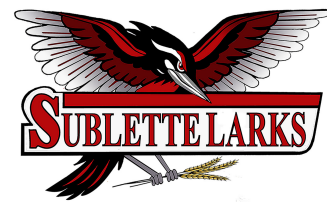


# 2017-2018 Pre-School Student Information Form



Date: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Student's Social Security Number: \_\_\_\_\_

Language: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

Race: \_\_\_\_\_ Where was the student born? (Please Check one)

United States Mexico Other: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

Father's D.O.B: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Mother's Last Name: \_\_\_\_\_

Mother's D.O.B: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Married Single (Please Check one)

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father has high school diploma/GED: Yes No

Mother has high school diploma/GED: Yes No

Father's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication: \_\_\_\_\_

Student's first language: \_\_\_\_\_ Home Communication: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Will your child ride the bus to school? Yes No

Bus Number: \_\_\_\_\_

# Student Health Information Form



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Last Name

First Name

Grade

**Please check any medical conditions your student has:**

ADHD/ADD

Asthma

Birth Defects

Hearing Difficulties

Skin Problems

Ear Infections

Depression

Diabetes

Headaches

Bone/Joint problems

Anxiety

Vision Difficulties

Heart Defects

Urinating Problems

Serious Injury

Seizures

Stomach Problems

High Blood Pressure

Surgical History

Anemia

Constipation

Other

Please explain checked medical conditions or anything more about your student's health that you think is important for us to know: \_\_\_\_\_

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**Allergies (Drug & Food) & Reaction:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Home Medications/Vitamins:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Assistive Devices:** (glasses, contacts, braces, hearing aids etc)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



# Transportation 2017-2018



Family's Last Name: \_\_\_\_\_

1st Child's Name	Grade	2nd Child's Name	Grade
3rd Child's Name	Grade	4th Child's Name	Grade
5th Child's Name	Grade	6th Child's Name	Grade

Do you live in town or in the country?

Town:  Country:

Will your student(s) ride the bus?

Yes:  No:

**If you live in the country what is your physical address?**

Directions to your home from Sublette:

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## Phone Numbers

	Home Phone	Cell Phone	Work Phone
<b>Mother's Name:</b>			
<b>Father's Name:</b>			
<b>Nearest Neighbors:</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>

If no one is at home when we arrive to drop off your child(ren) after school, what do you want the driver to do? **Select One**

- Drop your child off anyway.
- Take my Child(ren) back to school.

## Mud Routes

Some parents elect to have their child(ren) walk home from their mud route stop. Do you want us to allow your child to: **Select One**

- Walk home from the mud stop.
- Take my Child(ren) back to school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# KAN Be Healthy (EPSDT) Screening Form

I.D. Number: \_\_\_\_\_

Please note the Mandatory Blood Lead Questionnaire is a separate document. It is required at each screen 6 to 72 months

Name	Date of Birth	Age	Date of Screen
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## PHYSICAL GROWTH

T	Weight _____ (lbs/kg) _____ th%	Weight/Length _____ %	Head Circ (≤ 24 months) _____ cm/in
P	Length (Birth to 24 months) _____ cm/in	Standing Height (2 - 20 years) _____ cm/in	
R	BMI _____ th%		
BP	BMI ≥ 85%: recommend appropriate nutrition input and physical activity.		
Update Growth Chart (required at each screen)			Male <input type="checkbox"/> Female <input type="checkbox"/>

## BENEFICIARY & FAMILY HISTORY

Refer to completed history form in chart. Present Concern: \_\_\_\_\_

No changes in medical Hx unless indicated. \_\_\_\_\_

Previous Hx reviewed from \_\_\_\_\_ visit. \_\_\_\_\_

Patient currently in Foster care, no previous hx available. \_\_\_\_\_

Medications: \_\_\_\_\_ Serious Illness/Accidents:  No  Yes (date & type)

(including Hospital or ER visits) \_\_\_\_\_

Allergies (food & drug) \_\_\_\_\_

Birth History (Length, weight, complications, etc. - if known) \_\_\_\_\_ Operations:  No  Yes (date & type)

(Circle and indicate the relationship with disease / problem. P-Parent, G-Grandparent, B-Brother, S-Sister, Self)

Allergies (food & drug) _____	Drug or ETOH Abuse _____	Mental Illness _____
Asthma _____	Earaches _____	Obesity _____
Birth defects _____	Epilepsy/Seizures _____	Scoliosis/Arthritis _____
Blood Disorder/ Sickle Cell _____	Headache _____	Speech, Visual, Hearing _____
Cancer _____	High Blood Pressure _____	Ulcers/Colitis _____
Colds/sore throat _____	Kidney/Liver Disease _____	Urinary/Bowel _____
Diabetes _____	Lung Disease _____	Heart Disease/Stroke _____

## BODY SYSTEMS

SYSTEMS	WNL	ABN	Comments (Describe any Abnormal Findings)
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Integumentary	<input type="checkbox"/>	<input type="checkbox"/>	
Head-Neck	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes/Ears/Nose & Throat	<input type="checkbox"/>	<input type="checkbox"/>	
Oral/Dental	<input type="checkbox"/>	<input type="checkbox"/>	
Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>	Lung sounds?
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Murmur?
Abdomen/Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	Tanner Score (as appropriate): Evaluate for excessive menstrual bleeding Enuresis
Trunk / Spine	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	

**Vision Screen**

<b>Ages 0 to 3 yr</b> - Corneal Light Reflex Present: Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ages 3 yr thru 20</b> - Bruckner Exam: Pass <input type="checkbox"/> Refer <input type="checkbox"/> <b>All ages</b> - Outer Inspection: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Eye Tracking: Pass <input type="checkbox"/> Refer <input type="checkbox"/> PERRLA: Pass <input type="checkbox"/> Refer <input type="checkbox"/> Ocular Motility(strabismus/cross cover test):Pass <input type="checkbox"/> Refer <input type="checkbox"/>	<b>Ages 3 thru 20:</b> Distance Acuity - _____ Near Acuity - _____ Tool used: _____ Tool used: _____ Score: L _____ R _____ Both _____ Score: L _____ R _____ Both _____ Last exam: _____ Further comments (see below)
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**NUTRITION**

**PHYSICAL ACTIVITY**

<input type="checkbox"/> WIC participant <input type="checkbox"/> Referred to WIC <input type="checkbox"/> Breast Feeding <input type="checkbox"/> Formula Amount & how often: _____ Number of Servings per day Bread/Cereal _____ Dairy _____ Fat/Sweet/Sugar _____ Fruit _____ Meat/Bean/Egg _____ Vegetable _____ Fluid Intake: water _____ oz. Soda _____ Milk _____ oz. Juice _____	<input type="checkbox"/> Biking <input type="checkbox"/> Basketball <input type="checkbox"/> play outside <input type="checkbox"/> Skating <input type="checkbox"/> Walking <input type="checkbox"/> other sports How many hours screen time/Day? (i.e. TV, Games, PC) <input type="checkbox"/> 0-1 hr <input type="checkbox"/> 1-2hr <input type="checkbox"/> 3-5hrs <input type="checkbox"/> 5+hrs <b>KBH participant currently pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", then complete following : 1. Prenatal Record initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. On prenatal vitamins? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Referred for OB/GYN cares? <input type="checkbox"/> Yes <input type="checkbox"/> No Referred to: _____
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**LABORATORY**

**IMMUNIZATIONS**

Obtain CBC with automated differential in infants between 9-12 months. Obtain CBC with automated differential in males at age 15 and in females at menarche. Annual CBC's with diff are required depending on lifestyle/ health needs, please see Provider Manual. Was CBC obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate further follow-up in Plan of Care.	Copy of record in chart Current <input type="checkbox"/> Behind <input type="checkbox"/> Unknown <input type="checkbox"/> Requested from Parent <input type="checkbox"/> Referred to VFC provider <input type="checkbox"/>
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**DEVELOPMENTAL / EMOTIONAL**

**DENTAL**

Please refer to KMAP Provider Manual for AAP recommended Developmental Tools. <b>Children &lt; 6 yrs.</b> A completed developmental screening tool to include the screener's interpretation and report regarding meeting developmental milestones. If further testing/intervention is required, please include in Plan of Care. <b>Children 6-21 yrs.</b> A completed developmental screening tool to include the screener's interpretation and report or document all developmental/emotional observations found below. Include further testing/intervention needs in Plan of Care. Developmental Tool used: _____ Sleep Habits _____ Tired / overactive? _____ Discipline: _____ Vocational concerns? _____ Peer Interaction: _____ Exercise _____ Grade Level _____ Average Marks _____ Special Education: _____ Special Needs: _____ Any emotional or behavioral problems? _____ Emotional Observations: _____	Needs (circle): Rota HepB DTaP Flu Hib IPV MMR MCV4 MPSV4 PCV Varicella HepA HPV Other: _____ Sees Dentist? Yes <input type="checkbox"/> No <input type="checkbox"/> Last dental exam date: ____/____/____ # times brushes/day: _____ Dental Referral (annually at a minimum 1-20yr) Yes <input type="checkbox"/> No <input type="checkbox"/> ~ Fluoride Varnish? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**HEALTH EDUCATION AND ANTICIPATORY GUIDANCE**

Circle Those Reviewed/ Handouts Given			
1. Behavior/Discipline	5. Family Planning	9. Parenting	13. Self Breast Exam
2. Oral /Dental	6. Immunizations	10. Safety/Poisons	14. Sexuality
3. Development	7. Lifestyle	11. Substance Abuse	15. Exercise
4. Physical Activity	8. Nutrition	12. Self Testicular Exam	16. Weapon Safety
17. Other: _____			

**RESULTS/PLAN OF CARE**

<b>Screening Results:</b> _____ <b>Plan/Referrals (dental, vision, hearing, dietary, etc):</b> _____ _____ <b>Screening Providers Signature:</b> _____	<b>Recommended Return Date:</b> _____ Parent/Caregiver and/or Patient informed of KBH Screen findings and verbalizes understanding of findings and recommendations. Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/Caregiver and/or Patient Signature: _____ Date: _____
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# Mandatory Blood Lead Screening Questionnaire

To be completed at each KBH Screen from 6 to 72 months

<b>Does your child:</b> (circle response received)	<b>DATE:</b> (MM/DD/YYYY)						
<b>1) Live in or visit a house or apartment built before 1960?</b> (This could include a day care center, preschool, the home of a baby-sitter or relative, etc.)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>2) Live in or regularly visit a house or apartment built before 1960 with previous, ongoing or planned renovation or remodeling?</b>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>3) Have a family member with an elevated blood lead level?</b>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>4) Interact with an adult whose job or hobby involves exposure to lead?</b> (Furniture refinishing, making stained glass, electronics, soldering, automotive repair, making fishing weights and lures, reloading shotgun shells and bullets, firing guns at a shooting range, doing home repairs and remodeling, painting/stripping paint, antique/imported toys, and/or making pottery).	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>5) Live near a lead smelter, battery plant or other lead industry?</b> (Ammunition/explosives, auto repair/auto body, cable/wiring striping, splicing or production, ceramics, firing range, leaded glass factory, industrial machinery/equipment, jewelry manufacturer or repair, lead mine, paint/pigment manufacturer, plumbing, radiator repair, salvage metal or batteries, steel metalwork, or molten (foundry work)).	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>6) Use pottery, ceramic, or crystal wear for cooking, eating, or drinking?</b>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>One positive response to the above questions <u>requires</u> a blood lead level test. Please, remember blood lead level tests are required at 12 and 24 months, regardless of the score. Was blood drawn for a blood lead level test?</b>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>Interviewing Staff Initials</b>							

**Staff Signature:**


**Patient Name:** \_\_\_\_\_ **I.D. Number:** \_\_\_\_\_

# Sublette Elementary School USD 374

P.O. Box 550  
Sublette, Kansas 67877

Phone: 620-675-2286  
Fax: 620-675-2296

Dear Parent/Guardian:

Children need healthy meals to learn. USD #374 - Sublette Middle/High School offers healthy meals every school day. Breakfast costs **\$1.50**; lunch costs **\$2.75**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. An application for free or reduced price meal benefits and a set of detailed instructions is included with this letter or available online at [www.usd374.org](http://www.usd374.org). Contact Rachel Lee, Principal with questions or to request an application be sent. 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 **Food Assistance (FA), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Families (TAF)** 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/Even 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.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2015-2016			
Household size	Yearly	Monthly	Weekly
1	21,775	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	7,696	642	148

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 USD #374 - Sublette Schools, Judy Marshall, Migrant Liaison, 620-675-2286.
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: Rachel Lee, Principal, 301 Inman Street, PO Box 550, Sublette, KS 67877, 620.675.2286.
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 Rachel Lee, Principal, 301 Inman Street, PO Box 550, Sublette, KS 67877, 620.675.2286, [rlee@usd374.org](mailto:rlee@usd374.org) immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [www.usd374.org](http://www.usd374.org) to begin or TO learn more about the online application process. Contact Rachel Lee, Principal, 301 Inman Street, PO Box 550, Sublette, KS 67877, 620.675.2286, [rlee@usd374.org](mailto:rlee@usd374.org) **if you have any questions about the online application.**
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first 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.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Rex Bruce, 105 West Fern St., PO Box 670, Sublette, KS 67877, 620.675.2277, [rexb@usd374.org](mailto:rexb@usd374.org).
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, 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.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Rachel Lee, Principal, 301 Inman Street, PO Box 550, Sublette, KS 67877, 620.675.2286, [rlee@usd374.org](mailto:rlee@usd374.org) **to receive a second application.**
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Food Assistance (FA) or other assistance benefits, contact your local assistance office or call 1-888-369-4777.

If you have other questions or need help, call 620.675.2277.

Sincerely,

Paula Leverett  
District Nutrition Representative



# APPLICATION PACKET FOR FREE AND REDUCED PRICE SCHOOL MEALS

**How to Apply for Free and Reduced Price School Meals.** For translated materials, go to [www.kn-eat.org](http://www.kn-eat.org), School Nutrition Programs, Administration, Foreign Language Translation. 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 USD #374. 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 Paula Leverett, PO Box 670 Sublette, KS 67877 620.675.2277 paula@usd374.org.

**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 USD #374, regardless of age.

<p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p><b>B) Is the child a student at USD #374?</b> Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Sublette Elementary, Middle School or High School. If you marked 'Yes,' write the name of the school and the grade level of the student in the 'School' and 'Grade' columns to the right.</p>	<p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing <b>STEP 1</b>, go to <b>STEP 4</b>. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p><b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
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## **STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FOOD ASSISTANCE, TAF, OR FDPIR?**

**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:**

- Food Assistance (FA).
- Temporary Assistance for Families (TAF).
- The Food Distribution Program on Indian Reservations (FDPIR).

<p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li> </ul>	<p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for FA, TAF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact Kansas Department for Children and Families.</li> <li>• Go to <b>STEP 4</b>.</li> </ul>
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## **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.
- 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.

<b>3.A. REPORT INCOME EARNED BY CHILDREN</b>			
<p><b>A) Report all income earned or received by children.</b> 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.</p> <p><i>What is Child Income?</i> Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>			
<b>3.B REPORT INCOME EARNED BY ADULTS</b>			
<b>Who should I list here?</b>			
<ul style="list-style-type: none"> <li>• 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></li> <li>• <b>Do NOT include:</b> <ul style="list-style-type: none"> <li>○ People who live with you but are not supported by your household's income AND do not contribute income to your household.</li> <li>○ Infants, Children and students already listed in <b>STEP 1.</b></li> </ul> </li> </ul>			
<p><b>B) List adult household members' names.</b> 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 <b>STEP 1</b> has income, follow the instructions in <b>STEP 3, part A.</b></p>	<p><b>C) Report earnings from work.</b> 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. See detailed instructions on the back of the application.</p> <p><i>What if I am self-employed?</i> 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.</p>	<p><b>D) Report income from public assistance/child support/alimony.</b> 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.</p>	
<p><b>E) Report income from pensions/retirement/all other income.</b> Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>	<p><b>F) Report total household size.</b> Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number <b>MUST</b> be equal to the number of household members listed in <b>STEP 1</b> and <b>STEP 3.</b> 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.</p>	<p><b>G) Provide the last four digits of your Social Security Number.</b> 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."</p>	
<b>STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE</b>			
<p><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></p>			
<p><b>A) Provide your contact information.</b> 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.</p>	<p><b>B) Print and sign your name.</b> Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p><b>C) Write today's date.</b> In the space provided, write today's date in the box.</p>	<p><b>D) Share children's racial and ethnic identities (optional).</b> 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.</p>

# 2016-2017 Household Application for Free and Reduced Price School Meals

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

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

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."  
  
Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, TAF, or FDPIR?

**IF NO** > Go to STEP 3.      **IF YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

**Case Number:**  Write only one 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.  
  
Flip the page to learn how to report Income from Self Employment.

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

How often?

Child income	Weekly	Bi-Weekly	2x Month	Monthly
\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				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
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total Household Members (Children and Adults)**

**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member**

**Check if no SSN**

## STEP 4 Contact information and adult signature

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult	Daytime Phone and Email (optional)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Today's date		

**INSTRUCTIONS**

**Sources of Income**

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

Sources of Income for Adults		
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**Income from Self Employment:** Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment.

For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Gross Annual Income Before Any Deductions.
Computed Monthly Income	\$ _____	Gross Annual Income ÷ 12 = Computed Monthly Income. Report in Step 3.

**OPTIONAL**

**Children's Racial and Ethnic Identities**

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

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA) Temporary Assistance for Families (TAF) 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](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

**Do not fill out**

**For School Use Only – Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12**

<input type="checkbox"/> Total Income: \$ _____ How Often (Circle One): W BW 2M M Multiple=Yearly Household Size: _____	Eligibility: <input type="checkbox"/> Free <b>OR</b> <input type="checkbox"/> Reduced Price <b>OR</b> <input type="checkbox"/> Denied Notes: _____
<input type="checkbox"/> Categorical Eligibility (FA, TAF, FDPIR, Foster)	
Determining Official's Signature: _____	Approval/Denial Date: _____ Notification Date: _____
Processor's Initials: _____	Confirming Official's Signature (ONLY for applications to be verified): _____ Review Date: _____

## HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English to Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

### Student Information:

Name	Grade
Address	Date of Birth
Date first enrolled in a school in the U.S.	Phone Number

### Student Language Information:

1. What language did your child first learn to speak/use?  
English                  Spanish                  Other (please specify) \_\_\_\_\_
2. What language does your child most often speak/use at home?  
English                  Spanish                  Other (please specify) \_\_\_\_\_
3. What language do you most often speak/use with your child?  
English                  Spanish                  Other (please specify) \_\_\_\_\_
4. What language do the adults at home most often speak/use?  
English                  Spanish                  Other (please specify) \_\_\_\_\_

### Parent/Guardian Information:

Which language do you read/write? English      Spanish      Other (specify) \_\_\_\_\_

### Migrant Education Program Information:

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Has your family moved in the last 36 months to seek or obtain agriculture or fishing related work?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was the move from one school district to another? Yes \_\_\_\_\_ No \_\_\_\_\_

---

Signature of Parent or Guardian

Date

# SUBLETTE USD 374

## Identification & Recruitment Parent Survey

Please complete the following information to help us determine if your child/children qualify for the migrant program. This program provides extra academic help for students who may need assistance as well as other benefits. Thank you for your help!

1. Has your family moved into this district within the past 3 years?  Yes  No  
**(Note: If you answer "NO" to the above question, do not answer questions #2, #3 & #4.)**
2. Are you now looking for agricultural work?  Yes  No
3. Are you now working in agricultural work?  Yes  No
4. Were you employed in any agriculturally related jobs listed below in Kansas within the last 3 years?  
 Yes  No



Feed Cattle,



Dairy



Eggs



Cultivation,



Fishing

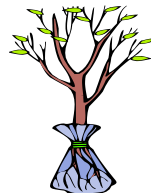
Processing, Packaging



Harvest (fruit and vegetables)



Milling, Cotton



Trees Planting, Cutting

Preparation of soil



Greenhouse, Nursery, Sod

**Parent/Guardian Names**

**Present Job/Job Title**

**Last Employment**

Father: \_\_\_\_\_ / \_\_\_\_\_

Mother: \_\_\_\_\_ / \_\_\_\_\_

**Please list all children**

First	Last	Sex	School	Grade	Date of Birth	Age

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**X** \_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**