally, dissemination, beyond the potential uses listed in this consent, of any patient-identifiable images or information from this telehealth interaction will not occur without your explicit consent except you authorize Hazel Health Services to disclose protected health information about your child to school designees, school nurses, physicians, Hazel Health or other health care providers and payors for treatment, administration and billing purposes. You also authorize Hazel Health to maintain and save your child's medical records consistent with applicable laws and regulations.
5. **CONFIDENTIALITY.** Reasonable and appropriate efforts have been made to eliminate any confidentiality risk associated with the telehealth consultation, and all existing confidentiality protections under federal and state law apply to information disclosed during this telehealth consultation.
6. **RIGHTS.** You may withhold or withdraw consent to telehealth consultations, to the disclosure of personally identifiable information to any state or federal agency or other third party, or to any other services at any time. You acknowledge that you have been advised of your right to receive a copy of this authorization as signatory to the authorization.
7. **RISK, CONSEQUENCES AND BENEFITS.** You are aware of any potential risk, consequences and benefits of telehealth. You have had an opportunity to ask questions about this information and all of my questions have been answered. You understand the written information provided above. You are choosing to enroll in Hazel Health Services and am not being forced to utilize this program.

Notice of Privacy Practices - Hazel Health Services Affiliated Covered Entity

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes how School Based Urgent Care Network d/b/a Hazel Health Services and the members of its Affiliated Covered Entity (collectively "we" or "our") may use and disclose your protected health information to carry out treatment, payment or business operations and for other purposes that are permitted or required by law. An Affiliated Covered Entity is a group of health care providers under common ownership or control that designates itself as a single entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). The members of the Hazel Health Services Affiliated Covered Entity will share protected health information with each other for the treatment, payment, and health care operations of the Hazel Health Services Affiliated Covered Entity and as permitted by HIPAA and this Notice of Privacy Practices. For a complete list of the members of the Hazel Health Services Affiliated Covered Entity, please contact the Hazel Health Services Privacy Office.

"Protected health information" or "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical health or condition, treatment or payment for health care services. This Notice also describes your rights to access and control your protected health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Your protected health information may be used and disclosed by our health care providers, our staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to support our business operations, to obtain payment for your care, and any other use authorized or required by law.

TREATMENT:

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a health care provider to whom you have been referred to ensure the necessary information is accessible to diagnose or treat you.

PAYMENT:

Your protected health information may be used to bill or obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for your services, such as: making a determination of eligibility or coverage for insurance benefits and reviewing services provided to you for medical necessity.

HEALTH CARE OPERATIONS:

We may use or disclose, as needed, your protected health information in order to support the business activities of this office. These activities include, but are not limited to, improving quality of care, providing information about treatment alternatives or other health-related benefits and services, development or maintaining and supporting computer systems, legal services, and conducting audits and compliance programs, including fraud, waste and abuse investigations.

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

We may use or disclose your protected health information in the following situations without your authorization. These situations include the following uses and disclosures: as required by law; for public health purposes; for health care oversight purposes; for abuse or neglect reporting; pursuant to Food and Drug Administration requirements; in connection with legal proceedings; for law enforcement purposes; to coroners, funeral directors and organ donation agencies; for certain research purposes; for certain criminal activities; for certain military activity and national security purposes; for workers' compensation reporting; relating to certain inmate reporting; and other required uses and disclosures. Under the law, we must make certain disclosures to you upon your request, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). State laws may further restrict these disclosures.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless permitted or required by law. Without your authorization, we are expressly prohibited from using or disclosing your protected health information for marketing purposes. We may not sell your protected health information without your authorization. Your protected health information will not be used for fundraising. If you provide us with an authorization for certain uses and disclosures of your information, you may revoke such authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION:

You have the right to inspect and copy your protected health information.

You may request access to or an amendment of your protected health information.

You have the right to request a restriction on the use or disclosure of your protected health/personal information. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except if the requested restriction is on a disclosure to a health plan for a payment or health care operations purpose regarding a service that has been paid in full out-of-pocket.

You have the right to request to receive confidential communications from us by alternative means or at an alternate location. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

You have the right to request an amendment of your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to our statement and we will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures of your protected health information that we have made, paper or electronic, except for certain disclosures which were pursuant to an authorization, for purposes of treatment, payment, healthcare operations (unless the information is maintained in an electronic health record); or for certain other purposes.

You have the right to obtain a paper copy of this Notice, upon request, even if you have previously requested its receipt electronically by e-mail.

REVISIONS TO THIS NOTICE:

We reserve the right to revise this Notice and to make the revised Notice effective for protected health information we already have about you as well as any information we receive in the future. You are entitled to a copy of the Notice currently in effect. Any significant changes to this Notice will be posted on our web site. You then have the right to object or withdraw as provided in this Notice.

BREACH OF HEALTH INFORMATION:

We will notify you if a reportable breach of your unsecured protected health information is discovered. Notification will be made to you no later than 60 days from the breach discovery and will include a brief description of how the breach occurred, the protected health information involved and contact information for you to ask questions.

COMPLAINTS:

Complaints about this Notice or how we handle your protected health information should be directed to our HIPAA Privacy Officer. If you are not satisfied with the manner in which a complaint is handled you may submit a formal complaint to the Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

We must follow the duties and privacy practices described in this Notice. We will maintain the privacy of your protected health information and to notify affected individuals following a breach of unsecured protected health information. If you have any questions about this Notice, please contact us at (415) 424-4266 and ask to speak with our HIPAA Privacy Officer or e-mail at privacy@hazel.co.

Grandview R2 School District

Computer/Internet Access Acceptable Use Policy - Student

Internet access is available to students and teachers in the Grandview R2 School District. The goal of the Grandview R2 School District in providing Internet services to students and teachers is to promote educational excellence by facilitating resources sharing, research, innovations, and communication.

Information Content & Uses of the System: Along with national and international access to computers, people, and information valuable to the education process comes availability of material that may not be considered of educational values in a school setting. The Grandview R2 School District takes precautions to restrict access to controversial materials by teaching students responsible computer and Internet use, and through the possible utilization of "firewall" software, block student access to inappropriate materials. Users are advised that some sites may contain defamatory, inaccurate, abusive, obscene, sexually oriented, threatening, offensive, or illegal material. Grandview R2 School District does not condone the use of such materials and does not permit usage of such materials in the school environment. Users knowingly bringing such materials into the school environment may be subject to disciplinary action. Use of the Grandview R2 School District Internet connection is an education privilege, not a right. Commercial uses of the system are strictly prohibited. Inappropriate use of computers, software, or the Internet will result in cancellation of these privileges. The safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications.

Users may not attempt to copy, disclose, transfer, change, or delete information or programs belonging to another user. Do not use another person's account, disclose passwords, or attempt to log in as an administrator.

Names OR pictures of students may be used on web pages and electronic correspondence but will never be linked together.

The District will not tolerate any form of cyber bullying through the use of electronic communications. Anyone who engages in this will be in violation of this agreement and subject to disciplinary action.

In addition, Grandview R2 School District reserves the right to inspect any material stored in files, whether obtained from the schools' system or brought in from other sources, and will delete any material believed to be inappropriate.

Copyrighted Material: Grandview R2 School District expects students to be familiar with copyright law and ethical use of copyrighted materials. Copyrighted material must not be placed on any system connected to Grandview R-II School District without the author's permission. Users may download copyrighted material for their own use. Reproduction of copyrighted material is strictly forbidden without authorization of the author. Illegal (pirated) software will not be allowed on the System under any circumstances.

Your signature indicates you agree to the terms and conditions of this document and understand its significance.

Grades K - 12

Student Signature _____ Date _____

Parent Signature _____ Date _____