Wediko
CHILDREN'S SERVICES

Dear Parent/Guardian,

Enclosed you will find a packet of paperwork (releases, consents, and health forms) to be completed in order for your son/daughter to attend the Wediko Summer Program.

Using the "Checklist for Summer Program Paperwork" as a guide, please complete all forms and return them to the Wediko Summer Office:

Mail: Wediko Summer Office
72-74 E. Dedham St.
Boston, MA 02118

Fax: (617) 292-9272

Email: Jessica Luddy
jluddy@wediko.org

Please note that Wediko requires a recent physical and that several forms be signed by a physician. You may wish to make an appointment with your child's physician soon, before the "camp rush."

Also note that we require a copy of the front and back of your child's insurance card.

If you have any questions about the paperwork, please don't hesitate to call the Summer office at (617) 292-9200.

Sincerely,

Mik Oyler, M.Ed.
Director, Wediko Summer Program

Jessica Luddy, LICSW
Manager, Wediko Summer Program

Wediko
CHILDREN'S SERVICES

Checklist for Summer Program Paperwork
Student's Name: _____

Consent and Release Forms:

☐ Communications Release	REQUIRED
☐ In Crisis Form	REQUIRED
☐ Suspension/ Termination Policy	REQUIRED
☐ Emergency Contact Information	REQUIRED
☐ Notice of Privacy Practices Acknowledgement of Receipt	REQUIRED
☐ Notification of Domestic Relations	REQUIRED
☐ Parent/Guardian Notification of Report Release Policy	REQUIRED *
☐ USDA Summer Meals Form	If applicable
☐ Image Consent Form	Optional
☐ Research Consent Form	Optional

Health and Medication Forms

☐ Physician's Exam Form	REQUIRED
☐ Medication Administration Permit	REQUIRED
☐ Over-the-counter Medication Order	REQUIRED
☐ Medical/Emergency Treatment	REQUIRED
☐ Copy of front and back of Insurance Card	REQUIRED
☐ Issues of Adolescence: Authorization of Medical Consultation (11+)	REQUIRED
☐ Health History	REQUIRED
☐ Allergy Action Plan	If applicable
☐ Asthma Action Plan	If applicable
☐ Lenox Village Pharmacy Enrollment Information	REQUIRED

*=unless privately funded

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CHILDREN'S SERVICES

Communications Release

As the parent and/or legal guardian of the child identified below, I understand that the Wediko Summer Program operates within a closed setting to protect the safety and privacy of students. I understand that this means all visits -- other than Visitors' Day -- need to be approved with my child's supervisor prior to my arrival.

I understand that Wediko Summer Program operates in a rural setting with mostly outdoor activities. As such, I acknowledge that my child and his/her staff members will not have access to telephones at many points during the summer. I understand that my child will not have access to telephones without staff permission and supervision. I understand that I am responsible for working with my child's clinical supervisor to set up a schedule for phone calls with my child. I acknowledge that I will abide by this schedule unless there is a medical or life emergency.

I understand that the closed setting does not restrict any written correspondence through the mail. Further, I understand that my child will not have access to email at any point during the Wediko Summer Program.

Finally, I understand that it is my right to contact my child's supervisor should I have concerns regarding his/her welfare. If need be, I also understand that I can contact the Program Director and/or the Executive Director to request a meeting (at Wediko) to clarify and resolve concerns.

Name of child _____

Signature of Parent/
Legal Guardian _____

Printed Name of Parent/
Legal Guardian _____

Date _____

Wediko
CHILDREN'S SERVICES

In Crisis Form

As the parent and/or legal guardian of the child named below, who is attending Wediko Summer Program, I understand that s/he might be restrained physically if staff members identify that s/he is at risk of harming self or other people. I understand and acknowledge that the purpose of such a restraint is to ensure the safety of my child and/or the safety of other people (students and staff).

Wediko Summer Program applies physical restraints in accordance with New Hampshire state law. Specifically, restraints are used only in an emergency, when there is a "substantial and imminent risk of serious bodily harm." Restraints are never used as punishment. Mechanical and chemical restraints are never used at the Wediko Summer Program.

I understand that Wediko Summer Program staff members are trained and certified in Nonviolent Crisis Intervention (NCI). NCI is a national certification program that teaches physical and nonphysical methods for preventing or managing disruptive behavior and physical aggression.

In the event that Wediko staff performs any restraint, seclusion, or intentional physical contact in response to your child's dangerous behavior, Wediko will notify you in accordance with state law.

I hereby grant Wediko Children's Services and its staff (legal representatives) right and permission to restrain my child physically in the event that s/he is a danger to self or others.

Name of child _____

Signature of Parent/
Legal Guardian _____

Printed Name of Parent/
Legal Guardian _____

Date _____

Wediko
CHILDREN'S SERVICES

Suspension/Termination Policy

As the parent and/or legal guardian of my son/daughter who is attending the Wediko Summer Program, I understand that he/she may be suspended or terminated if he/she threatens the safety of other children, himself/herself, or the staff.

Wediko is committed to working through crises which children may experience while in the Summer Program. If on-site interventions prove ineffective, an emergency family meeting may be scheduled either in New Hampshire or at the Boston office. Temporary suspension from the Summer Program is a second option. In rare instances, a child may be terminated due to safety concerns.

I have read this policy carefully. I understand that Wediko's first responsibility is to safeguard the welfare of all children in the residence. I further understand and agree that all of the above emergency interventions -- including termination -- may be employed to fulfill this responsibility.

Name of child: _____

Signature of Parent/
Legal Guardian _____

Printed Name of Parent/
Legal Guardian _____

Date _____

Wediko
CHILDREN'S SERVICES

Acknowledgement of Receipt of
Notice of Privacy Practices

Effective Date of Notice: April 21, 2015

Wediko Children's Services is required by law to maintain the privacy of your personal health information. We are required by the federal Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191, and HIPAA regulations, 45 CFR Part 160 and 164, to provide you with this Notice of our privacy practices, our legal duties, and your rights concerning your health information. This Notice of Privacy Practices describes how Wediko Children's Services may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

If you do have any questions about this Notice, please direct your questions to:

Privacy Officer: Amy Sousa
(617) 292-9200
www.wediko.org

By signing this form, you acknowledge receipt of the Notice of Privacy Practices from Wediko Children's Services. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. If the Notice is changed, you may obtain a revised copy by visiting our website at www.wediko.org or on request from our staff.

I acknowledge receipt of the Notice of Privacy Practices from Wediko Children's Services.

Name of child _____

Signature of Parent/
Legal Guardian _____

Printed Name of Parent/
Legal Guardian _____

Date _____

Wediko
CHILDREN'S SERVICES

Notice of Privacy Practices

Effective Date: April 29, 2015

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights
You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services
- Raise funds

Our Uses and Disclosures
We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Address law enforcement and other government requests
- Respond to lawsuits and legal actions

Your Rights
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

Wediko
CHILDREN'S SERVICES

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address law enforcement and other government requests

We can use or share health information about you:

- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

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CHILDREN'S SERVICES

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of Notice: April 21, 2015

Wediko Children's Services
Privacy Officer: Amy Sousa
(617) 292-9200
www.wediko.org

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CHILDREN'S SERVICES

Emergency Contact Information

Child's Name: _____

Please do not list parents, legal guardians or adults currently living with student.

Contact #1

Name: _____

Relationship to Family/Child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Contact #2

Name: _____

Relationship to Family/Child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Contact #3

Name: _____

Relationship to Family/Child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

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CHILDREN'S SERVICES

Notification of Domestic Relations

Please describe any legal custody arrangements (including parental rights and decision-making responsibilities), restrictions on visitation, protective or restraining orders, or other legal arrangements that Wediko Children's Services should be aware of. If applicable, include documentation.

Please check the relevant box, sign, and return.

☐ Not Applicable

☐ Please see description below.

_____

_____

_____

_____

_____

_____

Name of child _____

Signature of Parent/
Legal Guardian _____

Printed Name of Parent/
Legal Guardian _____

Date _____

Established 1934
www.wediko.org

Boston Headquarters
72-74 East Dedham Street
Boston, MA 02118
Phone: (617) 292-9200
Fax: (617) 292-9272

New York Office
122 West 27th St., 10th Floor
New York, NY 10001
Phone: (646) 481-0184
Fax: (646) 410-0345

New Hampshire Campus
11 Bobcat Boulevard
Windsor, NH 03244
Phone: (603) 478-5236
Fax: (603) 478-2049

Wediko
CHILDREN'S SERVICES

Parent/Guardian Notification of Report Release Policy

I, _____ understand that a treatment summary about my child's progress will be written, at the close of the Wediko Summer Residential Treatment Program. Wediko expects to finish releasing these reports by the end of September 2016.

Wediko Children's Services will automatically release a copy of each child's report to the legal guardian of that child.

In addition, a copy of the report will be sent to the party which funds that child.

School district: A copy of the report will be sent to the child's ETL and the school.

Department of Mental Health (DMH): A copy of the report will be sent to DMH.

Other Funding Sources: Unless otherwise specified and discussed in the interview, a copy of the report will be sent to the funding source as well as to the child's legal guardian.

Private Funding by Parents: The parents have total discretion as to whom the report is sent.

Name of child _____

Signature of Parent/
Legal Guardian _____

Printed Name of Parent/
Legal Guardian _____

Date _____

HOW TO APPLY FOR FREE AND REDUCED PRICE SUMMER 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 [School District]. 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 [sponsor contact here--- phone & email preferred].

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 [school/school system here], *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) *Is the child a student at [name of school/school system here]?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend [name of school/school district here].

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: SNAP, TANF, OR FDPIR?

If anyone in your household participates in the assistance programs listed below, your children are <u>eligible</u> for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or [insert State SNAP here]
- Temporary Assistance for Needy Families (TANF) or [insert State TANF here]
- The Food Distribution Program on Indian Reservations (FDPIR)

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

- ***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 SNAP, TANF, or FDPIR.*** You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: [State/local agency contacts here]. 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.

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.

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
  ○ Disability Payments
  ○ Survivor'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 persons *outside* 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.

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.
- Mark how often each type of income is received using the check boxes to the right of each field.

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.

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 **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	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability • Income from trusts or estates • 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.

D) ***Share children's Racial and Ethnic Identities (optional).*** On the back of the application, we ask you to share information about your children's race and ethnicity. **This field is optional and does not affect your children's eligibility for free or reduced price school meals.**

Wediko
CHILDREN'S SERVICES

Dear Parent:

With the rising cost of food, fuel, etc., you can readily understand that it is necessary for schools, camps and all non-profit organizations to take advantage of any Federal reimbursement programs available. As a non-profit organization we are eligible to receive Federal reimbursement of meal costs for children who qualify under the Child Nutrition Programs administered by USDA and the New Hampshire Department of Education. We ask your cooperation in helping us to defray costs by completing this eligibility form. This information will be used only for our eligibility requirements and will be kept in strict confidence. If your income is less than or equal to the values below, we will be eligible for Federal assistance.

We thank you for your assistance.

INCOME ELIGIBILITY GUIDELINES
FY 2016

REDUCED PRICE MEAL GUIDELINES

HOUSEHOLD SIZE	*INCOME (Equal to or Less Than)*				
	YEARLY	MONTHLY	WEEKLY	Twice Per Month	Every Two Weeks
1	$ 21,775	$1,815	$ 419	$ 908	$ 838
2	29,471	2,456	567	1,228	1,134
3	37,167	3,098	715	1,549	1,430
4	44,863	3,739	863	1,870	1,726
5	52,559	4,380	1,011	2,190	2,022
6	60,255	5,022	1,159	2,511	2,318
7	67,951	5,663	1,307	2,832	2,614
8	75,647	6,304	1,455	3,152	2,910
For each additional Household member add	+ $ 7,696	+ $ 642	+ $ 148	+ $ 321	+ $ 296

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

2015-2016 Application for Free and Reduced Price Summer Meals

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

Date Received: ______________________

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

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Student? Yes	Student? No	Check all that apply: Foster Child	Homeless, Migrant, Runaway
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

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

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

Write only one case number in this space.

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

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.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here (except Foster Children).

Child income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. 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 source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.**

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

Total Household Members (Children and Adults) ____ **Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member** X X X - X X - ____ **Check if no SSN** ☐

STEP 4: Contact information and adult signature

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

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

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

OPTIONAL **Children's Racial and Ethnic Identities**

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

Ethnicity (check one):

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (check one or more):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

PARENTS DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice Per Month x 24; Monthly x 12

Household size: _____ Total Gross Income: $_____ Per: ☐ Week; ☐ Every 2 Weeks; ☐ Twice a Month; ☐ Month; ☐ Yearly

Only convert to "Yearly" if mixed income frequency is listed on application.

Categorical Eligibility: ☐ ***Note: The SNAP, TANF or FDPIR Case Number must be validated. (Validation means a confirmation of an active case number.)***

Income Eligibility: ☐ Free ☐ Reduced-Price ☐ Denied Date Withdrawn: _____

Reason for Withdrawal: _____

Determining Official's Signature: _____ Date: _____

SCHOOLS - COMPLETE ONLY IF APPLICATION IS SELECTED FOR VERIFICATION

Confirming Official's Signature*: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

*(*If the SAU/RA confirms all free and reduced-price school meals applications at the time of submission, the Confirmation Official should sign and date the form at the time of the review.)*

Wediko
CHILDREN'S SERVICES

Parent/Adult Consent for Use of Photos/Videos

Child Name: _____

Parent/Guardian Name(s): _____

School: _____

I allow Wediko Children's Services to use photos, videos, or other images of my child (or me). These images may be used in materials that describe, promote, explain, or sell Wediko. These images may appear in print, on the internet, and all other forms of media. I release and discharge Wediko and its agents from any and all claims, demands, and liability in connection with the use of the photos, videos, or other images of my child (or me). If I do not sign this form, Wediko will continue to provide services to my child (or me) without prejudice.

_____I CONSENT to the use of photos, videos or other images of me or my child or me.

_____I DO NOT consent to the use of photos, videos or other images of my child or me.

_____

Signature of Parent(s)/Guardian(s) Relationship Date

Child Consent for Use of Photos/Videos

- I allow Wediko to use pictures and videos of me.
- My pictures or videos may be used to help other people see what happens at Wediko.
- My pictures or videos might be on brochures, the internet, or other places.
- I will not be angry or sad if I see my picture or video in Wediko's materials.
- It's okay if I don't want to sign this.

_____

Signature of Child Date

Wediko
CHILDREN'S SERVICES

Research Consent Form – Parent

At Wediko Children's Services, we conduct research to improve our understanding of the children we serve and the ways counselors can help them. We collect information in the admissions process and at Wediko using checklists, interviews, observations, and questionnaires. Some parts of these data are analyzed immediately during the summer to help staff learn about the children and how to work with them. Other parts are studied later to understand how children referred to Wediko interact with one another and with adults, how problems develop, how children respond to treatment, and how we can best help.

All of the material collected about children at Wediko is kept confidential. All personnel at Wediko who have access to information about children sign agreements stating that they will not discuss anything about the children with anyone except Wediko staff or research personnel. Children's information is associated with their names only within the Wediko setting for the purposes of clinical feedback. Data removed from the setting for research purposes are coded only with identification numbers. No other identifying information, such as addresses, names of relatives or friends, therapists or teachers, will ever be released without your explicit consent. Only research personnel approved by Wediko have access to the data for research purposes. In case of research publication, the data will be reported in ways that make it impossible to identify any individual child.

If you have any questions about projects, please contact Dr. Amy C. Sousa, Executive Director, Wediko Children's Services. Please call: (617) 292-9200.

Parent Consent Agreement

I have read the above description of the research project. I believe that I have been fully informed about the project. I also certify that the Participant is under eighteen and that I am the parent (guardian) of the participants. I authorize Wediko and personnel approved by Wediko to conduct research as described above.

I UNDERSTAND that if I do not sign this form, it will not have any effect on the decision to accept my child into the Wediko Summer Program or the services provided to my child and family.

Name of child _____

Signature of Parent/
Legal Guardian _____

Printed Name of Parent/
Legal Guardian _____

Date _____

Child Consent Agreement

I have read the above description of the research project. I believe that I have been fully informed about the project. I authorize Wediko and personnel approved by Wediko to conduct research as described above.

Signature of child _____