District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

Please have the following available in order to register your child in our schools.

1) 3 proofs of residency – rental agreement, purchase offer, utility bill, check stub, etc.

2) Proof of guardianship if applicable

3) Immunization records and proof of physical within past year

4) Custodial papers if applicable

5) Birth certificate for each child

6) Driver's license of parent/guardian

7) Name and address of most recently attended school

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

REGISTRATION FORM

Has student previously attended Allegany-Limestone School? _____

If yes, when?_____

Building (please circle choice) ALES MHS

Date registered_____ Grade Entering_____

Name of Student_____
(Last) (First) (Middle)

Date of Birth_____ Gender M F

Home Address_____

Mailing Address (if different from above)_____

Primary/Home Phone #_____

Native Language_____

Is the student Hispanic, Latino, or of Spanish origin? (check the line that best describes your child) _____Yes, Hispanic _____No, not Hispanic

Select one or more races from the following five racial groups (check all lines that apply to your child)

_____American Indian or Alaska Native

_____Asian

_____Native Hawaiian or other Pacific Islander

_____Black or African American

_____White or Caucasian

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

PARENT(S)/GUARDIAN(S) LIVING IN THE HOME WITH STUDENT

Parent/ Guardian Full Name_____

Parent/Guardian Cell Phone_____

Parent/Guardian Email_____

Relationship to Student_____

Work Phone Number_____

Name/Address of Workplace_____

_____

Occupation_____

PARENT(S)/GUARDIAN(S) LIVING IN THE HOME WITH STUDENT

Parent/ Guardian Full Name_____

Parent/Guardian Cell Phone_____

Parent/Guardian Email_____

Relationship to Student_____

Work Phone Number_____

Name/Address of Workplace_____

_____

Occupation_____

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

OTHER PARENT(S)/GUARDIANS(S)

Parent/ Guardian Full Name_____

Address_____

Cell Phone Number_____

Work Phone Number_____

Relationship to Student_____

SIBLINGS ALSO ATTENDING ALLEGANY-LIMESTONE SCHOOLS

Brother(s)/Sister(s)_____
Name Birthdate Grade

Brother(s)/Sister(s)_____
Name Birthdate Grade

Brother(s)/Sister(s)_____
Name Birthdate Grade

CUSTODIAL/COURT ORDER INFORMATION

Is there a current Order of Protection or No Contact order which concerns this student? YES_____ NO_____

Custodial Information, if applicable_____

Please provide copies of any custodial/court documents involving this student

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

EMERGENCY INFO/CONTACTS

Emergency Information_____
Physician's Name Phone #

Emergency Contact (outside your home): Name, phone #, and relationship of **TWO** people with **WHOM YOU HAVE ARRANGED** to take care of your child in an emergency and you cannot be reached:

1)_____
(name) (phone #)
Relationship to student_____

2)_____
(name) (phone #)
Relationship to student_____

Birthplace_____
_____
(City) (State/Country)

If not born in the United States, date of entry into United States_____

Do you have any concerns about your child? YES NO
(If YES, circle concerned areas)

Speech Developmental Delay Vision Physical

Hearing Social/Emotional Behavior Other_____

Does your child currently have a Special Education Plan/IEP? YES NO

Does your child currently have a 504 plan? YES NO

Has your child ever been retained) (If yes, indicate grade)_____

Has your child ever received any AIS/remedial help? If yes, what subject(s):
_____

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

HEALTH HISTORY:

Physician's Name_____**Phone#**_____

Has your child had any of the following? (If so, enter dates below)

Asthma_____Bladder/Kidney Problem_____Bone Fracture(s)_____Chicken Pox_____

Concussion_____Congenital Defect_____Diabetes_____Diphtheria_____

Ear Problems_____Epilepsy_____Eye Problems_____Fainting Spells_____

Frequent cold/sore throats_____German Measles_____Heart Disease_____Hepatitis_____

Measles_____Mumps_____Poliomyelitis_____Pneumonia_____

Rheumatic Fever_____Rubella_____Whooping Cough_____Scarlet Fever_____

Staring Spells_____Tuberculosis_____Surgeries_____

Other Conditions_____Disabling Conditions_____

Allergy to food, medicine, dust pollens, etc. Please explain:

_____

Is your child receiving any medication? YES NO

Please explain_____

I (We) give permission to share all health information with appropriate staff. YES NO

If NO, give reason_____

Parent/Guardian Signature_____**Date**_____

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of School: Allegany-Limestone Central School

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: _____ /_____ /_____ (*Month Day Year*) Grade: _____ (*preschool-12*) ID#: _____ (*optional*)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (*Please check* ***one*** *box.*)

- ☐ In permanent housing
- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____

_____
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

_____
Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

_____
Date

If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

TRANSPORTATION INFORMATION

Childs Name: _____

Date of Birth: _____ ** Student must be at least age 4 to ride the bus

School attends (circle one): Elementary MHS

Grade: _____

Road Address (Include P.O. Box):
_____

Telephone Number: _____

Custodial Information: _____

HOW WILL THE STUDENT BE TRANSPORTED TO & FROM SCHOOL?
if different in am/ pm please enter **am and **pm** in respective space

BUS_____ WALK_____ CAR RIDER_____ REC_____ Y-CARE_____

****The following information will make it easier for the Bus Driver to find you****

Does your child have a sibling that rides the bus? _____

If so, please fill in the sibling's name (s): _____

Do you have a neighbor that rides the bus? _____

If so, please fill in the neighbor(s) name: _____

Do you know the bus number and/ or driver that passes your house? _____

What road do you live on? _____

What color is your house? _____

Does your house have a number on it? _____ If so, where _____

Please describe any other distinct features of your home including location in relation to the roadway:
_____

_____

Parent/ Guardian Signature _____ **Date:** _____

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

Authorization to Administer Assessments

Dear Parents/Guardians,

For Elementary Students:

New students entering our school may be administered diagnostic test(s), by certified personnel, for reading, mathematics, and/or speech. These tests show your child's strengths and weaknesses and possibly indicate if he or she may need additional help to be better prepared for the New York State Assessments.

These results will be shared with you if academic intervention is needed. We will explain any concerns and a plan for your child.

For Middle-High School Students:

Grade placement will be determined once all transcripts have been received and earned credits counted.

****

I have read and understand the above information for my child,
_____ whose date of birth is _____.

Parent/Guardian Signature _____

Relationship to child _____

Date Signed _____

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

To Whom It May Concern:

Please forward all records concerning grade evaluation, testing, academic, health information, special physician reports, psychological evaluation, and any other pertinent information for my child, _____whose birth date is _____. My child was a(n)_____grade student in your school for approximatley_____months/years.

Please send or fax these records to the school circled below:

Allegany-Limestone Elementary School
Attention: Lindsey Wernert/Rikki Ray
120 Maple Avenue
Allegany, NY 14706
lwernert@alcsny.org / rray@alcsny.org
Telephone (716) 375-6600
Fax (716) 375-6628

Allegany-Limestone Middle-High School
Attention: Melisa Rakoska-Heary
3131 Five Mile Road
Allegany, NY 14706
mrakoska@alcsny.org
Telephone (716) 375-6600
Fax (716) 375-6625

Please send current Special Education Records to the Office of Special Education at:
Allegany-Limestone Central School
Attention: Office of Special Education/Amy Kline
120 Maple Avenue
Allegany, NY 14706
akline@alcsny.org
Telephone (716) 375-6600
Fax (716) 375-6601

Your prompt attention to this request would be greatly appreciated. Thank you.

Parent/Guardian
Signature(s):_____Date:_____

_____Date:_____

Last School District Attended:_____

Name of Former School:_____

Complete Address: _____
_____
_____

Telephone Number:_____Fax Number:_____

Family Educational Rights and Privacy Act (FERPA)
Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Allegany-Limestone Central School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Allegany-Limestone Central School may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Allegany-Limestone Central School to include this type of information from your child's education records in certain school publications. Examples include:

- A drama playbill; school website;
- The school yearbook; District newsletter and other mailings;
- Honor roll or other recognition lists; classroom projects;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks.(In accordance with Board of Education Policy 7241).

If you do not want Allegany-Limestone Central School to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by September 15 or within two weeks of registration. Allegany-Limestone Central School has designated the following information as directory information:

- Student's name
- Photograph
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received

This signature form remains in effect for a maximum time period of three (3) years (exception: seniors 4 years). Record of signatures will be recorded electronically in the ALCS Student Management System, updated annually. Renewal of this opt-out form will be collected from new students and students entering grade K, 3, 6, and 9.

Student Directory Information/Photo Use Opt-Out Form

If you **DO NOT** want Allegany-Limestone Central School to use your child's photo for educational purposes in the District newsletter, yearbook, school web site, or District social media sites (ie. Facebook, Twitter, Instagram, etc.) please sign below to opt-out.

Student Name(s) please print_____Grade(s)_____

Parent Name(s) please print_____

Parent Signature(s)_____Date_____

IF THIS FORM IS SIGNED AND TURNED IN, YOUR CHILD'S PICTURE/INFORMATION CANNOT BE USED FOR ANY PURPOSE. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO ASK

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

THIS FORM MUST BE COMPLETED TO REGISTER YOUR STUDENT

I,_____, am submitting to the Allegany Limestone Central School District the attached documentation and affidavit regarding my child(ren):_____.

I am attesting under oath that all the information contained herein is sworn to be true.

I, fully acknowledge that these are legal documents and that if I were to falsley fill these out, I am committing an act of perjury. I also acknowledge that to enroll my child(ren) under false pretense could be viewed as the theft of services that otherwise are paid by bonafide residents of the Allegany Limestone Central School District. Because the services provided are valued above $3,000 such a theft of services would likely constitute grounds for having committed a Class E felony.

As defined by New York Penal Law §§ 15.05(1), 210.00, "perjury" is: "to 'swear Falsley'; to intentionally make a false statement which such person does not believe To be true either while giving testimony, or under "oath" in a subscribed written instrument.

If the information given herein is found to be fraudulent, I acknowledge that my child(ren) will be immediately discharged from the school and that the District will request the Cattaraugus County District Attorney to prosecute seeking not only the full costs associated to their education but whatever penalties the court might assign..

I have been given the opportunity to question what all of the above means and it is with full knowledge and understanding that I place my signature below in the presence of a Notary Public.

_____	_____	_____	_____
Name	Date	Notary	Date

The district provides a free notary service for this form in the District Office or at the Elementary building.

The University of the State of New York • The State Education Department • Office of Bilingual Education
Albany, New York 12234

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

Please print or type clearly

DISTRICT

SCHOOL GRADE

STUDENT NAME

DATE OF BIRTH
Month: Day: Year:

STUDENT IDENTIFICATION NUMBER

COUNTRY OF BIRTH / ANCESTRY

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION

DETERMINATION:
❑ Possible LEP
❑ English Proficient

(✔ boxes that apply)

1. What language(s) is spoken in the student's home or residence? ❑ **English** ❑ **Other** _____ *specify*
2. What language(s) are spoken most of the time to the student, in the home or residence? ❑ **English** ❑ **Other** _____ *specify*
3. What language(s) does the student understand? ❑ **English** ❑ **Other** _____ *specify*
4. What language(s) does the student speak? ❑ **English** ❑ **Other** _____ *specify*
5. What language(s) does the student read? ❑ **English** ❑ **Other** _____ *specify* ❑ **Does Not Read**
6. What language(s) does the student write? ❑ **English** ❑ **Other** _____ *specify* ❑ **Does Not Write**
7. In your opinion, how well does the student understand, speak, read and write English?

	Very well	*Only a little*	*Not at all*
Understands English	❑	❑	❑
Speaks English	❑	❑	❑
Reads English	❑	❑	❑
Writes English	❑	❑	❑

_____ *Signature of Parent/Guardian/Other*

Month: Day: Year:
_____ *Date*

Allegany-Limestone Central School District
Network and Internet Use Policy

The Allegany-Limestone Central School District encourages the use of its academic computer services by members of the school community. Our Board of Education is committed to providing a computer network that will promote learning, teaching, and management. It is the policy of ALCS to: (a) prevent user access over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communications; (b) prevent unauthorized access and other unlawful online activity; (c) prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors; and (d) comply with the Children's Internet Protection Act [Pub. L. No. 106-554 and 47 USC 254(h)].

A high speed internet connection is available to students and teachers in the district who qualify. In making decisions regarding student access to the Internet, the ALCS District considers its own stated educational vision, mission, core beliefs and goals. Electronic information research skills are now fundamental to preparation of citizens and future employees. Access to the Internet enables teachers and students to explore thousands of libraries, databases, bulletin boards, and other resources while exchanging messages with people around the world. To the extent practical, technology protection measures (or "Internet filters") shall be used to block or filter Internet, or other forms of electronic communications, access to inappropriate information.

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value. ALCS requires the implementation of a technology protection measure, generally referred to as an Internet filter, to block access to visual depictions deemed "obscene," "child pornography," or "harmful to minors." On a global network, it is impossible to control all materials and a diligent user may discover controversial information. We (ALCS) firmly believe that the valuable information and interaction on the Internet far outweighs the possibility that users may obtain material that is not consistent with the educational goals of the district.

Teachers are responsible for teaching proper techniques and standards for participation, for guiding student access to appropriate sections of the Internet, and for assuring that students understand that if they misuse the network they will lose their privilege to access the Internet from the classroom environment. Internet access is a privilege, not a right. Internet access entails responsibility. Subject to staff supervision, technology protection measures may be disabled for adults or, in the case of minors, minimized only for bona fide research or other lawful purposes.

It shall be the responsibility of all members of the ALCS staff to educate, supervise and monitor appropriate usage of the online computer network and access to the Internet in accordance with this policy, the Children's Internet Protection Act, the Neighborhood Children's Internet Protection Act, and the Protecting Children in the 21st Century Act. Procedures for the disabling or otherwise modifying any technology protection measures shall be the responsibility of the Director of Technology or designated representatives. The teaching staff will provide age appropriate training for students who use the ALCS Internet facilities. The training provided will be designed to promote commitment to:

a. The standards and acceptable use of Internet services as set forth in this Internet Safety Policy;
b. Student safety with regard to:
    i. safety on the Internet;
    ii. appropriate behavior while on online, on social networking Web sites, and in chat rooms; and
    iii. cyberbullying awareness and response.
c. Compliance with the E-rate requirements of the Children's Internet Protection Act ("CIPA").

Following receipt of this training, the student will acknowledge that he/she received the training, understood it, and will follow the provisions of the District's acceptable use policies.

Anyone who receives an account to access the network and the Internet will take full responsibility for his or her own actions. To the extent practical, steps shall be taken to promote the safety and security of users of the ALCS online computer network when using electronic mail, chat rooms, instant messaging, and other forms of direct electronic communications. Specifically, as required by the Children's Internet Protection Act, prevention of inappropriate network usage includes: (a) unauthorized access, including so-called 'hacking,' and other unlawful activities; and (b) unauthorized disclosure, use, and dissemination of personal identification information regarding minors.

The Allegany-Limestone Central School District will not be liable for the actions of anyone connecting to the Internet. All users shall assume full liability, legal, financial, or otherwise, for their actions. In addition, ALCS takes no responsibility for any information or materials that are transferred through the Internet. Violations of the Internet filtering policy and/or Acceptable User Policy (AUP) will result in administrative and possible legal penalties starting with withdrawal of Internet privileges and progressing through possible criminal

prosecution for egregious violations. When using another organization's networks or computing resources, students must comply with the rules appropriate for that network. The following regulations and responsibilities, then, apply to all users at Allegany-Limestone Central School District.

- All users must respect the privacy of others and will not seek, use or modify the passwords, accounts or files of other users.
- All users must respect the integrity of the equipment and will refrain from using the equipment or programs to harass others, infiltrate any computer system, damage or alter the hardware/software components of any computer system. This includes, but is not limited to, the uploading or creation of computer viruses and the attempt to destroy, harm or modify data of another user.
- All users will refrain from creating or accessing defamatory, abusive, offensive, illegal, or adult- oriented material on Allegany-Limestone/BOCES equipment.
- All users will use Allegany-Limestone/BOCES equipment for school-related activities only, and will not use this equipment for commercial, personal, monetary or business gain.
- All users must realize that the Electronic Communications Privacy Act places electronic mail in the same category as messages delivered by the United Sates Postal Service, and tampering may be a felony offense. *All electronic mail messages are subject to District review at any time* and should be consistent with the Allegany-Limestone Central School District vision/mission.
- All users will abide by the United States Copyright, Patent, and License Laws and will not copy, alter or distribute copyrighted or proprietary material. This includes all programs, server or network system files, and data files on the network and the Internet.
- All users not complying with the regulations for use described above will have their access privileges suspended or revoked for a period of time to be determined by the director of technology and administrators involved. Additional penalties may be administered according to district policy, or state or federal law.

This Internet Safety Policy was adopted by the Board of Allegany-Limestone CSD at a public meeting, following normal public notice, on December 20, 2011.

Allegany-Limestone Central School District
Network and Internet Use Agreement
Signatures

This signature form remains current for a maximum time period of three (3) years (exception: seniors - 4 years). Record of signatures will be recorded electronically in the ALCS Student Management System, updated annually. New students, and students in grade 3, 6, and 9 will be asked to (re-)sign the form. All staff/students will be reminded annually of their obligation to abide by the terms of the Acceptable User Policy/Agreement they signed. Students with no form on file will be denied access to school computer hardware (including an assigned district laptop when in grades 6-12).

I understand and will abide by the above Network and Internet Use Agreement. I further understand violation of the regulations above is unethical and may constitute a criminal offense. Should I commit violation, my access privileges may be revoked; school disciplinary action may be taken and/or appropriate legal action.

User Name (please print):

_____

User Signature:

_____

Date: _____

PARENT OR GUARDIAN
(If you are under the age of 18, a parent or guardian must also read and sign this agreement)

As the parent or guardian of this student, I have the read the Network and Internet Use Agreement. I understand that this access is designed for educational purposes. I recognize it is impossible for the Allegany-Limestone Central School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent/Guardian's Name (please print):

_____

Parent/Guardian's Signature:

_____

Date: _____

SUBJECT: USE OF EMAIL IN THE DISTRICT

Overview

Email is a valuable tool that allows for quick and efficient communication. However, careless, unacceptable, or illegal use of email may place the District and members of its community at risk. Use of email in the District must be consistent with the District's educational goals and comply with federal and state laws and regulations, as well as all applicable District policies, regulations, procedures, collective bargaining agreements, and other related documents such as the District's *Code of Conduct*. This includes, but is not limited to, this policy and the District's policies on non-discrimination and anti-harassment, protecting the personal information of District employees and students, acceptable use, and record management.

District-related emails are most secure and best managed when District email services are used. Accordingly, the District's email services should be used for all district-related emails, including emails in which students or student issues are involved. Personal email accounts should not be used to conduct District-related business. Further, District email accounts should not be used as any individual's primary personal email address.

Scope and Application of Policy

This policy applies to all District employees and any individual assigned a District email address to conduct District-related business (authorized user).

Sending Emails with Personal, Private, and Sensitive Information

Personal, private, and sensitive information (PPSI) is any information to which unauthorized access, disclosure, modification, destruction, use, or disruption of access or use could have or cause a severe impact on critical District functions, employees, students, third parties, or other individuals or entities. For purposes of this policy, PPSI includes, but is not limited to:

a) District assessment data;

b) Protected student records;

c) Information subject to laws protecting personal information such as Family Educational Rights and Privacy Act (FERPA), Individuals with Disabilities Act (IDEA), Health Insurance Portability and Accountability Act (HIPAA);

d) Social security numbers;

e) Driver's license or non-driver identification card numbers;

f) Credit or debit card numbers;

g) Account numbers;

(Continued)

SUBJECT: USE OF EMAIL IN THE DISTRICT (Cont'd.)

h) Passwords; and

i) Access codes.

The failure to follow proper security protocols when emailing PPSI increases the risk that unauthorized individuals could access and misuse PPSI.

District employees and authorized users may not send or forward emails that include:

a) PPSI without building principal or supervisor authorization. Additional precautions, such as encrypting the email in a District-approved method, should be taken when sending any emails containing PPSI.

b) Lists or information about District employees without building principal or supervisor authorization.

c) Attachments with file names that may disclose PPSI. Files containing PPSI should be password protected and encrypted. File protection passwords should not be transmitted via email. District employees and authorized users will not use cloud-based storage services (such as Dropbox or OneDrive) to transmit files with PPSI without previous District approval or consulting with a building principal or supervisor.

d) Comments or statements about the District that may negatively impact it.

Any questions regarding the District's protocols for sending emails with PPSI or what information may or may not be emailed should be directed to a supervisor.

Receiving Suspicious Emails

Social engineering attacks are prevalent in email. In a social engineering attack, an attacker uses human interaction (social skills) to obtain confidential or sensitive information.

Phishing attacks are a form of social engineering. Phishing attacks use fake email messages pretending to represent a legitimate person or entity to request information such as names, passwords, and account numbers. They may also deceive an individual into opening a malicious webpage or downloading a file attachment that leads to malware being installed.

Malware is malicious software that is designed to harm computer systems. Malware may be inadvertently installed after an individual opens an email attachment, downloads content from the Internet, or visits an infected website.

(Continued)

SUBJECT: USE OF EMAIL IN THE DISTRICT (Cont'd.)

Before responding to any emails, clicking on any hyperlinks, or opening any attachments, District employees and authorized users should review emails for indicators of suspicious activity. These indicators include, but are not limited to:

a) Attachments that were not expected or make no sense in relation to the email message;

b) When the recipient hovers the mouse over a hyperlink that is displayed in the email, the link to the address is for a different website;

c) Hyperlinks with misspellings of known websites;

d) The sender is not someone with whom the recipient ordinarily communicates;

e) The sender's email address is from a suspicious domain;

f) Emails that are unexpected, unusual, or have bad grammar or spelling errors; and

g) Emails asking the recipient to click on a link or open an attachment to avoid a negative consequence or to gain something of value.

District employees and authorized users should forward suspicious emails to the District's information technology (IT) staff.

No Expectation of Privacy

District employees and authorized users should have no expectation of privacy for any email messages they create, receive, or maintain on their District email account. The District has the right to monitor, review, and audit each District employee's and authorized user's District email account.

Accessing District Email Services on Personal Devices

In the event a District employee or authorized user loses a personal device that has been used to access the District's email service, that District employee or authorized user should notify the Districts' IT staff so that measures can be taken to secure the email account.

Personal Use

The District's email services are intended for District-related business only. Incidental or limited personal use of the District's email services is allowed so long as the use does not interfere with job performance. However, District employees and authorized users should have no expectation of privacy in this email use.

(Continued)

SUBJECT: USE OF EMAIL IN THE DISTRICT (Cont'd.)

The District's email services should not be used to conduct job searches, post personal information to bulletin boards, blogs, chat groups, and list services, etc. without authorization from a building principal or supervisor.

It is prohibited to use the District's email services for:

a) Illegal purposes;

b) Transmitting threatening, obscene, discriminatory, or harassing materials or messages;

c) Personal gain or profit;

d) Promoting religious or political causes; and/or

e) Sending spam, chain letters, or any other type of unauthorized widespread distribution of unsolicited mail.

Personal email accounts or services (Yahoo, Gmail, etc.) should not be accessed via the District Computer System (DCS) without authorization from a building principal or supervisor.

Confidentiality Notice

A standard confidentiality notice will automatically be added to each email as determined by the District.

Training

District employees and authorized users will receive ongoing training related to the use of email in the District. This training may cover topics such as:

a) What is expected of users, including the appropriate use of email with students, parents, and other individuals to avoid issues regarding harassment and/or charges of fraternization;

b) How to identify suspicious emails, as well as what to do after receipt of a suspicious email;

c) Emailing PPSI;

d) How to reduce risk to the District;

e) Cost of policy non-compliance;

f) Permanence of email, including how email is never truly deleted, as the data can reside in many different places and in many different forms; and

(Continued)

SUBJECT: USE OF EMAIL IN THE DISTRICT (Cont'd.)

g) How users should have no expectation of privacy when using the DCS or any District email service.

Notification

The District will provide annual notification of this policy and any corresponding regulations to all District employees and authorized users. The District will then require that all employees and authorized users acknowledge that they have read, understood, and will comply with the policy and regulations.

Records Management and Retention

The same laws and business records requirements apply to email as to other forms of written communication.

Email will be maintained and archived in accordance with Retention and Disposition Schedule for New York Local Government Records (LGS-1) and as outlined in any records management policies, regulations, and/or procedures.

Additionally, emails may be subject to disclosure under the Freedom of Information Law (FOIL), a court action, an audit, or as otherwise required or permitted by law or regulation.

Disciplinary Measures

Failure to comply with this policy and any corresponding regulations or procedures may subject a District employee and authorized user to discipline such as loss of email use, loss of access to the DCS, and/or other disciplinary action up to and including termination. When applicable, law enforcement agencies may be contacted.

The District's IT staff may report inappropriate use of email by a District employee or authorized user to the District employee or authorized user's building principal or supervisor who may take appropriate action which may include disciplinary measures.

NOTE: Refer also to Policies #3320 -- Confidentiality of Computerized Information
#3420 -- Non-Discrimination and Anti-Harassment in the District
#5670 -- Records Management
#6410 -- Staff Acceptable Use Policy
#8271 -- Internet Safety/Internet Content Filtering

Adoption Date 2/9/21

I understand and will abide by the above Policy 6411-Use of Email in The District.

User Name (please print):

_____

User Signature:

_____

Date: _____

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

IMPORTANT NOTICE TO PARENTS/PERSONS IN PARENTAL RELATION OF STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS

Definition of life-threatening health condition: A condition, including a known allergy, that will put the child in danger of death during the school day if a medication or treatment order is not in place (for example food or substance allergy, insect sting allergy, asthma, diabetes, seizure disorder, etc.)

If your child has a life-threatening health condition please immediately contact the School Heath Office/School Office for a "Life-threatening Health Condition Packet" which includes the following:

- Student Emergency Care Plan for the student's specific health condition
- Authorization for Administration of Medication in School
- Self-Medication Release Form

The appropriate forms and any additional information your or the licensed health provider would like to share must be completed and returned to the School for review and approval by the School Nurse as soon as possible.

Reminder:

It is the parent/person in parental relations responsibility to alert other school programs that their child has a health condition and/or a care plan in place.

Please report immediately any changes needed in emergency contact information, medication, health status, etc. to the School Office.

If you have any questions or concerns, please contact the Principal or the School Nurse assigned to your child's school.

Thank you for your assistance in helping us to provide a safe school experience for your child.

ALLEGANY-LIMESTONE CENTRAL SCHOOL GATORS 3131 Five Mile Road •Allegany, NY 14706

District Office
Phone: 716-375-6600
Fax: 716-375-6629

Middle-High School
Ext. 2110/2100
Fax: 716-375-6630

Elementary School
Ext. 4172
Fax: 716-375-6628

Special Education
Ext. 4164
Fax: 716-375-6601

Bus Garage
Ext. 6612
Fax: 716-375-6627

Dear Parents/Guardians,

SchoolMessenger is an alert system that will keep you informed about district and school activities, attendance, low lunch account balances and most importantly, accurate, real-time information during an emergency situation through phone calls, emails and text messages.

How the system works:

Emergency Notifications

- A phone call will be made per family at the home number, contact #1 cell phone, and contact #2 cell phone.
- An email will be sent to contact #1 and contact #2.
- A text message will be made to contact #1 cell phone and contact #2 cell phone, if you choose this option.

Attendance Notifications:

- A phone call will be made per child at the home number.
- An email will be sent per child to contact #1.

Text message permission:

Cell phone carriers will not let SchoolMessenger send out mass text messages unless it can show the owner has granted permission. You will receive the following one-time, opt-in invitation to contact #1 and contact #2 cell phone numbers. The message will read: "Allegany-Limestone Central School District messages. Reply Y for approximately 3 messages/month. Text HELP 4 info. Message & data rates may apply. See schoolmessenger.com/tm"

If you do not wish to receive any further text messages simply disregard the message or reply with STOP to the opt-in message that you receive. **Please note, although the district does not charge you for this service, check with your wireless carrier for possible charges for sending and receiving text messages.**

Any questions that you may have about SchoolMessenger can be directed to:
716 375-6600 extension 2111.

Sincerely,

Kevin L. Straub
Director of Technology/Assistant Principal

ALLEGANY LIMESTONE CENTRAL SCHOOL DISTRICT

CHARGING PROCEDURE

The Allegany Limestone Central School District believes no child should go hungry throughout the school day. If a student comes to school without a lunch or money to purchase a lunch or a breakfast, then that student will be served a meal that is charged to his or her student account.

Regulations require each district to address the following areas for handling charged meals by student:

1. What can be charged:

Only complete meals, Breakfast or Lunch. A la carte purchases and second meals are **not permitted** to be charged.

2. How a charged meal is handled:

Cashier will allow the student to charge the meal he or she would like without exception. At the Middle High School the cashier will ask the student to bring in money owed on the next school day.

A courtesy call to the parent/guardian will automatically be placed on Tuesday and Friday informing them of any negative account balance.

If charging persist, Cook Manager must submit a list of names to the Principal who will contact the families for reimbursement or determine if other action is required. (Need for Social Services or Homeless Liaison Assistance). If a financial hardship is suspected, the families will be encouraged to apply for free/reduced meals anytime during the school year.

Parents can also utilize My School Bucks to monitor lunch account balances. Contact Cook Manager for your child's school ID number.

3**. The system used for identifying and recording all charge meals:**

When a student needs to charge a meal the cashier will enter $0.00 money into the students account in the WebSMARTT POS system. This will create a negative charge balance on the students account.

4. The system used for collecting repayments:

When a student re-pays the charge the cashier rings the money received under the prepay button to eliminate the negative balance on the student's accounts.

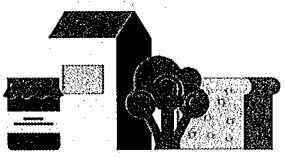
5. Communication of the procedure to Parent/Guardian and students:

A copy of the charge meal procedure will be posted on the School Food Service website. At the start of the school year a written copy of the procedure will be included in the student orientation package. In addition, the written copy will be provided to applicable staff, and new households that transfer into the District during the school year.

It's more than a meal application.

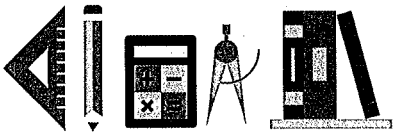
Even when school meals are free for all, it's still important to submit a free/reduced price meal application. Completing one takes **less than 10 minutes**, and it's private and confidential. Only one application per household is needed.

When you fill out a school meal application, students and schools may benefit from:



P-EBT benefits

& free school meals



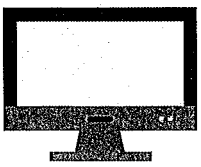
Resources

for classrooms, teachers, & children

Federal, state, & local

funding

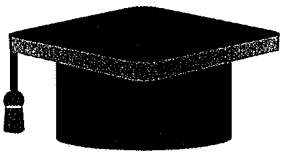
for school budgets



Funding for

computers

& technology



Fee waivers

for college applications & admissions tests (SAT, ACT)

Don't Delay! Complete and submit an application today.

NO KID HUNGRY | NEW YORK

HUNGER SOLUTIONS NEW YORK UNITING POLICIES AND PROGRAMS TO END HUNGER

Special thanks to Massena CSD. Funded by NYSOTDA, USDA/FNS, and Share Our Strength.

This institution is an equal opportunity provider.

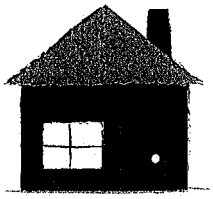
HungerSolutionsNY.org

Benefits Application

School meal applications are a WIN-WIN!

While school meals are free for all, we still need you.
Here are 3 reasons why we need to you apply:

1. Help your family!



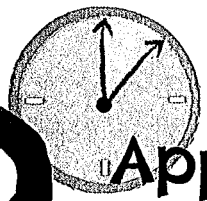
Your school meal application may help you become eligible for:

- Free school meals & P-EBT benefits
- Fee waivers for college applications & admissions tests
- Discounted utilities & internet access
- Discounted school fees for band instruments, textbooks, athletics, and more

2. Help your school!

School meal applications help your school district apply for essential funding and benefits like:

- Discounts on technology & internet access
- Resources for classrooms, teachers, & children
- Funding for academic and enrichment programming



3. Applying is fast, easy, and secure!

It just takes a few minutes to complete an application. Only one application per household is needed. Your personal information is handled with strict protocols that ensure security and confidentiality.

NO KID HUNGRY | NEW YORK

HUNGER SOLUTIONS NEW YORK UNITING POLICIES AND PROGRAMS TO END HUNGER

Special thanks to Rock On Cafe. Funded by NYSOTDA, USDA/FNS, and Share Our Strength.
This institution is an equal opportunity provider.

HungerSolutionsNY.org

Date Withdrew_____ F _____ R _____ D_____

2026-2027 Application for Free and Reduced-Price School Meals/Milk

Schools are required to establish free and reduced-price eligibility while offering meals at no-charge. Please complete the free and reduced-price meals application for your child(ren), then sign and **return it to the address listed below.** Call **716 375-6600 ext. 2188** if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Allegany Limestone CSD**
3131 Five Mile Road
Allegany, NY 14706

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).
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 income for each source in whole dollars only. If they do not receive income from any other 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 household member	Earnings from work before deductions ***Amount / How Often***	Child Support, Alimony ***Amount / How Often***	Pensions, Retirement Payments ***Amount / How Often***	Other Income, Social Security ***Amount / How Often***	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

Total Household Members (Children and Adults) ☐☐

***Last Four Digits of Social Security Number:** XXX-XX- __ __ __ __

I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.
Signature: _____ **Date:** _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals benefits.
Ethnicity: ☐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 Island ☐White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____/_____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official_____ **Date Notice Sent:** _____

APPLICATION INSTRUCTIONS

To apply for free and reduced-price eligibility, complete only one application for your household using the instructions below. Sign the application and return the application to Rhonda Herbert. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: _716-375-6600 . Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **in your household**. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
(4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
(5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

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

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410
   Washington, D.C. 20250-9410; or
2. **fax:**
   (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: _____Title:_____

Telephone Number:_____