

# Chief Joseph Middle School

504 Wilson Street Richland, WA 99352 509-967-6400

> Encourage, Empower, Educate Every Eagle Every Day

#### Welcome Chief Jo Families!

Although the start of this school year may look very different from the years past, we are excited to begin connecting with our students virtually. The CJMS staff has been working extremely hard to prepare for the upcoming school year to serve the students and families attending our school. Rhonda Pratt and Eric Davis will again serve as the administrative team for Chief Joseph. We also welcome back our counselors, Shayla Pambrun and Ashley Edwards and are excited to announce the addition of Debbie Wheeler as a third counselor. We are looking forward to the year ahead.

In this packet you will find a plethora of information.

- Important CJMS Information 2020-21 (Canvas, REMIND, FamilyID, Power School & RSD Email)
- Chromebook & Tech Information
- Community In Schools Information/Consent form
- McKinney Vento form
- Health History Form (only needs to be completed if there are changes)
- PTA Membership Information/Form
- ASB/Activity Fee Form
- Breakfast & Lunch Fees
- Free & Reduced Lunch Information/Consent form

ATHLETICS: Chief Joseph MS generally offers interscholastic athletics for seventh and eighth grade students throughout the school year. At this time, all middle level athletics have been postponed until at least January of 2021. More information to come as it becomes available. Questions about athletics and participation should be directed to Mrs. Lomax, the Athletic Director, at <a href="Deanna.Lomax@rsd.edu">Deanna.Lomax@rsd.edu</a> or by calling 509-967-6418.

ACTIVITES/CLUBS: For all Chief Joseph MS students we offer afterschool clubs, activities, school events, assemblies, intramural sports and other programs based on your child's interest. At this time we are determining which clubs/activities can meet virtually. Information will be shared as it is determined. Please feel free to contact our Activities Coordinator, Rachael Morgan with questions. She can be reached at <a href="mailto:Rachael.Morgan@rsd.edu">Rachael.Morgan@rsd.edu</a>

Included in this packet is information for our parents to sign up for Remind, Power School and Canvas amongst other items. These platforms are essential for families to track your student(s) progress plus receive ongoing information from Chief Joseph Middle School. We also invite you to check out our website <a href="https://chiefjoseph.rsd.edu">https://chiefjoseph.rsd.edu</a> Here you will be able to access/review the student handbook along with other pertinent information. You can also follow us on Facebook @ChiefJosephMS for up to date information.

If you have any questions please don't hesitate to contact our main office by calling 509-967-6400. We are excited to kick-off the school year and look forward to serving your families!

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# **Important CJMS Information 2020-21**

- REMIND Sign up for text message updates/reminders from CJMS
  - o Text the message "@cjms19" to 81010
  - O Don't have a mobile phone? Go to rmd.at/cjms19 on a computer to sign up
- <u>CANVAS</u> Canvas is our online learning management system. This is where you can see your student's classes, grades, assignments, email teachers, etc. Parents/Guardians are encouraged to pair with their student's Canvas account as an observer.
  - O Directions for pairing as an observer: bit.ly/3bFcC8x
  - Students and Parents can message their teachers through the "inbox" in the Canvas Account. For a full list of CJMS staff email addresses go to the CJMS website: <a href="https://chiefjoseph.rsd.edu/">https://chiefjoseph.rsd.edu/</a>
- STUDENT EMAIL All students have an RSD email account. They can access it by:
  - o Go to launchpad and click on "Outlook"
  - o Go to www.rsd.edu click on "students" and then "email
  - o While student email is available, students are encouraged to message their teachers through their "inbox" in Canvas.
- <u>FAMILY ID</u> To create an account or sign in, go to FamilyID.com and type in "Chief Joseph Middle School" under the "Find Programs" tab
  - o Chromebook Insurance see back for directions
  - Clubs/Sports When clubs/sports/activities are up and running, your student will join through their Family ID account
- <u>POWERSCHOOL</u> Student attendance is monitored through PowerSchool. To log on to your parent portal, please see directions posted on the CJMS website: <a href="https://chiefjoseph.rsd.edu/">https://chiefjoseph.rsd.edu/</a>
- <u>TECH SUPPORT</u> Call 967-6162 or email <u>chromebookhelp@rsd.edu</u> or <u>Kristen.Devere@rsd.edu</u>

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# Family ID Chromebook Sign up ~ CJMS ~ 2020-21

- 1. Go to the FamilyID Chromebook page:
  - a. Familyid.com scroll all the way to the bottom of the page
    - i. Click Create Account if you have never signed up on FamilyID before
    - ii. Click Log in if you have already used FamilyID in past school years
- 2. Under the **Find Programs** tab, search for Richland School District (select Washington as the state).
- 3. In the Program column, click Richland School District Chromebook Policy.
- 4. Read through the written policy, then select the options you want: <a href="http://bit.ly/30EzmB4">http://bit.ly/30EzmB4</a>
  <a href="School">School</a>: select Chief Joseph Middle School</a>

# **Insurance Options:**

- 1. \$20 insurance policy (recommended, but not required)
- 2. \$10 insurance policy (if student qualifies for reduced lunch program)
- 3. \$5 insurance policy option (if student qualifies for free lunch program)
- Please note: insurance cannot be paid through FamilyID payment must be completed either online through InTouch or in person at bookkeeping
- 5. Fill in the necessary fields with student/parent information
- 6. Click the Yes, I agree boxes, confirming that you agree to the district's policies.



Dear Parent/Guardian,

My name is Mindy Lee and I am Chief Jo Middle School's Site Coordinator with Communities In Schools of Benton-Franklin (CISBF). My role in the school is to broker, coordinate and/or provide any additional assistance students may need both in and out of school.

For example, some of the supports I can provide are:

- Finding assistance for food, rent, utilities, clothes, and more
- Obtaining additional academic support for your student in or out of school
- · Connecting you and your student with teachers and other staff
- Providing assistance with finding a counselor or mental health professional
- Answering questions you may have about the school or nearby resources
- Assisting your student with making and achieving goals in their life
- Planning for High School and beyond
- Talking about student concerns at school

The attached form is for Communities In Schools of Benton Franklin's records. Because I am not a Richland School District staff member, this form must be signed to allow me to provide services to your student. This form also explains that I need your permission to access your student's school records (grades, attendance, etc.) as needed and that CISBF keeps personal records of your child's school information in a database, for our work purposes, which is only viewable by CISBF employees.

<u>Please make sure to sign and initial the attached permission slip to authorize any services to be provided at any time they are needed by you or your student.</u>

Please feel free to call me if you have any additional questions. My direct line is (509)967-6423. You can also email me at mindyl@cisbentonfranklin.org. You can call the Chief Jo office at (509)967-6400 and ask for me or the CISBF Site Coordinator.

If you'd like any more information about our program or services offered, or would like to speak to our Program Director, Joely Nye-Felt, you can reach our administrative office at 509.967.6042 or email joelyn@cisbentonfranklin.org

Thank you,

Mindy Lee Site Coordinator at Chief Jo Middle School Communities In Schools of Benton-Franklin 504 Wilson St Phone: (509)967-6423



Parent/Guardian Permission for CIS of Benton Franklin services:

# Communities In Schools of Benton-Franklin SITE COORDINATOR SERVICES CONSENT FORM



Dear Parent/Caregiver,

Communities In Schools of Benton-Franklin (CISBF) works in partnership with Richland School District to help students achieve success in school and in life. Our school based Site Coordinator brokers, coordinates and/or provides support services and enrichment opportunities to help meet your student's academic and non-academic needs. Site Coordinators utilize community resources to help provide a wrap-around support system for students and families who want additional assistance. Services provided by CISBF are free to students and their families at participating schools.

Services we provide include, but are not limited to food/hygiene/clothing assistance, empowerment groups, after-school programs, enrichment programs, attendance check-in's, goal setting, and referrals to community services (medical, dental, mental health, DSHS, etc).

Your student has the opportunity to participate and receive CISBF services, but we require permission for release of your student's educational records. By signing below, Richland School District will be authorized to release any records pertaining to your child to CISBF.

demographic and programmatic information to be shared student needs, evaluate programs, secure funding, and bes	participate in CISBF services. Your permission allows student between Richland School District and CISBF in order to address t serve your children and family. This consent to participate will nation to revoke this agreement or the child/children leave Richland
Parent/Guardian Signature:	
Parent/Guardian Name (Print):	
Relationship to Student:	·
(Please note, if student is over the age of 18 or unaccompanied youth as defined by	
Media Release:  CISBF may photograph, film and/or make sound recordings of Your selection remains valid for all media projects for which to I authorize the above media release.  I DO NOT authorize the above media release.  Parent/Guardian Signature:	
Please initial:  I have received and read the attached cover letter description of services and contact information.	with Communities In Schools of Benton-Franklin's

# PLEASE RETURN THIS FORM TO THE SITE COORDINATOR AT YOUR STUDENT'S SCHOOL





# **Student Housing Questionnaire**

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

☐ In a motel	☐ A car, park, campsite, or similar location	
☐ In a shelter	☐ Transitional Housing	
☐ Moving from place to place/couch surfi	ng Other	
☐ In someone else's house or apartment		-
In a residence with inadequate facilities	s (no water, heat, electricity, etc.)	
Name of Student:		
First	Middle . Last	
Name of School:	Grade: Birthdate (Month/Day/Year): Age: _	
Gender: Studer	nt is unaccompanied (not living with a parent or legal guardian) nt is living with a parent or legal guardian	
ADDRESS OF CURRENT RESIDENCE: _		
	R: NAME OF CONTACT:	
PHONE NUMBER OR CONTACT NUMBER		
Print name of parent(s)/legal guardian(s): _		<u>.</u>
Print name of parent(s)/legal guardian(s): _ Or unaccompanied youth) Signature of parent/legal guardian:		<u>·</u>
Print name of parent(s)/legal guardian(s): Or unaccompanied youth)  Signature of parent/legal guardian: Or unaccompanied youth)  I declare under penalty of perjury under the and correct.		
Print name of parent(s)/legal guardian(s): Or unaccompanied youth)  Signature of parent/legal guardian: Or unaccompanied youth)  I declare under penalty of perjury under the	Date:	

#### SEC. 725. DEFINITIONS.

For purposes of this subtitle:

- (1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.
- (2) The term homeless children and youths'
  - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
  - (B) includes ---
    - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
    - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
    - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
    - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

#### **Additional Resources**

Parent information and resources can be found at the following:

National Center for Homeless Education
National Association for the Education of Homeless Children and Youth (NAEHCY)
SchoolHouse Connection



PLEASE RETURN THIS FORM WITH YOUR ENROLLMENT PACKET

# Student Health History Form

Life Threatening Medical Conditions:  WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger of death during the school day. Written orders must be received by the School Nurse, and if appropriate, a care plan must be in place before your child can attend school.  ✓ Does your child have a LIFE THREATENING HEALTH CONDITION? □ No If yes, please state condition:  I give permission for my child to be transported to the nearest emergency room in case of an emergency: □ No □ Yes Severe Allergic reaction to Bee Sting. Anaphylactic □ No □ Yes Describe: □ No □ Yes Severe Allergic reaction to Food or Nuts. Type: □ Reaction: □ No □ Yes Other Allergic Reactions. Type: □ Reaction: □ No □ Yes Asthma. Will your child require asthma medication during school hours? □ No □ Yes Diabetes. Type: □ Self manage: □ Pump: □ No □ Yes No □ Yes Bleeding Disorder. Diagnosis: □ No □ Yes Bleeding Disorder. Diagnosis: □ No □ Yes Orthopedic Condition. Diagnosis: □	
WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger of death during the school day. Written orders must be received by the School Nurse, and if appropriate, a care plan must be in place before your child can attend school.  ✓ Does your child have a LIFE THREATENING HEALTH CONDITION? □ No If yes, please state condition:  I give permission for my child to be transported to the nearest emergency room in case of an emergency:  □ No □ Yes Severe Allergic reaction to Bee Sting. Anaphylactic □ No □ Yes Describe: □ No □ Yes Severe Allergic reaction to Food or Nuts. Type: □ Anaphylactic □ No □ Yes Mild Allergic reaction to Food or Nuts. Type: □ Reaction: □ No □ Yes Asthma. Will your child require asthma medication during school hours? □ No □ Yes No □ Yes Diabetes. Type: □ Self manage: □ Pump: □ No □ Yes Pacemaker: □ No □ Yes Bleeding Disorder. Diagnosis: □ No □ Yes Orthopedic Condition.	
□ No □ Yes       Severe Allergic reaction to Bee Sting. Anaphylactic □ No □ Yes       Describe:	□ Yes
□ No □ Yes       Severe Allergic reaction to Food or Nuts. Type:	□ No □ Yes
□ No □ Yes       Mild Allergic reaction to Food or Nuts. Type:       Reaction:         □ No □ Yes       Other Allergic Reactions. Type:       Reaction:         □ No □ Yes       Asthma. Will your child require asthma medication during school hours?       □ No □ Yes         □ No □ Yes       Diabetes. Type:       Self manage:       Pump:       □ No □ Yes         □ No □ Yes       Heart Condition. Diagnosis:       Pacemaker:       □ No         □ No □ Yes       Orthopedic Condition. Diagnosis:	
□ No □ Yes       Other Allergic Reactions. Type:       Reaction:         □ No □ Yes       Asthma. Will your child require asthma medication during school hours?       □ No □ Yes         □ No □ Yes       Diabetes. Type:       Self manage:       Pump:         □ No □ Yes       Heart Condition. Diagnosis:       Pacemaker:       □ No         □ No □ Yes       Bleeding Disorder. Diagnosis:       Orthopedic Condition. Diagnosis:	
□ No □ Yes       Asthma. Will your child require asthma medication during school hours?       □ No □ Yes         □ No □ Yes       Diabetes. Type: Self manage: Pump: □ No □ Yes         □ No □ Yes       Heart Condition. Diagnosis: Pacemaker: □ No □ Yes         □ No □ Yes       Bleeding Disorder. Diagnosis: Pump: □ No □ Yes         □ No □ Yes       Orthopedic Condition. Diagnosis: Pump: □ No □ Yes	
□ No □ Yes       Diabetes. Type: Self manage: Pump: □ No □ Yes         □ No □ Yes       Heart Condition. Diagnosis: Pacemaker: □ No         □ No □ Yes       Bleeding Disorder. Diagnosis: Pacemaker: □ No         □ No □ Yes       Orthopedic Condition. Diagnosis:	
□ No □ Yes       Heart Condition. Diagnosis:       Pacemaker: □ No         □ No □ Yes       Bleeding Disorder. Diagnosis:         □ No □ Yes       Orthopedic Condition. Diagnosis:	
□ No □Yes Bleeding Disorder. Diagnosis:	□ Yes
LI INO LI 165 OTTHODERIC CONDITION. DIAGNOSIS.	
□ No □ Yes Seizure/Neurological Disorder. Describe:	
LI No LiYes GI/Feeding condition. Describe:	
□ No □Yes Bowel/Bladder condition. Describe:	
□ No □ Yes Other Health Concerns:	
☐ No ☐Yes Does your child have any other condition that would affect classroom performance or P.E. activi	ties?
If yes, please explain:	
□ No □ Yes Behavioral/Emotional Concerns:	
□ No □ Yes Behavioral/Emotional Concerns: □ No □ Yes Glasses: Contacts: Reason: □ Date of last eye exam: □ No □ Yes Hearing Impairment: □ Date of last hearing exam: □ Hearing A	
□ No □ Yes Hearing Impairment: Date of last hearing exam: Hearing A	ids: 🗆 No 🗆 Y
□ No □ Yes Health Insurance: Name	
□ No □ Yes Health Insurance: Name □ No □ Yes Primary Care Provider (Doctor/ARNP/PA)	
Daily Medications:  State law requires written authorization from a Health Care Provider and parent before any medi prescription or over-the-counter, can be given at school. Medication forms are available online at www.	
□ No □ Yes Medication needed at school: (specify):(Authorized)	ization needed)
□ No □ Yes Medication needed at home: (specify):	
Parent/Guardian (Printed Name):	
Parent/guardian signature:Date	
Telephone: (Home)(Cell)(Work)	

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed during the time your child is enrolled in Richland School District, unless you request otherwise in writing.



# **CHIEF JOSEPH MIDDLE SCHOOL**



# **Parent Teacher Association**

everychild.one voice.®

Washington State PTA is the largest volunteer association dedicated to the education, health, welfare, and safety of all children in Washington State.

When you join PTA, you support local, state and national efforts to improve the lives of children and their families.

With a long and rich history of doing the right thing for children and families, today's PTA is still the premier child advocacy association. Won't you join us?

Some of the programs that Chief Joseph Middle School PTA supports include National PTA Reflections, Cavalcade of Authors, Book Fair, Staff Appreciation, and MORE!

# Officers for the 2020-2021 school year are:

President: Tomalin Bailie (tomabailietahoe@yahoo.com)

Treasurer: NaDell Ransom (nadellransom@gmail.com)

Vice President: Kirsten Dean (lkdean06@gmail.com)

Secretary: Michelle Engler (normanmk@gmail.com)

Please, feel free to contact any of us with questions, suggestions, or offers to help. PTA meetings will be the third Tuesday of each month at 7:00 P.M. in the CJMS Library.

# CJMS PTA Annual Membership Fees: \$15 individual (\$25 couple membership)

You will receive a 2-for-1 Richland Council PTA discount card with each paid membership.

Name #1:				Name #2:_								
Address:												
Email #1:	mail #1:Email #2:											
	e membership	card and addition	nal State and National PT	'A benefits)								
Phone:												
Circle One:	Staff	Parent	Grandparent	Guardian	Supporter							
Student at CJM	S:	-				Grade:						
Student at CJMS	S:					Grade:						
Student at CJMS	S:	-				Grade:						
Ι	Oonation (if	desired):		Total	;							
Please return completed form with payment (checks made to Chief Joseph Middle School PTA) to CJMS office or mail to this address: Chief Joseph Middle School, ATTN: CJMS PTA, 504 Wilson Ave, Richland, WA 99354												
For PTA use only Da	ate received:	Amount receive	edCash/Check	Receipt given	_ Membership #	2-for-1 card given	Entered online					



# Chief Joseph Middle School Activities Fees 2020/21

Student Name:ID#	
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To Make payments – Go to Chiefjoseph.rsd.edu.

Scroll down to <u>Online Payments.</u> Next, scroll down and choose <u>Access InTouch.</u> <u>The User Name</u> will be your *Student's ID Number (found on PowerSchool).* The Password is your *Student's Last Name* (1st letter capitalized).

Description	Price	Total
CHROMEBOOK PROTECTION PLAN Students with free/reduced lunch are eligible for a reduced rate. \$10 for Reduced Lunch and \$5.00 for Free Lunch.	\$20.00 \$10.00 \$5.00	
ASB MEMBERSHIP  Please help to support our School!  *An ASB membership must be purchased if your student joins a Club or Sport. However, anyone can buy a membership to help support our school!! @	\$20.00	
YEARBOOK - Yearbook purchases for 20.21 are on hold for now.  We'll keep you updated!!	0.00	
SPORTS PARTICIPATION FEE (7th and 8th grade only)  FALL SPORTS – All sports for Fall 20/21 school year have been postponed. We will keep you updated when we find out more about Middle School sports.		
CROSS COUNTRY	0.00	
FOOTBALL	0.00	
SOCCER Boys Girls	0.00	
VOLLEYBALL	0.00	
PESHIRT (CIRCLE ONE) XS S M L XL XXL	0.00	
PESHORTS (CIRCLE ONE) XS S M L XL XXL	0.00	
OTHER ITEMS:	\$	

# 20-21 Weekly Take Home School Meals

- Includes breakfast and lunch for five school days (10 meals total), picked up on Fridays.
- Scannable ID with barcode is required to pick up meals (provided by RSD).
- If a family has students at multiple RSD sites, they can pick up for everyone at one site.
- Students do not have to be present; parents may pick up for them with student ID card. We can look
  up a name if we must, but it will slow the process.
- Each enrolled student is allowed one breakfast and one lunch per school day--no double dipping.

# RSD 2020-2021 LUNCH & BREAKFAST PRICING

Student Prices	Elementary	Secondary	Adult
Full Price Lunch	\$ 2.75	\$3,25	\$3.75
Reduced Price Lunch (K – 3 <sup>rd</sup> grade) Reduced Price Lunch (PK, 4 <sup>th</sup> – 12 <sup>th</sup> grade)	\$.00 \$.40	N/A \$ .40	N/A
Full Price Breakfast Reduced Price Breakfast	\$ 1.50 \$ .00	\$ 1.75 \$ .00	\$ 2.50 N/A
Milk	\$ .50	\$ 50	\$ 50

# 5 days of breakfast and 5 days of lunch (10 Meals) will cost

Free \$0.00 Reduced K-3 \$0.00 Reduced PK, 4-12 \$2.00 Paid PK-5 \$21.25 Paid 6-12 \$25.80

# Service sites and times each Eriday, beginning September 4:

Badger Mtn	Front door	10:30-11:30
Jason L <del>ee</del>	Frontidoor	10:30-11:30
Jefferson	Back Parking Bus loop	10:30-11:30
Lewis & Clark	Back bus loop	10:30-11:30
Marcus Whitman	Front door	10:30-11:30
Orchard	Front door	10:30-11:30
Sacajawea	Back Bus Loop	10:30-11:30
Tapteal	Side parking loop	10:30-11:30
White Bluffs	Back bus loop	10:30-11:30
Wiley	Front door	10:30-11:30
Carmichael	Front door	10:30-11:30 or 4:30-5:30
Chief Jo	Jadwin side loop	10:30-11:30 or 4:30-5:30
Enterprise	Front by gym door	10;30-11:30 or 4:30-5:30
Leona Libby	Front door	10:30-11:30
·		
Hanford	Front door	9:15-10:15
Richland	Front door	9:15-10:15
		· · · · <del>-</del>

# **CEP Sites**

Early Learning Center, River's Edge, Jason Lee, Jefferson, Lewis and Clark, Marcus Whitman

All students enrolled at these sites eat for free even if they pick up from another site.

 The reverse is not true—if a Hanford paid student picks up from Marcus Whitman (CEP), they are charged under their own category (\$25.00).

No meal service at these sites-they may pick up from their most convenient site:

Rivers Edge High School Three Rivers Home Link Richland Early Learning Center

# **Boys and Girls Club**

- Breakfast and lunch will be served daily for the B&G club. These students may receive one breakfast and one lunch per school day. If they choose to take home as day meal they will be charged for seconds at the paid price for the second meals.
- Their names will be checked off on a roster for each meal they take. They will be charged according to their eligibility or CEP status. If a student is enrolled at White Buffs under a paid category but is attending the Marcus (CEP site) B&G club, they will still be charged under their "enrolled school".

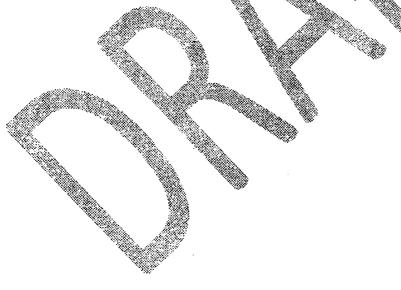
  \*\*Their names will be charged according to their eligibility or CEP status.\*\*

  Their names will be charged according to their eligibility or CEP status. If a student is enrolled at White Buffs under a paid category but is status.

  Their names will be charged according to their eligibility or CEP status. If a student is enrolled at White Buffs under a paid category but is status.

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  Their names will be charged according to their eligibility or CEP status. If a student is enrolled at White Buffs under a paid category but is status.
- Each morning upon the student's arrival the person dropping the student off should be asked if their student needs a school breakfast and/or lunch for that day. This list will be emailed to the kitchen so that they can prepare the correct amount of means B&G staff are welcome to create a meal account and order a meal for themselves also; adult pricing applies.
- There are some sites eligible for At-Risk After School Meals. At these sites the person dropping off should be asked if their student will be having a breaktast, lunch and after-school meal. The afterschool meal is site specific, so it is tree to all students attending that site. These sites are Jason Lee, Jefferson, Lewis & Clark, Marcus Whitman, Sacaiawea, Tapteal.



# National School Lunch Program/School Breakfast Program 2020-21 Letter to Households (Public Schools)

#### Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3rd grade. All other students (preschool and 4th — 12th grades) will be charged the rates shown below.

REGULAR									
Grade Level	Breakfast	Lunch	Snack						
PK-5	\$1.50	\$2.75	n/a						
6-8	\$1.75	\$3.25	n/a						
Adult	\$2.50	\$3.75	n/a						

REDUCED-PRICE										
Grade Level	Breakfast	Lunch	Snack							
K-3	\$0.00	\$0.00	n/a							
PK, 4-12	\$0.00	\$.40	n/a							
Adult	n/a	n/a	n/a							

## Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

# Turn in the application to RSD Nutrition Services, 701 Stevens Drive, Richland WA 99352.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

## What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at (509) 967-6114.

USDA Child Nutrition Program Income Guidelines Effective July 1, 2020—June 30, 2021										
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly					
1	\$23,606	\$1,968	\$984	\$908	\$454					
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614					
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773					
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933					
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092					
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251					
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411					
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570					
For each add'l family member, add:	\$8,288	\$691	\$346	\$319	\$160					

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

## What must be on the application?

#### A. For households not getting any assistance:

- Student name(s)
- · Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete Parts 1, 2, 3, 4, and 5; Part 6 is optional.

#### B. For households with only foster child(ren)

- Student's name
- · Adult household member signature

Complete Parts 1 and 5; Part 6 is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

# National School Lunch Program/School Breakfast Program 2020-21 Letter to Households (Public Schools)

# What must be on the application? continued

#### C. For a family getting Basic Food/TANF/FDPIR:

- List all student names
- Enter a case number
- · Adult household member's signature

Complete Parts 1, 2, 4, and 5. Part 6 is optional.

Last 4 digits of SSN are not required for C.

#### D. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for "A. For households not getting any assistance:" and include the foster child's personal use income.

## What if I'm not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

## Do my children automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

## If anyone in my household has a case number, will all children qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

# Basic Food - Can I qualify for assistance in buying food?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to https://www.dshs.wa.gov/esa/community-services-offices/basic-food.

# We are in the military. Do we report our income differently?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it 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.

#### 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.

# 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 <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.

#### **Health Coverage**

To inquire about or apply for health care coverage for kids in your family, please visit <a href="http://www.wahealthplanfinder.org">http://www.wahealthplanfinder.org</a> or you may call Washington Health Plan Finder at 1-855-923-4633.

#### What if my child needs special foods?

If your child needs special foods, contact the school/district food service office.

# **Proof of Eligibility**

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

#### Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Richard Krasner, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at (509) 967-6102.

#### Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

# 2020-21 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

**Richland School District** 

Apply online: www.mymealtime.com/Apps

Complete, sign, and return this applic Check here if you recelved meal bene			Servic	es, 7	01 Ste	vens l	Drive,	Richland W	A 993	352			•						Homel	ess	[	M	igran	:										
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3. List the names of all other house leave the income sections blank								nd CHECK ho	w oft	en it i	is rece	ived.	. If a household m	embe	r does	s not i	receiv	e incor	ne, wr	rite 0.	If yo	u ent	:er 0 c	r —										
Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Chi	Public ssistance/ ld Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	lr Not	ny Othe ncome t Alrea Listed		Weekly	Bi-weekly	2 X Month	Managh fr										
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<ol> <li>Total Household Members (included)         (total listed must equal number of the contact Information &amp; Signature I certify (promise) that all inform school officials may verify (check Federal laws.</li> </ol>	ide all of house – Co ation	I people living in y sehold members of mplete, sign, and on this application	your h listed return	ouse above n this	hold): e) appli d that	cation all inc	to: F	Pri RSD Nutrition is reported.	mary n Serv	r Digi Wago vices, erstar	Earn 701 St nd tha	ocial er or teven t this	Security Number Other Household is Drive, Richland information is give	(SSN) Mem WA 9	of ber 9352 conne	ction	with t	Ch		feder	N:	nds ar		t										
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OSPI CNS

6. Children's Rac serving our co	ial and Ethnic Iden mmunity. Respond	tities (Optional) – We are re ling to this section is option	equired to ask for informate al and does not affect you	tion about your child(ren)'s	our child(ren)'s race and eligibility for free & re	l ethnicity. This is duced-price mea	nformation is im	portant and helps	make sure w	e are fully
	nore racial identitie	_	dian or Alaska Native	Asian		•	Mark one ethn	ic identity:		
		☐ Black, or Afi	rican American	☐ Nativ	e Hawaiian or Other Pac	cific Islander	☐ Hispanic o	Latino		
		☐ White					☐ Not Hispar	ic or Latino		
price meals. You m when you apply on Indian Reservations will use your inform	ust include the last behalf of a foster of s (FDPIR) case number nation to determine ducation, health, ar	I Lunch Act requires the info four digits of the social secu hild or you list a Supplement per or other FDPIR identifier if your child is eligible for fr id nutrition programs to help	irity number of the adult h tal Nutrition Assistance Pro for your child or when you ree or reduced-price meals	ousehold me ogram (Basic I indicate tha I, and for adn	mber who signs the app Food), Temporary Assist t the adult household m inistration and enforce	olication. The las- tance for Needy F ember signing th ment of the luncl	t four digits of th amilies (TANF) F e application do and breakfast p	e social security nu rogram or Food Dis es not have a social programs. We MAY	mber is not r stribution Pro security nur share your e	equired ogram on ober. We eligibility
In accordance with administering USD/conducted or funda	A programs are pro	law and U.S. Department of hibited from discriminating b	Agriculture (USDA) civil rigo pased on race, color, nation	hts regulatio nal origin, sex	ns and policies, the USD , disability, age, or repri	A, its Agencies, o isal or retaliation	ffices, and emplo for prior civil rig	oyees, and institution that activity in any p	ons participa rogram or ac	ting in or tivity
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USDA office, or writ	te a letter addresse iDA by mail: U.S. De	ination, complete the USDA d to USDA and provide in the epartment of Agriculture, Off	e letter all of the informati	on requested	in the form. To request	t a copy of the co	mplaint form, ca	II (866) 632-9992. S	ubmit your o	ompleted
This institution is an	n equal opportunity	•								
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Title IX Coordinator	s: <i>Personnel-</i> Tony H	loward (Tony.Howard@rsd.e	<u>edu</u> ), Asst. Superintendent	Human Reso	urces; Students-Todd B	addley ( <u>Todd.Bad</u>	dley@rsd.edu),	Asst. Superintender	nt	
		ony Howard ( <u>Tony.Howard@</u> loore@rsd.edu), Asst. Superi		dent Human	Resources; Facilities-Ric	chard Krasner ( <u>Ri</u>	:hard.Krasner@r	sd.edu), Exec. Direc	tor Support	Services;
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		ike steps to assure that national bilingual education pro					on programs, ser	vices and activities.	For informa	tion
			SCHOOL USE ONL	Y – DO NOT I	WRITE BELOW THIS LINI	3				
ANNUAL INCO	ME CONVERSION: 1	Weekly x 52; Bi-Weekly x 26;	Twice per month x 24; Mo	onthly x 12.	(Do <b>NOT</b> convert	t to annual incom	e unless househ	old reports multiple	pay frequer	ncies).
LEA APPROVAL:	Basic Food/T/		Total Household Size Total Household Income	e \$		Weekly	Bi-Weekly	2x per Month	Monthly	Annual
APPLICATION API	PROVED FOR:	Free Meals Reduced-Price Meals	APPLICATION DENIED E	BECAUSE:	☐ Income Over Allo ☐ Incomplete/Missi		Other:			
Date Notice Sent OSPI CNS		Signature of Appr	roving Official	Page 2 c	Date of 2					June 2020

# CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION FOR OTHER SCHOOL PROGRAMS 2020-21 School Year

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits. Filling out this form does not guarantee you will receive additional discounts—it is dependent on each school's budget. This form only allows Nutrition Services to notify the school of your eligibility.

Check to participate	Title of school program	How the shared information will be used					
	Athletics/Sports	Nutrition Services will share student eligiblity information with the school.  The school may provide reduced fees for this program.					
	PE Uniforms	Nutrition Services will share student eligiblity information with the school. The school may provide reduced fees for this program.					
	Music	Nutrition Services will share student eligiblity information with the school.  The school may provide reduced fees for this program.					
	SAT/PSAT Testing	Nutrition Services will share student eligiblity information with the school.  The school may provide reduced fees for this program.					
	Field Trips	Nutrition Services will share student eligiblity information with the school.  The school may provide reduced fees for this program.					
	Chromebook Insurance	Nutrition Services will share student eligiblity information with the school. The school may provide reduced fees for this program.					
Print Student N	ame(s) here:						
	rent/Guardian:	Date: Phone:					
USDA is an equa	al opportunity provider and employe	er.					

OSPI CNS June 2020