

JeanMarie Oakman, Principal

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Weekly Newsletter from The Principal's Corner September 18, 2020

Thank You So Much!

What a fantastic beginning to our new school year! The whole community has been positive, patient and helpful....thank you ALL!

Free Lunch and Breakfast

The USDA has extended the summer food service program so anyone under 18 years of age may receive FREE school breakfasts and lunches until December 31, 2020....what a blessing! Our meals are delicious, nutritious and served with a smile. I hope every family will take advantage of this gift. Please DO fill out the application still, as we receive title funds for extra support and programs based on those applications. Only numbers are used, never names, that always remains confidential. See application attached.. It's a great way to help the school!

Thank You for the Buckets!

A HUGE thank you to Jeremy Birsky and Home Depot for the donation of the 150 buckets!! This is allowing the students and teachers to have a safe way to transport their supplies in and out of the building, and offers them seating while outside. We are so thankful to have



these community partners supporting our school and helping to keep us all safe. Again, thank you, Jeremy, and Home Depot for this donation. Here is a copy of Kristina Hughes' class enjoying their bucket seats, while social distancing.

Spaghetti Challenge

Ms. Durham's 3rd grade class participated in the spaghetti challenge seeing which group could create the tallest free standing tower only using spaghetti, masking tape, string, and a marshmallow. Students had a blast creating spaghetti towers with partners. Students commented on how they learned to work with each other and wish they could do it again. Pictured is Gordon Westney and Zakiah Boucher with their spaghetti tower.



Forms Needed

We are missing important information from some families. Please send us the FY 21 Emergency Information Form and the Health Information Form. Please send them in to BJ or Carrie as soon as you can. Thank you.

School Pictures

On Wednesday, September 23, 2020, WS will host school pictures! We sent information to you in the Covid 19 Newsletter and we sent paper copies home with the boys and girls earlier this week. Don't forget to have your envelope in to school on or before September 23rd! Because of social distancing, there will not be a class picture taken, however, the company is willing to make a collage of sorts using each individual picture, which is also cute and fun!

Home and School Connection

I have included the Sept 18th issue of Home and School Connection, which offers great advice on how to have conversations with your child about school, ways to exercise the brain, developing strong study habits, how to be careful online and more. It's a quick two page read and one you will find useful.

Flu Clinic for Students and Their Families

On October 9th at 8:30am we will be doing a drive up flu shot clinic at Weathersfield School in collaboration with Mount Ascutney Hospital. Anyone can participate. Please fill out the attached form prior to coming to the clinic and please read the vaccine information sheet also attached to this email. If you are unable to print these papers please let the school know and we can send them home with your student. Contact Emily Stevens in the health office as soon as possible to give her the number of people you plan on having get the flu shot on October 9th.

Flu Clinic for Faculty and Staff

Our school nurse, Emily Stevens, has arranged for the faculty and staff to get a flu shot at school on October 13th. The flu shot clinic for staff will be here at Weathersfield School in the AP room at 1:00 pm. Please pick up paperwork in the health office to fill out prior to the 13th. Let Mrs. Stevens know if you have questions.

2019-2020 Yearbook

FY 20 soft cover yearbooks are available for \$13.00. See BJ in the office if you would like to purchase one.

Have a spectacular weekend, *JeanMarie*JeanMarie K. Oakman, WS Principal

2020 - 2021 Applica l Complete one applicati				pencil).	aucation	App #
STEP 1 List ALL House	sehold Members who	are infants, children, ar	nd students	s up to and including grade 12 (if	more spaces are required for additional names, a	ttach 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 Nan	ne	MI	Child's Last Name	School Name	Student? Foster Migrant Grade Yes No Child Runaway
STEP 2 Do any House	ehold Members (inclu	ding you) currently par	ticipate in o	one or more of the following assi	stance programs: 3SquaresVT or Reach-Up?	
If NO > Co	omplete STEP 3. If Y	ES > Write a case nu	mber here	e then go to STEP 4 (<u>Do not com</u>	plete STEP 3)	Case Number:
Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section. To (C	Child Income Some applicable. See back for All Adult Household they do not receive income from the Adult Household Members and Household Members Children and Adults) nation and adult signation this application is true and	times children in the hor more information. I Members (including come. For each Housel many source, write '0'. Sers (First & Last) S S Last or Conture that all income is reported. I un	g yourself) nold Membe If you ente	Description of Social Security Number (SSN) of Household Members of the process of Social Security Number (SSN) of Household Members of the process of Social Security Number (SSN) of Household Member	ot listed in STEP 1 (including yourself) even if e, report total for source in whole dollars only. If a are certifying (promising) that there is no income and public Assistance/ Child Support/ Alimony Solution Step Step	they do S Weekly Bi-Weekly Bi-Weekly Month Mon
Signature of adult completing	g the form			Printed name of adult completing	ng the form Tod	ay's date Cell Phone Number
Street Address (if available) Other Benefits: For information www.vermontfoodhelp.com.	on free or low-cost heal	Apt# th insurance contact Gree	en Mountain	City n Care at 1-800-250-8427 or <u>www.Gr</u>	State Zip eenMountainCare.org. For information on 3Squares	Email (optional) /T to help with food costs, call 1-800-479-6151 or visit
Annual Income Conversion: Total Income	: School Use Only : Weekly x 52, Every 2 Frequency Weekly Bi-Weekly 2x Month M	Ног	isehold Size	•	Eligibility Free Reduced Denie Date Verifying Office	

Sources of Income for Children			
Sources of Child Income	Example(s)		
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages		
Social SecurityDisability PaymentsSurvivor's Benefits	 - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 		
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money		
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust		

Sources of Income for Adults						
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement /All Other Income				
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	 Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Regular cash payments from outside household 				

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information	tion 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				

White

INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	The chart to the left shows the	
1	23,606	1,968	984	908	454	reduced price	
2	31,894	2,658	1,329	1,227	614	guidelines. Your children	
3	40,182	3,349	1,675	1,546	773	may qualify for	
4	48,470	4,040	2,020	1,865	933	free OR for reduced price	
5	56,758	4,730	2,365	2,183	1,092		
6	65,046	5,421	2,711	2,502	1,251	school meals if your household	
7	73,334	6,112	3,056	2,821	1,411	income falls within the	
8	81,622	6,802	3,401	3,140	1,570		
For each additional household member, add	8,288	691	346	319	160	limits on this chart.	

Native Hawaiian or Other Pacific Islander

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) 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 Eederal Relay Service at (800) 877-839. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint-filing-cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form

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

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Dear Parent/Guardian:

Children need healthy meals to learn. **Weathersfield School** offers healthy meals every school day. Breakfast costs \$1.50; lunch costs \$2.80. **Your children may qualify for free meals or for reduced price meals.** Reduced price breakfast and lunch are served at no charge to families. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from 3SquaresVT or Reach-Up are eligible for free meals.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children participating in their school's Head Start program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. 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 INCOME ELIGIBILITY GUIDELINES For School Year 2020 - 2021						
Household Size	Yearly	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 additional household member, add	8,288	691	346	319	160	

- 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 Katie Ahern at katie.ahern@wsesu.net
- 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

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Weathersfield School

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not complete, so be sure to fill out all required information. Return the completed application to: **BJ** Esty, PO Box 279, Ascutney, VT 05030 or bjesty@wsesu.net 802-674-5400

- 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 BJ Esty, PO Box 279, Ascutney, VT 05030 or bjesty@wsesu.net 802-674-5400, immediately.
- 5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC
 <u>may</u> be eligible for free or reduced price meals; a meal application is needed. Please send in an
 application.
- 7. WILL THE INFORMATION I GIVE BE CHECKED? We may also ask you to send written proof of the household income you report.
- 8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to your school officials. You also may ask for a hearing by calling or writing to: Craig Locarno, Food Service Director, craig.locarno@wsesu.net
- 10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a '0' in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be

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included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

- 14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact BJ Esty, PO Box 279, Ascutney, VT 05030 or bjesty@wsesu.net 802-674-5400 to receive a second application.
- 15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

 To find out how to apply for **3SquaresVT** or other assistance benefits, contact your local assistance office or call **1-800-479-6151**.

If you have other questions or need help, call 802-674-5400

Sincerely,

BJ Esty

BJ Esty

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

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

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

(1) mail: U.S. Department of Agriculture

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

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How to Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Weathersfield. 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 BJ Esty, PO Box 279, Ascutney, VT 05030 or bjesty@wsesu.net 802-674-5400

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 Weathersfield School, regardless of age.
- A) List each child's name. For each child, print their first name, middle initial and last 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.
- B) List the school name and grade. Is the child a student? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend school.
- C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.
- D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

Step 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: 3SquaresVT OR Reach-Up

If anyone in your household participates in the assistance programs listed below, your children are <u>eligible</u> for free school meals: • 3SquaresVT [food stamps] • Reach-Up

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:



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- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- . Circle 'YES' and provide a case number for 3Squares VT or Reach-Up. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: the Benefits Service Center at (800) 479-6151. You <u>must</u> provide a case number on your application if you circled "YES".
- Skip to STEP 4.

Step 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by children. Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

How to Apply for Free and Reduced Price School Meals (cont'd)

What is Child Income?*

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. *Infrequent earnings received on an irregular basis, such as payment for occasional baby-sitting or mowing lawns are not included.

Sources of Income for Children				
Sources of Child Income	Example(s)			
Earnings from work	A child has a job where they earn a salary or wages.			
Social Security	A child is blind or disabled and receives Social Security benefits.			
 Disability Payments 	A parent is disabled, retired, or deceased, and their child receives social			
 Survivor's Benefits 	security benefits.			
Income from persons <i>outside</i> the household	A friend or extended family member regularly gives a child spending			
	money.			
Income from any other source	A child receives income from a private pension fund, annuity, or trust.			



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FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, even if not related and even if they do not receive income of their own. Do **not** include people who:
 - Live with you but are not supported by your household's income and do not contribute income to your household.
 - Children and students already listed in Step 1

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section 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 or deductions.
 - 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 be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- B) List Adult Household member's name. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.
- C) Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and 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.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

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How to Apply for Free and Reduced Price School Meals (cont'd)

- E) Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.
- F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.
- G) Provide the last four digits of your Social Security Number. The household's primary wage earner or another 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 SS#."

Sources of Income for Adults						
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income				
 Salary, wages, cash bonuses Net income from self- employment (farm or business) Strike benefits 	 Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or 	 Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates 				
If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food, and clothing	local government Alimony payments Child support payments Veteran's benefits	 Annuities Investment income Earned interest Rental income Regular cash payments from outside household 				

Step 4: CONTACT INFORMATION AND ADULT SIGNATURE

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

- A) *Provide your contact information.* Write your current 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.
- **B)** Sign and print your name. Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."
- C) Write Today's Date. In the space provided, write today's date in the box.

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine does not cause flu.

Influenza vaccine may be given at the same time as other vaccines.

Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, lifethreatening allergies.
- Has ever had Guillain-Barré Syndrome (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

What if there is a serious problem?

5

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
- Call 1-800-232-4636 (1-800-CDC-INFO) or
- Visit CDC's www.cdc.gov/flu

Vaccine Information Statement (Interim)

Inactivated Influenza Vaccine



8/15/2019 | 42 U.S.C. § 300aa-26

Home&S CONNECTION

Working Together for School Success

Weathersfield School Ms. Jeanmarie Oakman, Principal



Exercise your brain

Your child's brain is like a muscle the more he uses it, the stronger it will become. Suggest that he give his brain a workout with activities like using his nondominant hand to throw a ball or to color. Learning to speak a foreign language or play a musical instrument are also known brain boosters.



Children who regularly eat meals with their families tend to do better in school

and avoid risky behavior. Eating dinner together is great, but other meals count, too. If you work at night, maybe you could make time for a family breakfast. Or on a weekend, try a picnic lunch.

Celebrate progress

Suggest that your youngster create a fun reminder of all the things she has accomplished. Let her cover a box with construction paper and label it "I did it!" Then, she can write each success ("I learned to add fractions") on a slip of paper and put it in the box. If she's feeling discouraged, have her read the slips.

Worth quoting

The best way to cheer yourself up is to try to cheer somebody else up!" Mark Twain

JUST FOR FU

Q: Can a kangaroo jump higher than the Empire State **Building?**

A: Of course. The Empire State Building can't jump!



Conversations about school

When you think of parent involvement, do you picture moms and dads volunteering in classrooms? That's one way to help—but research shows that supporting your child's education at home is even more important. Here are conversation starters that will help you stay involved.

"Let's see what you worked on today."

Look at completed work to find out what your youngster is learning and how well she's doing. You could comment on her math work or social studies project, for instance. ("You know a lot about our state's history!") Also, respond to notes from her teacher, and sign her weekly folder or daily planner if required.

"Show me what you have for homework?

It's your child's job to do her homework, but you play a role, too. Make sure she knows what she's supposed to do by having her explain the assignments to you. After she finishes her homework, glance over the work to see that it's complete.

"Describe a book you enjoyed today."

This gives you an idea of what your youngster prefers to read. Then, build a daily reading habit by asking what she'd like to read tonight. Encourage her reading and listening skills by reading aloud to her and letting her read to you.

"Tell me what you learned that you'd like to know more about."

Use her interests as jumping-off points for activities to share. If she likes geometry, you might hunt for shapes together. If she's fascinated by how animals adapt to winter, read a book or observe animals outside.♥

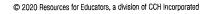
After-school questions

Asking "How was school today?" might not get you far. Instead, ask questions like these for a better picture of your youngster's day:

- "What's the coolest thing that happened today?"
- "Pretend you're the teacher. How would you describe the day?"
- "What made you laugh?"
- "What was the most creative thing you did?"
- "How were you kind or helpful

today? How was someone kind or helpful to you?" ♥

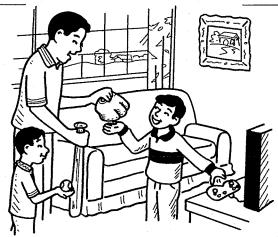




What does respect look like?

Your youngster's daily dealings with adults and kids alike will be more pleasant if he speaks and acts respectfully. Try these tips for helping him learn about respect.

Respectful replies. Think about something that you and your youngster disagree on (say, whether his video game time should be limited). Model having a respectful discussion about it. You might say that his brain and body are growing and that he needs to run and play to stay healthy. Then, suggest a respectful response, such as, "I



want to be healthy. but I love video games." Have him brainstorm other situations where people have different opinions but still speak to each other with respect.

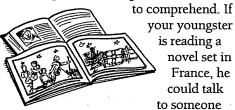
Everyday acts. When you mow the lawn or clean up after your dog, you can teach your child about respect for neighbors. Explain that keeping your

neighborhood clean and neat makes it nice for everyone. Ask him to think of other respectful things neighbors should do. If you share an apartment laundry room, he might say that you respect neighbors' time by removing your clothes when they're done so others get to use the washers and dryers.♥

A reading challenge

By reading more complex books, your child can learn new words, facts, and ideas. He'll also be exposed to more complicated plots and will grow as a reader. Share these suggestions:

 Knowing something about the topic or setting makes a tougher book easier



who has been there or look up the country online (try a children's site like kids. nationalgeographic.com).

- Encourage your child to look at a simpler book on the same subject. A picture-book biography about Harriet Tubman may help your youngster better understand a textbook chapter on the civil rights movement, for instance.
- Suggest that your child read complicated material with pencil and paper in hand. He can jot down questions, words to look up, or facts he wants to learn more about.♥

PURPOSE

To provide busy parents with practical ideas that promote school success, parent involvement, and more effective parenting.

Resources for Educators, a division of CCH Incorporated 128 N. Royal Avenue • Front Royal, VA 22630 800-394-5052 • rfecustomer@wolterskluwer.com www.rfeonline.com

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Strong study habits

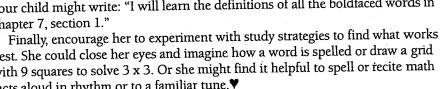
Q: My third grader has to spend more time studying this year. How can I make sure she studies effectively?

A: Set your daughter up for success by helping her find a distraction-free study spot. Also,

have her come up with a study routine. For instance, she could reserve time each evening to review her textbook and notes in the days leading up to a test.

Also, many students find it helpful to jot down a purpose each time they study. Your child might write: "I will learn the definitions of all the boldfaced words in chapter 7, section 1."

best. She could close her eyes and imagine how a word is spelled or draw a grid with 9 squares to solve 3 x 3. Or she might find it helpful to spell or recite math facts aloud in rhythm or to a familiar tune.♥





How to be careful online

With my daughter using the internet

more for schoolwork, I was concerned she would wander to unsafe sites. We set up parental controls as her teacher recommended, and I try to stay nearby when she's

on the computer.

But my older sister reminded me that while supervision is important, Sophie needs to learn safe habits to use on her own. So I explained to

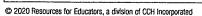
Sophie that real-life safety rules apply online.

For instance, she shouldn't talk to strangers or go places she's not allowed. Before visiting a new site, she has to

check with me so I can make sure it's appropriate. And just as in real life, she needs to tell me right away if a stranger tries to contact her or if she sees something confusing or upsetting.

> I feel better that Sophie has ground rules, and I am going to keep this conversation going.







INFLUENZA VACCINE 2020-2021 Eligibility Screening Form

Last Name:	First Name:		
Date of Birth: AGE:	Gender: [] Male []	Female	[] Other
Registration FIN #:	Preferred Phone Number		
Primary Care Provider			
Mailing Address			
City State			
Insurance Name	Insurance ID#		
If under 18 years of age: Guarantors name			
Guarantors Address			
Please answer the following questions, and Check (v) th	ne appropriate box:		
Thouse under the joine timing questions, and check (1) th		<u>YES</u>	<u>NO</u>
 Have you had a dose of influenza vaccine this season Have you ever had a serious or life threatening allerg 		[]	[]
vaccine or any of its components before?		[]	[]
3. Have you ever had a severe allergic reaction to eggs	that required medical intervention?	[]	[]
4. Are you ill today or have a fever of greater than 100°	F?	[]	[]
5. Do you have a history of Guillain-Barre Syndrome?		[]	[]
If yes to 2 - 5 of the above f	urther screening must be provided.		
I have read or have had explained to me the information (VIS). I have had an opportunity to ask questions and recovaccine and consent to be vaccinated.			
Recipient/Guardian Signature:	Date:		
Screening Nurse / CMA / Provider Signature:	Date:	_	
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>>>>>>	·>>>>	·>>>>
Employees and Volunteers In Action (VIA) : By signing this form you are granting MAHHC Occupation document receipt of this vaccine.	nal Health permission to access your perso	nal EMR	and
For Vaccinator Use Only: VIS Print Date: 08/15/2020			
Product Name: Manufacturer: _			
Confirm Age of Recipient: Dose	e:0.5 mLFlu Vaccine Lot Number:		
Expiration Date:IM Injection Sit	e RD() LD() R Thigh() L Thig	h ()	
Vaccinator Signature:	Date/Time	e:	