

April 27, 2023

Dear Manville Students and Caregivers,

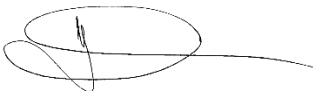
Enclosed you will find Manville School's enrollment packet, which must be fully completed before your child may begin attending. The packet includes required forms and important information about our school. It is a Department of Elementary and Secondary Education (DESE) requirement that these forms are completed at admission and annually each year thereafter.

I want to highlight the medical forms for your close attention. In addition to your child's annual physical and immunization record, we must have all medication forms, signed by you and your child's prescribing physician, for any student taking medication at school. We cannot administer medication to a student without new medication orders from the prescribing physician. In addition, please remember that an adult needs to deliver any medication to the school. Students should not bring their medication to school.

Another focus for the school is ensuring that we have two emergency contacts for all students. Please make sure you are providing us with emergency contacts that we can reach if you are unavailable. If you are unable to provide two emergency contracts, please reach out to the school to discuss. In some cases, we may not be able to enroll a student without any emergency contacts on file.

Thank you for your attention to these important forms. If you have any questions please email Beth Lee, our Executive Assistant, at blee@bakercenter.org.

Sincerely,



Tara Harris-Pearson
Principal, Manville School

INFORMATION FACE SHEET

MANVILLE SCHOOL
53 PARKER HILL AVENUE, BOSTON, MASSACHUSETTS 02120
 TEL: 617-278-4141 / FAX: 617-232-8399

PLEASE **PRINT** CLEARLY AND LEGIBLY ANSWERING **ALL** QUESTIONS:

NAME OF STUDENT		MALE FEMALE NON-BIANARY
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First	MIDDLE NAME	Last	Date of Birth
ADDRESS OF STUDENT:		TOWN:	ZIP CODE
NAME OF CAREGIVER 1:		RELATIONSHIP TO STUDENT	
NAME OF CAREGIVER 2:		RELATIONSHIP TO STUDENT	
ADDRESS OF CAREGIVER (IF DIFFERENT FROM STUDENT)		TOWN:	ZIP CODE
TELEPHONE:			
HOME	CELL (CAREGIVER 1)	CELL (CAREGIVER 2)	OTHER (WORK, PAGER, ETC.)

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CAREGIVER 1 EMAIL	CAREGIVER 2 EMAIL	DATE ENTERED MANVILLE
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PRIMARY LANGUAGE SPOKEN AT HOME:	PRIMARY LANGUAGE OF STUDENT
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PERSONAL INFORMATION:		
COLOR OF EYES:	HEIGHT:	RACE:

IDENTIFYING MARKS:

ALLERGIES: (ENVIRONMENTAL/FOOD/MEDICATIONS)

OTHER MEDICAL CONDITIONS AND/OR MEDICAL REQUIREMENTS, E.G. SEIZURES, ASTHMA:

EMERGENCY CONTACT (PERSON MANVILLE SHOULD CONTACT IN THE EVENT CAREGIVER CANNOT BE REACHED):

NAME(S):

ADDRESS:

TELEPHONE: HOME: WORK:

RELATIONSHIP TO STUDENT (RELATIVE, NEIGHBOR, FAMILY FRIEND):

NAME(S):

ADDRESS:

TELEPHONE: HOME: WORK:

RELATIONSHIP TO STUDENT

Student Face Sheet – Page 2

Name of Student: _____

NAME OF INSURANCE COMPANY:	INSURANCE POLICY #
DATE OF LAST COMPLETED PHYSICAL EXAMINATION BY A PHYSICIAN:	
MEDICATIONS CHILD IS CURRENTLY TAKING AT HOME AND AT SCHOOL:	

INVOLVEMENT OF OTHER AGENCIES (DMH, DCF, ETC.)	
NAME/ADDRESS OF AGENCY:	
NAME OF AGENCY WORKER:	TELEPHONE NUMBER(S):

IF STUDENT RESIDES IN A GROUP HOME, RESIDENCE, OR OTHER FACILITY:

NAME OF FACILITY:	
FACILITY ADDRESS:	TELEPHONE NUMBER:
CONTACT PERSON AT FACILITY:	TELEPHONE NUMBER:

Manville School

53 Parker Hill Avenue, Boston, Massachusetts 02120
Tel: 617-278-4141 / Fax: 617-232-8399

EMERGENCY CONTACT FORM

Dear Caregiver:

In anticipation of the possibility of emergencies or dismissal due to snow or other causes, we desperately need your cooperation in completing and returning this form. This is particularly important information in the event of serious illness or accident, but it is also necessary should school need to be dismissed early.

Please be sure that the information you provide is up-to-date and accurate. Please notify the person you list as an emergency contact. Please let us know if this information changes.

Student's Name: _____ Date: _____

() No one is usually at home. Please call as indicated below. () Someone is usually at home.

Please circle the best number/preferred number where you can be reached during school hours.

Home Telephone: _____ Work Tel/Caregiver 1: _____
(area code) (area code)

Work Tel./Caregiver 2: _____ Cell Phone/Caregiver 1: _____
(area code) (area code)

Cell Phone/Caregiver 2: _____
(area code)

Instruction for use: _____

Use Emergency Contacts when: _____

Emergency Telephone #'s

Name of party: _____ Tel: (____) _____

Address: _____ Tel: (____) _____

Relationship to Child: _____

Name of party: _____ Tel: (____) _____

Address: _____ Tel: (____) _____

Relationship to Child: _____

Thank you for your cooperation.

MANVILLE SCHOOL

53 Parker Hill Avenue, Boston, Massachusetts 02120

Tel: 617-278-4141 / Fax: 617-232-8399

Medical Treatment Form

I hereby give permission for _____
(student's name)

to receive routine or emergency medical treatment or care by Manville School staff. In the event of a serious emergency, the student will be transported by ambulance to the Children's Hospital Emergency room or nearest hospital.

Date:

Signature of Caregiver

Insurance Policy #

Name of Insurance Company

MANVILLE SCHOOL
Important Medical History

Name of Student: _____ Date of Birth: _____

Address: _____
 (Street) (City/Town)

ALLERGIES: _____

Does your child have an epi-pen? YES NO

History of Seizures	Medication
What Kind:	What Kind:
Date of Last One:	Dosage: Frequency:
Medication Administered:	Reason:
History of Asthma	Toileting Concerns
Will he/she have an inhaler at school:	Please Describe:
Medically-Based Dietary Restrictions/Concerns	
Please Describe:	

Please list any other important medical information:

MANVILLE SCHOOL
Administration of Tylenol

_____ may take Tylenol for pain or fever: Yes No Dosage: _____

I have read this form thoroughly and request the above medications be administered to my child in school.

Date: _____ Caregiver signature: _____

MANVILLE SCHOOL

Administration of Prescription Medication

Name of Student: _____ Date of Birth: _____

Address: _____
(Street) (City/Town)

In order to ensure that students receive medications that are safe and appropriate for them, please complete, sign and **have your physician sign this form for prescription medication(s) that the student will need to have administered at school.** Medication must be in the original container with the prescription label attached.

ALLERGIES: _____

Doctors Medication Order(s)

In School	At Home
Medication:	Medication
Dosage: Frequency:	Dosage: Frequency:
Reason:	Reason:
Medication:	Medication:
Dosage: Frequency:	Dosage: Frequency:
Reason:	Reason:
Medication:	Medication:
Dosage: Frequency:	Dosage: Frequency:
Reason:	Reason:

Are there any side effects or special instructions regarding these medications?

Caregiver's Signature

Date

Physician's Signature

Date

**PHYSICAL EXAM FORM
MANVILLE SCHOOL**

53 Parker Hill Avenue, Boston, MA 02120

Tel: 617-278-4141 / Fax: 617-232-8399

Patient _____ has been seen for his/her regular medical care since _____. Current medical problems are _____

The last complete physical was _____ when the following measurements were recorded:

Height _____ Weight _____ Pulse _____ BP _____
 Eyes _____ Ears _____ Scoliosis Screening _____

and the complete physical revealed the following: _____

The parent/guardian by their signature deny any significant health problems have occurred since the date below. I see no reason why the above patient cannot participate in a full School Physical Ed. Program.

Caregiver Signature _____ Date _____ Physician's Signature _____ Date _____

Current Medications: _____

DPT Series	Polio – Oral	HIP	Hepatitis B	TB Screening
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
2.	3.	3.	3.	3.
	4.	4.		4.
Booster Type	Booster		MMR	Chicken Pox
	1.		1.	
	2.		2.	
Allergies	Hospitalizations/Serious Illness			
	Diagnosis	Date	Age	

ANNUAL DENTAL EXAMINATION

_____, has been seen on _____ for a
Child's name date

comprehensive dental examination. A recommendation has been made for
follow-up care for the following conditions: _____

If the child has any restrictions based on this examination, please list:

Name of Dental Professional: _____

Signature of Dental Professional: _____

Date: _____

MEDICATION POLICY FORM

This policy has been put into place to ensure the health and safety of children needing medicines during the school day.

The Manville School requires that this form must be on file in your child's health record at the start of each school year before we begin to give any medication at school:

- 1)** Medicines should be delivered to the school in a currently dated pharmacy or manufacturer-labeled container by you or a responsible adult whom you designate. **Do not** send medication into school with your child or his/her bus driver. Please ask your pharmacy to provide separate bottles for school and home. No more than a thirty-day supply of the medicine should be delivered to the school. Please mark your calendar with the date meds are brought into school and when your child will need a refill.
- 2)** Any unused medication must be picked up within 2 weeks of a medication change or will be disposed of by the nurses.
- 3)** Please inform the nursing staff when any changes in medication are made, to keep us up to date and better able to monitor the medications effectiveness or watch for side effects.
- 4)** Any change in medication or dosage requires a new doctor's order and new parental permission.
- 5)** All medications are dispensed by the school nurses or designated school staff for trips or special events.

Please act quickly to return all forms. No medication can be given at the start of the school year without the completion of these (3) forms.

Child's name: _____

Caregiver signature: _____

Date: _____

Manville School Physical Restraint Policy

All Manville School staff members are trained annually in crisis intervention, behavioral de-escalation and physical restraint techniques. Staff is annually certified in CPI (Crisis Prevention Instruction), which emphasizes *de-escalation* of a conflict situation, and the *prevention* of physical restraint. Physical restraint is used only in emergency situations of last resort when needed to protect a student and/or member of the school community from assault or imminent, serious, physical harm and only if and when all other behavior management strategies have been unsuccessful. Physical management of any sort is utilized with extreme caution in order to prevent or minimize any harm to the student as a result of the use of physical restraint.

All parents/guardians are made aware of Manville's restraint policy at intake, and again each year a description of the physical restraint policy is sent to parents as part of the annual informational and forms packet sent to all parents.

If a situation arises that necessitates the use of physical restraint, the student is physically contained only until s/he can safely regain control of his/her body. Every effort is made to do this safely and quickly. More than one staff person may be involved in a hold, in order to keep the student and others safe. Students are not held due to compliance issues, although they may be physically escorted to a counseling office if they are creating a safety concern and they are not able to proceed there on their own.

Physical restraint (including an escort to a counseling office) may be necessary in the following types of situations:

- The student is engaging in behavior which is dangerous to oneself
- The student is engaging in behavior which is dangerous to others
- The student is displaying a pattern of unsafe behavior (physical aggression, running away, etc.), and not responding to repeated attempts by staff to de-escalate the unsafe situation.

In some situations, when physical restraint is necessary, a basket-hold restraint is utilized. This involves the staff person putting their arms around the student while either standing or sitting on the floor. In other instances, a supine restraint is used; this involves placing the student on the floor, on their back, while containing their arms and legs. This position is maintained only until the student is calm, can demonstrate that they can control their body, and is able to verbally contract for safety. The decision to use a supine restraint is made by the most senior staff person involved in the restraint and/or the staff person leading the restraint.

Training of all Manville staff:

All Manville School staff receives intensive annual training in the de-escalation of behavioral conflict and the prevention of the need for physical restraint.

- This consists of 8 hours for all Manville staff, including teachers, assistant teachers, clinicians, educational specialists, OTs and SLPs;
- 12 hours for all milieu counselor and school coordinators who have more of the primary responsibility for dealing with behavioral incidents;
- Refresher training sessions are held as needed for staff in order to review procedures and practice safe demonstration of the use of these types of holds.

A Critical Incident Report is completed following any physical restraint or other significant behavioral incident. Parents and school districts are sent copies of all critical incident reports.

If there appears to be a developing pattern of behavior that leads to multiple and/or frequent physical restraints, a service-planning meeting may be held with all members of the child's Manville team. Strategies will be identified to help the student better manage their behavior as well as key stressors that may be impacting the student's emotional and behavioral difficulties. The child's parent/guardian is informed of the school's observations and concerns. A functional behavioral assessment may be completed to collect data regarding antecedents and consequences of the behavior, to try to determine the observable function of the behavior and to develop a behavioral plan to teach more functional responses to stress and to decrease the use of maladaptive behavioral responses to stressors.

An ongoing record of all instances of physical restraint is maintained by the Milieu Director and reviewed weekly by the Manville Administrative Team. This is made available for review by the Department of Elementary and Secondary Education (DESE).

Manville School Time-Away (Time-Out) Policy

Manville staff work hard to provide the necessary structures and supports so that each child can be successful in class or during other activities. However, given our students' complex and varied psychiatric and social/emotional issues, there are times when they are unable to safely participate in class or an activity in a school expected manner. When this occurs, Manville uses a step-wise plan of intervention to provide the necessary support to help students regain behavioral control.

Each classroom has a structured behavior management system that highlights appropriate classroom behaviors. Expectations are posted in the classrooms and reviewed frequently. Generally, the classroom team redirects students both verbally and non-verbally, as needed, as part of their initial behavior management strategies. If such interventions are not successful, students may be directed to the quiet areas within the classroom or to a small seat outside of the classroom. This level of intervention is used to interrupt the behavior in a way that allows the student to regroup and refocus by processing with classroom staff or utilizing a self-regulation strategy before returning to the classroom.

If a student's behavior escalates, they may require time in a counseling office, as well as additional staff intervention. It is the responsibility of the school coordinator to monitor the activity in the counseling offices and to determine whether additional supports are needed to help the student(s) de-escalate and regain control. The goal of all therapeutic time-out interventions is to help students develop coping strategies and to learn how to express their needs in more pro-social and adaptive ways.

During the time that a student is in a counseling office, they will be continuously observed by a staff member and staff will be with the student or immediately available to the student at all times. Staff follows a procedure of obtaining approval of time-away that exceeds 30 minutes based on the individual student's continuing agitation. All time away ends as soon as the student is able to regain control, present in calm manner, and be ready to re-enter the classroom and participate in the learning environment.

**ACTIVITIES AND SCHOOL TRIPS
PERMISSION FORM**

MANVILLE SCHOOL
53 PARKER HILL AVENUE, BOSTON, MASSACHUSETTS 02120
TEL: 617-278-4141 / FAX: 617-232-8399

(NAME OF STUDENT)

1. THE SCHOOL PROGRAM INCLUDES A NUMBER OF ACTIVITIES SUCH AS CLIMBING WALL, SWIMMING, TEAM SPORTS, ETC.

PLEASE INDICATE BELOW IF THERE ARE ANY ACTIVITIES IN WHICH YOUR CHILD SHOULD **NOT** PARTICIPATE:

2. MASSACHUSETTS STATE LAW REQUIRES PARENTAL PERMISSION FOR CHILDREN TO BE TAKEN OUT OF SCHOOL ON TRIPS.

MAY YOUR CHILD GO ON TRIPS UNDER THE AUSPICES OF THE MANVILLE SCHOOL?

CIRCLE ONE: YES NO

CAREGIVER SIGNATURE

RELATIONSHIP TO CHILD

DATE

PHOTO/VIDEO RELEASE FORM

MANVILLE SCHOOL
53 PARKER HILL AVENUE, BOSTON, MASSACHUSETTS 02120
TEL: 617-278-4141 / FAX: 617-232-8399

DEAR MANVILLE PARENT:

FROM TIME TO TIME, THE BAKER CENTER FOR CHILDREN AND FAMILIES USES PHOTOS OR VIDEOS OF CHILDREN IN THE MANVILLE SCHOOL PROGRAM FOR PROMOTIONAL PURPOSES. WE WOULD LIKE YOUR PERMISSION TO INCLUDE YOUR CHILD, PROVIDED THAT WE NEVER USE YOUR CHILD'S NAME. PLEASE READ THE TERMS THAT FOLLOW AND, IF YOU AGREE, SIGN BELOW.

**SINCERELY,
TARA HARRIS-PEARSON
PRINCIPAL**

PHOTO/VIDEO RELEASE FOR

(NAME OF CHILD)

AS THE CAREGIVER OR LEGAL GUARDIAN OF THE CHILD NAMED ABOVE, I GIVE MY PERMISSION FOR THE BAKER CENTER FOR CHILDREN AND FAMILIES TO TAKE PHOTOGRAPHS, VIDEOS, AUDIO TAPES, OR SLIDES OF MY CHILD. THE BAKER CENTER FOR CHILDREN AND FAMILIES MAY MAKE UNLIMITED, WORLDWIDE, PERPETUAL USE OF THESE MATERIALS, AND I RELEASE THE BAKER CENTER FOR CHILDREN AND FAMILIES FROM ALL CLAIMS ARISING FROM SUCH USE. ALL COPYRIGHTS AND OTHER RIGHTS IN THESE MATERIALS ARE THE SOLE PROPERTY OF THE BAKER CENTER FOR CHILDREN AND FAMILIES, WHICH HAS THE SOLE RIGHT TO EDIT AND DISPLAY THESE MATERIALS AS IT DEEMS FIT.

CAREGIVER SIGNATURE

PRINT NAME OF ABOVE SIGNATURE

DATE

MANVILLE SCHOOL

Transportation

Student Transportation

Transportation to and from school is part of each student's IEP and is arranged by the referring public school system. Caregivers should obtain the phone number of the van transportation company as well as the name of the transportation dispatcher at the company. Please contact the company if a student will not be coming to school on a particular day or if the student is being picked up early from school.

If you have a concern regarding your student's transportation/transportation company, it is important to contact the company directly. If there is no resolution or the issue persists, caregivers should contact the school district. In addition, if there are any behavior issues on the van that are not being adequately addressed by the van staff or by any plans/seating arrangements put into place, caregivers should also contact their district liaison.

Manville staff will work to mediate difficulties that occur on the vans among students and coordinating behavior supports for the rides to or from school. Manville provides support to the van drivers and monitors regarding behavioral issues on the van or seating arrangements which may be beneficial for students.

Field trips

Educational and recreational field trips are valuable components of a student's experience at Manville. Students are transported on these field trips on public transportation (MBTA), leased buses driven by bus company drivers, or most frequently on Manville 7-Passenger vans driven by properly licensed Manville staff.

Exceptions

Manville School staff may not transport students in their personal vehicles at any time. If a situation arises in which a student needs to be transported and their transportation company is not able to accommodate them, Manville staff will immediately inform caregivers to determine a plan for transporting the student home. This may include a caregiver or emergency contact picking up the student at school, the student being transported via a Manville school van (staff permitting), or transporting the student via taxi or similar ride share service, with permission from the caregiver.

Release of Liability:

I understand that such transportation may involve certain risks, including but not limited to the risks involved in traveling to and from the location, and I hereby assume those risks for myself and my child. I hereby release, waive and covenant not to sue the Baker Center for Children and Families, the Manville School, or any of its officers, trustees, or employees from and for any liability, damage claim or loss of any kind arising from or relating in any way to my child's transportation.

Caregiver signature: _____

Date: _____

MANVILLE SCHOOL
STUDENT DIRECTORY INFORMATION FORM

We will be publishing a Manville School student directory that will be distributed to all families of students at the school. We hope that this will assist you in contacting other students and families. It will also include extension numbers for all Manville staff.

Please mark the appropriate box and sign this form.

I would like to have my family's address, phone number and email address published in the Manville School Student Directory.

I do not want my family's address, phone number or email address to be included in the Manville School Student Directory.

Signature of Caregiver

Date

Student's Name: _____

Caregiver's Name(s): _____

Address: _____

Phone Number: _____

Email: _____

Manville School
Parent Advisory Council (PAC)
Caregiver Participation Form

Manville School depends on caregiver involvement to ensure student success. The Manville PAC meets with David Zimmer, Manville School Director, and Ellen Sandoval, Director of Family Engagement, monthly. We discuss general school policies, parental concerns, ways to enrich the school program for students and caregivers and other school related issues. We also sponsor various fundraising activities. In past years we have been able to support school activities such as the Book Fair, the Manville School Fair, the Manville Yearbook, and having various speakers for parent group. We hope to do more of this and depend on fundraising to help us.

We are seeking caregivers who would like to be involved in these activities or who would be interested in joining PAC. Please take a few minutes to complete this form and return it to the school with the other forms.

Thanks, Manville PAC

_____ I would be interested in joining the Manville PAC.

I am unable to make a monthly commitment but would be available to work on:

_____ Fundraising

_____ Book Fair (scheduled for early December)

_____ Manville Fair (May)

_____ Staff Appreciation Breakfast (spring)

Other Projects _____

Caregiver's Name _____

Student's Name _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

INSTRUCTIONS FOR COMPLETING RELEASE OF INFORMATION


Dear Parent/Guardian,

Thank you for authorizing us to communicate with the other important individuals involved in your child's care. We hope these instructions make it easier for you to complete the forms. Please follow the directions below in their entirety, so we can begin to coordinate your child's care quickly and easily.

1. In the top section, print the NAME, ADDRESS, AND PHONE NUMBER of the person or entity with whom we will have contact.
2. Next, CHECK THE BOX if you are authorizing us to share information or receive information, or CHECK BOTH if you would like us to be able to do both.
3. Please fill in YOUR CHILD'S NAME, DATE OF BIRTH, AND ADDRESS
4. Please CHECK when you would like the release to expire.
 - One Time: You are authorizing only one-time communication. Select this if we are just requesting a report, for example.
 - Upon Revocation: You will allow us to have contact as needed until you choose to stop that permission.
 - One Year from Date of Signature: You will allow us to have contact as needed for one year. You will choose to renew or not renew the authorization next year.
5. Please PRINT and SIGN your name, as well as DATE the page. Your authority to sign is Parent or Legal Guardian

Please feel free to contact our executive assistant, Ms. Bethany Lee, if you have further questions.

Sincerely,



Kristy Shapiro
Clinical Director
Manville School

Authorization to Release/Receive Information

Person/Entity with whom information will be shared:

Name _____

Address _____

Phone/Fax _____

Email _____

Check all that apply:

- I authorize **The Manville School at Judge Baker Children's Center** to RELEASE educationally and/or clinically relevant information to the above named party.
I understand that the purpose of this release of information is to coordinate care, plan for treatment, and/or to plan for education.

I understand that I can revoke this authorization at any time.

- I authorize **The Manville School at Judge Baker Children's Center** to RECEIVE educationally and/or clinically relevant information from the above named party.
I understand that the purpose of requesting this information is to coordinate care, plan for treatment, and/or to plan for education.

I understand that I can revoke this authorization at any time.

Individual Whose Information Will Be Released/Received:

Name: _____ DOB: _____

Address: _____

Expiration:

- One-time Authorization**
 Upon Revocation
 One Year From Date of Signature

Name of Individual Signing Form:

Print Name: _____ Date: _____

Signature: _____ Authority to Sign: _____

Authorization to Release/Receive Information

Person/Entity with whom information will be shared:

Name _____

Address _____

Phone/Fax _____

Email _____

Check all that apply:

- I authorize **The Manville School at Judge Baker Children's Center** to RELEASE educationally and/or clinically relevant information to the above named party.
I understand that the purpose of this release of information is to coordinate care, plan for treatment, and/or to plan for education.

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I understand that I can revoke this authorization at any time.

Individual Whose Information Will Be Released/Received:

Name: _____ DOB: _____

Address: _____

Expiration:

- One-time Authorization**
 Upon Revocation
 One Year From Date of Signature

Name of Individual Signing Form:

Print Name: _____ Date: _____

Signature: _____ Authority to Sign: _____

Authorization to Release/Receive Information

Person/Entity with whom information will be shared:

Name _____

Address _____

Phone/Fax _____

Email _____

Check all that apply:

- I authorize **The Manville School at Judge Baker Children's Center** to RELEASE educationally and/or clinically relevant information to the above named party.
I understand that the purpose of this release of information is to coordinate care, plan for treatment, and/or to plan for education.

I understand that I can revoke this authorization at any time.

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I understand that I can revoke this authorization at any time.

Individual Whose Information Will Be Released/Received:

Name: _____ DOB: _____

Address: _____

Expiration:

- One-time Authorization**
 Upon Revocation
 One Year From Date of Signature

Name of Individual Signing Form:

Print Name: _____ Date: _____

Signature: _____ Authority to Sign: _____

Manville School Technology Acceptable Use Policy and Contract

ACCEPTABLE USE POLICY

- The purpose of computer usage and internet access at the Manville School is to enhance the educational opportunities for students by providing access to a multitude of resources and opportunities for collaboration, research, and information gathering to supplement the academic program. Use of the JBCC network or resources must comply with the rules set by that organization.
- The use of the Internet is a privilege, not a right, and inappropriate use will result in restrictive action being taken. Students will be informed of the policy and proper use of the network in classroom meetings during the first few weeks of school. Transmission of any material in violation of any national or state regulation is prohibited. This includes (but not limited to: copyright material, threatening or obscene material, or material protected by trade secret).
- Since the Internet access account belongs to The Manville School, The Manville School reserves the right to monitor access and observe the use of technology on the Manville network.

NETWORK ETIQUETTE AND RULES

1. All students agree to use the computers and Internet in an appropriate manner as designated by the school. Each agreement must be signed by the student and their caregiver. If this agreement is not signed by the student and/or their caregiver, then usage of a computer will be limited or restricted. If technology is required to support student academic output, then an alternative to a computer will be provided.
2. Access to computers and the internet will be granted and monitored by school staff.
3. Students are representing The Manville School while online and agree to do so in a respectful and responsible manner.
4. Students should not use software and / or Internet services such as proxy sites to attempt to bypass the school's firewall or content filters.
5. Students should not purposely access material designated as inappropriate by the school. In the event 'inappropriate' material is accessed accidentally, the student must inform a staff member immediately. The school realizes that some material or sites may be accessed unintentionally. Students will not be held accountable if a staff person is notified immediately. Any delay in notification may be grounds for review and loss of privileges.
6. Students should only use the Google or network login designated for their use and will not access other user's accounts. Students should always sign in on their own login and access only their own materials.
7. Students should not use the network for any personal use (this includes e-mail, chat rooms, instant messaging, and accessing web sites other than those specified by an assignment or a staff member). Students will not sign up for any publication, information or other service that requires the use of a password or access code, or uses the name of the school.
8. Students should not download / upload or purchase any materials or files, especially music/videos/images, to their Manville Google Drive.
9. Students should not use the network for any illegal purposes and will not transmit any obscene, threatening or harassing material. Students will not participate in any illegal activities.
10. Students should not transmit or post anywhere on the Web (web site /social networking sites/Blogs) any personal information about the school, themselves, or any member of the community. This includes cell phone texting and pictures and recordings (video and/or sound).
11. Students should not use any storage device, burn disks or otherwise transfer material. Any necessary transfers should be made by a staff member. No personal devices or electronic equipment should be attached to, or access to, The Manville School network.

12. Students should not access any social networking, peer-to-peer, file sharing or shared gaming sites on any device (i.e., Chromebooks, cellphones, tablets, personal gaming devices) over The Manville School network, or on personal data accounts while on Manville grounds.
13. Students should not use the Internet, The Manville School network, or print out anything that targets or bullies another student or staff member. All such incidents will be reviewed and followed up by the school administration.
14. Access to computer games, during an earned break, is a privilege. Students should not access games designated as inappropriate by the school. Students engaging in inappropriate games could result in the limit of loss of this privilege.
15. AI and chatbot technologies are not allowed to be accessed on school devices and personal devices when on school property. The use of AI or chatbots to complete academic work are strongly prohibited. Students accessing AI and chatbot technology to complete academic work could result in limit of technology access.

Students who misuse the privilege of Internet access or break the agreement may be kept from using the Internet or computers for a period of time and lose privileges. (To be determined by administration).

PROPER CARE AND USE OF COMPUTER HARDWARE

Students will agree to use proper care of Manville School computers, including, but not limited to:

- Not eating or drinking near the device;
- Not hitting banging, throwing, or otherwise behaving in a way that the equipment might be damaged;
- Not damaging the keyboard by removing or otherwise destroying keys;
- Not removing parts of the equipment or otherwise taking parts of the equipment apart;
- Not downloading any program or material without direct permission of the Manville Technology staff;
- Not making an active attempt to make changes to the equipment without direct permission of Manville Technology staff;
- Not damaging the screen by poking it, placing heavy objects on the device that could put pressure on the screen; and
- Return the device to its designated charging location at the end of use.

Computer Return:

All devices including Chromebooks, laptops, iPads, etc. must be returned at the end of the school year. The device along with carrying case, cords and cables, should be returned to the Technology Department.

Loss or Damage of Manville School devices:

If a Manville device or a student dedicated device is damaged due to carelessness on the part of a student, that student will need to meet with Administrative staff to discuss the occurrence and determine consequences, and/or replacement costs, if any.

Damaged Devices

Please be aware that if a school computer is damaged during normal use, Manville School will replace the computer. If a computer is willfully damaged by a student, Manville has several in-school methods for students to make restitution for the damaged computer. If this occurs more than twice, the student and/or their parent will have to refund the school for the cost of the computer prior to receiving another computer. The referring school district representative will be notified of these types of incidents.

Cell Phone/Media

- Students should not use cell phones or other devices that can access personal accounts or the Internet on school grounds or at any school related event or trip at any time, unless under the supervision and with permission of an administrator
- Students should not use cameras or cellphones to take pictures, videos or record sound on school grounds or at any school related event or trip at any time
- Students should not transmit or post anywhere on the Web (web site / social networking sites / Blogs) any personal information about the school, himself or herself, or any member of the community. This includes cell phone texting and pictures and recording (video and / or sound).

Manville School

Student Acceptable Technology Use Agreement

(Governing computer and Internet use, electronic devices and information management)

Student Acknowledgement:

I understand and will abide by the Manville Acceptable Technology Use Agreement. I further understand that any violation of the above regulations is unethical, and may result in loss of privileges or disciplinary action. Legal action may be taken if a student takes part in any activity considered illegal.

Student's Name _____

Signature of Student* _____

Date: _____

(*No signature indicates that permission is not given for the student to use the Internet, and the student will be restricted from doing so.)

Caregiver Acknowledgment:

As a caregiver of this student, I have read the Acceptable Technology Use Agreement. I recognize that The Manville School cannot restrict access to all controversial materials, and I will not hold the school responsible for inappropriate materials acquired on the network. I agree to the above guidelines and will abide by the school's decisions regarding its use and implementation.

I give permission for _____ to use the computers and Internet at the Manville School in accordance with this agreement.

Caregiver's Name (please print) _____

Caregiver's Signature* _____

Date: _____

(*No signature indicates that permission is not given for the student to use the Internet, and the student will be restricted from doing so.)

Please keep the policy for reference and return only this signed page.



GSuite for Education at Manville School

Dear Parents/Guardians,

The Manville School utilizes GSuite for Education for students, teachers, and staff. This permission form describes the tools and student responsibilities for using these services. As with any educational endeavor, a strong partnership with families is essential to a successful experience.

GSuite Workspace Core Services Provided to Manville Students

The following “core” services are available to each student and hosted by Google as part of the Manville School’s online presence in GSuite for Education:

- **Student Gmail** - Students are only able to receive and send emails to Manville staff with their school Google account.
- **Google Calendar** - Student can create calendar events as well as see assignments that are due for each Google Classroom
- **Google Classroom** - A platform where teachers create assignments, materials, and resources for student access.
- **Google Drive** -A file storage and synchronization service students use to save, share, and edit their files.
- **Google Docs, Forms, Sheets, Sites, Slides** - These apps are creation tools that allow students to complete classwork and collaborate with teachers.
- **Google Vault** - Allows administrators to retain, hold, search, and export data.
- **Google Chrome Sync** – Allows students to have saved usernames and passwords and well as create bookmarks across a variety of devices.
- **Jamboard** – This app is an interactive whiteboard that teachers and students use for learning.
- **Google Keep** – This is a note taking app that allows student to create virtual sticky notes to keep track of important information.

The following are “additional” services that Manville provides to students through their GSuite Account.

- **Applied Digital Skills** – A free online curriculum of how to use and navigate Gsuite for Education.
- **Google Bookmarks** - Allow students to save commonly used websites and sync them across devices. Allows administration to install specific bookmarks for school use on each student's account.
- **Google Groups** - Creates mailing lists for specific schools. For example, all students within the same school unit are part of a Google Group, allowing staff to email all the students at once.
- **Google Maps** - Allows students to look at and manipulate maps.
- **Google My Maps** - Allows students to create custom maps.
- **YouTube** - A video sharing service. Youtube is heavily restricted by the Manville Technology Department. Each individual video or channel needs to be approved by the administrator.
- **GoogleEarth** - Allows students view locations from around the world in 3D imaging.

More information about GSuite for Education may be found at <https://support.google.com/a/answer/139019?hl=en>

Using these tools, students collaboratively create, edit and share files for school related projects and communicate via email with teachers, counselors, specialists, and clinicians. These services are entirely online and available 24/7 from any Internet-connected computer. Examples of student use include showcasing class projects, building an electronic portfolio of school learning experiences, and working in small groups on presentations to share with others.

Guidelines for the responsible use of GSuite for Education

The guidelines below outline the responsibility of both Manville students and the Manville Google Administration Team in ensuring the safety and effectiveness of each student's Manville Google account.

- **User Accounts** - All students (grades K-10) will be assigned a Google account with the domain @themanvilleschool.com. This account will be considered the student's official Manville School computer account until such time as the student is no longer enrolled with the Manville School.
- **Prohibited Conduct** - Please refer to Manville's Acceptable Use Policy for rules and regulation of student use.
- **Access** – The Manville School maintains the right to immediately withdraw the access and use of these services, including email, when there is reason to believe that violations of law and/or Manville policies have occurred. In such cases, the alleged violation will be referred to an Administrator for further investigation and adjudication.
- **Security** - The Manville School cannot and does not guarantee the security of electronic files located on Google systems. Manville student Gmail accounts are restricted to be able to only send and receive emails from Manville staff.
- **Privacy** - The general right of privacy will be extended to the extent possible in the electronic environment. The Manville School and all electronic users should treat electronically stored information in individual's files as confidential and private. Users of Manville's electronic services are strictly prohibited from accessing files and information other than their own. Manville reserves the right to access information stored on the Google systems, including current and archival files of user accounts when there is reasonable suspicion that unacceptable use has occurred.

Compliance Guidelines

Technology use at Manville School is governed by federal laws.

Children's Online Privacy Protection Act (COPPA)

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, advertising is turned off for the Manville Schools presence in Google "GSuite for Education". No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes.

<https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions>

Family Educational Rights and Privacy Act (FERPA)

FERPA protects the privacy of student education records and gives parents the rights to review student records. Under FERPA, schools may disclose directory information but parents may request the school

not disclose this information. Examples include: the annual yearbook; graduation programs; the annual talent show program; and/or basketball team

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Additional Resources

If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please visit the following sites:

G Suite for Education Privacy Center at <https://www.google.com/edu/trust/>

G Suite for Education Privacy Notice at https://gsuite.google.com/terms/education_privacy.html

Google Privacy Policy at <https://www.google.com/intl/en/policies/privacy/>

The Core G Suite for Education services are provided to Manville under Google's Apps for Education agreement: https://www.google.com/apps/intl/en/terms/education_terms.html and the

Data Processing Amendment at https://www.google.com/intl/en/work/apps/terms/dpa_terms.html

If you have questions about our use of G Suite for Education accounts or the choices available to you, please contact Katelyn Coty, Manville School Technology Coordinator, at kcoty@jbcc.harvard.edu

Manville School Permission Form for GSuite for Education

This form requires parents and/or guardians to give permission for the Manville School to give access to students for both the “core” and “addition” apps outlined below:

- Student Gmail
- Google Calendar
- Google Classroom
- Google Drive
- Google Docs, Forms, Sheets, Sites, Slides
- Google Vault
- Google Chrome Sync
- Jamboard
- Google Keep
- Google Bookmarks
- Google Groups
- Google Maps
- Google My Maps
- YouTube
- GoogleEarth
- Applied Digital Skills

By signing below, I confirm that I have read and understand the following:

- Under FERPA and corresponding Massachusetts law, a student's education records are protected from disclosure to third parties.
- I understand that my student's academic work (e.g., classwork/assignments) stored in GSuite for Education may be accessible to someone other than my student and the Manville School by virtue of this online environment (i.e., Google Support personnel to deal with troubleshooting issues).
- My signature below confirms my consent to allow files created by my student and related to my student's to be stored by Google.
- I understand that by participating in GSuite for Education, information about my child will be collected and stored electronically. I have read the privacy policies associated with use of GSuite for Education (http://https://gsuite.google.com/terms/education_privacy.html). I understand that I may ask for my child's account to be removed at any time.

_____ YES, I give permission for my child to be assigned a full Manville School GSuite for Education account including core and additional services. This means my child will receive an email account and access to GSuite for Education services.

Student Name: (Print) _____ Date _____

Parent/Guardian Signature: _____

Please keep the policy for reference and return only this signed page.



Waiver and Release for Cycling with Manville School

Parent/Guardian Name: _____

Child's Name: _____

I hereby release and discharge Manville School, Judge Baker Children's Center, and any associated organization (including but not limited to school districts, municipalities, sponsors, volunteers, and any employee or associates thereof) their heirs, administrators, agents and employees, from any and all liability, causes of action, suits, debts, contracts, agreements, claims and demands whatsoever as a result of my child's participation in a Manville cycling event.

I understand that accidents, fatalities, serious bodily injuries and/or property damage can occur while participating in a Manville cycling event, while riding a bicycle on public or private lands, or otherwise participating in said event. Knowing the risks involved, I agree to assume those risks and to release all of the persons or entities mentioned above from liability for any injury, death, illness or property damage occurring while my child is participating in these events or in the travel to and from them.

I and my child also agree that my child will wear the ANSI, CPSC or SNELL approved bicycle helmet provided to them at all times when riding a bicycle during this event.

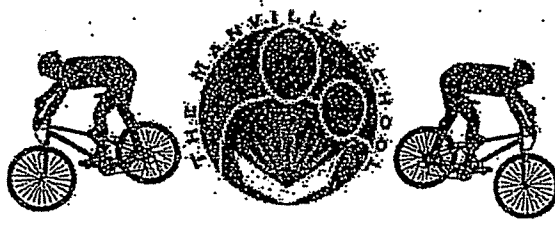
I attest that my child will abide by the rules and regulations of these events and all applicable state, local and municipal laws, including vehicle laws.

I have read and understand the above information and I certify my compliance with my signature.

Print Parent/Guardian Name: _____

Date: ___/___/_____

Signature: _____



Permission Form

Parent/Guardian Name: _____

Child's Name: _____

Does this child know how to ride a bike? Please circle one: Yes No

I have thoroughly read and signed the Waiver and Release form for Manville School's Cycling program and give permission for my child to participate in this program.

Signature: _____

Date: ___ / ___ / _____

Please return this form as soon as possible so your child can take part in this opportunity.

Manville School

Returning Student Clinical Information Form

Caregivers: Thank you for taking the time to update your student's personal/healthcare information! Though you have already provided information to us, having a current and complete view of your child's social context is crucial to planning the best educational and clinical support. Thank you for completing this. Your child's clinician will review the information and follow up if they have additional questions.

Today's Date: _____

Student Name: _____ Date of Birth: _____

Preferred Pronouns: **circle** He/Him/His She/Her/Hers They/Them/Theirs

Racial Identity: _____ Religion: _____

Person completing form: _____ Relationship to Child: _____

Brief statement of your current concerns as well as your goals for your child:

We are interested in strengths and progress for your child and family. Please provide any information you would like us to know regarding new interests and personal strengths for both your child and your family.

For the sections below please update if any of this information has changed over the past year:

Family Information

Check here if no change

Caregiver 1 Name and Age:

Caregiver 2 Name and Age:

Relationship to Child: _____

Relationship to Child: _____

Occupation: _____

Occupation: _____

Contact Information:

Contact Information:

Ph: _____ OK to leave msg? _____

Ph: _____ OK to leave msg? _____

Work: _____ OK to leave msg? _____

Work: _____ OK to leave msg? _____

Email: _____

Email: _____

Biological Mother's Name and Age:
(if different than above)

Biological Father's Name and Age:
(if different than above)

Contact Information (If known):
Ph: _____

Contact Information (If known):
Ph: _____

Current Legal Custody Status: _____

Please list all people living in the household: **Check here if no change**

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Would any of your child's siblings benefit from our sibling support group? **Circle One: YES NO**

Has anyone moved in or out of the home in the last year? If so, please list name, relation, and age:

Significant Life Events (since last school year)

Date/Child's Age at time of event:	Description/Type of Event:
_____	_____
Comments: _____	

Date/Child's Age at time of event:	Description/Type of Event:
_____	_____
Comments: _____	

Treatment History

Please summarize changes in your child's mental health treatment history in the table below.

<p>New Outpatient Therapists?</p>	<p>Name _____ Contact Ph: _____ From _____ To _____</p> <p>Name _____ Contact Ph: _____ From _____ To _____</p> <p>Name _____ Contact Ph: _____ From _____ To _____</p>
<p>New psychiatric prescriber?</p>	<p>Name _____ Contact Ph: _____ From _____ To _____</p>
<p>Current psychiatric medicines</p>	<p>List Medications and Dosing:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Recent psychiatric inpatient hospitalizations?</p>	<p>Facility _____ Dates of stay _____ Reason _____</p> <p>Facility _____ Dates of stay _____ Reason _____</p> <p>Facility _____ Dates of stay _____ Reason _____</p>
<p>New high-risk behavior? (e.g., fire setting, self-injury, suicidal ideation, aggressive behaviors, elopement/running away, etc.)</p>	<p>No ___ Yes ___ Specify:</p>
<p>New Child Behavior Health Initiative Community-Based Services?</p>	<p>Name _____ Agency _____ Contact Ph: _____ From _____ To _____</p> <p>Name _____ Agency _____ Contact Ph: _____ From _____ To _____</p>
<p>Current in-home provider:</p>	<p>Name _____ Agency _____ Contact Ph: _____ From _____ To _____</p>
<p>New Diagnoses? By whom?</p>	<p>Specify:</p>
<p>Do you believe these diagnoses accurately depict your child?</p>	<p>No ___ Yes ___ Comments:</p>

FREE & REDUCED SCHOOL MEALS



Has your income status recently changed?
Not familiar with the USDA Free & Reduced Meal Program?

2023-24 School Year Free or Reduced Breakfast and Lunch Applications are now Available!

New Applications must be submitted each year.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2023-2024			
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,833	\$885
4	\$55,500	\$4,625	\$1,068
5	\$65,009	\$5,418	\$1,251
6	\$74,518	\$6,210	\$1,434
7	\$84,027	\$7,003	\$1,616
8	\$93,536	\$7,795	\$1,799
Each additional person:	+9,509	+793	+183

Did you know you can apply for school meals any time during the school year by submitting an application directly to your school district?

You may ask for an application any time during the school year. If you're earning at or below current Income Eligibility Guidelines, you are encouraged to contact your school or district to fill out a school meal application. Applications are reviewed by local school or district officials before granting free or reduced price benefits. If you receive Supplemental Nutrition Assistance Program (SNAP) benefits, all of your children who attend school automatically qualify for free school meals. Participation in other Federal assistance programs, including Temporary Assistance for Needy Families (TANF) also provides automatic eligibility. Please contact your school to determine if you need to fill out an application.

You can trust that your family information is kept confidential and can only be used for determining eligibility for free or reduced price meals at school. Free and Reduced Program status information is confidential and will not identify or single out any students on the program.

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, religion, sex, gender identity (including gender expression), sexual orientation, 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 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, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.



2023-2024 Massachusetts Application for Free and Reduced Price School Meals

If you have received a Notice of Direct Certification – FREE from the school district for free meals, do not complete this application. If you have received a Notice of Direct Certification – REDUCED PRICE from the school district for reduced price meals, this application may be submitted. DO let the school know if any children in the household are not listed on the Notice of Direct Certification – FREE letter you 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	School Name	Grade	Student? Circle Yes or No	Foster	Homeless	Migrant	Runaway
						Check all that apply			

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

Write the **Agency ID Number**, then go to **STEP 4** (Do not complete STEP 3) **Do not provide EBT card number.** Agency ID Number: _____

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

Review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section

A. Child Income

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

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 gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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

Total Household Members (Children and Adults)

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

XXX-XX-

Check if no SSN

STEP 4 Contact information and adult signature

Mail Completed Form To: Manville School, 53 Parker Hill Ave., Boston, MA 02120

"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 and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

Error prone

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

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

Ethnicity (check one): **Race (check one or more):**

Hispanic or Latino
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Not Hispanic or Latino
 Asian
 White
 Black or African American

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.

OPTIONAL Children's Racial and Ethical Identities

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
 2.fax:
 (833) 256-1665 or (202) 690-7442; or
 3.email:
program.intake@usda.gov
 This institution is an equal opportunity provider.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

For School Use Only
 2022-2023 Massachusetts Application for Free and Reduced Price School Meals

Total Income <input style="width: 100%; height: 30px;" type="text"/>	Household Size <input style="width: 100%; height: 30px;" type="text"/>	Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12	Eligibility: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Free</td> <td style="padding: 2px;">Reduced</td> <td style="padding: 2px;">Denied</td> </tr> </table>	Free	Reduced	Denied	Categorical Eligibility <input type="checkbox"/>												
Free	Reduced	Denied																	
<p><i>Only annualize income if there are multiple pay frequencies</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td colspan="5">How often?</td> </tr> <tr> <td style="padding: 2px;">Weekly</td> <td style="padding: 2px;">Bi-Weekly</td> <td style="padding: 2px;">2x Month</td> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Annually</td> </tr> <tr> <td colspan="5" style="height: 20px;"> </td> </tr> </table>					How often?					Weekly	Bi-Weekly	2x Month	Month	Annually					
How often?																			
Weekly	Bi-Weekly	2x Month	Month	Annually															
Determining Official's Signature <input style="width: 100%; height: 30px;" type="text"/>	Date <input style="width: 100%; height: 30px;" type="text"/>	Confirming Official's Signature <input style="width: 100%; height: 30px;" type="text"/>	Date <input style="width: 100%; height: 30px;" type="text"/>	Verifying Official's Signature <input style="width: 100%; height: 30px;" type="text"/>	Date <input style="width: 100%; height: 30px;" type="text"/>														