



# 2017-2018 Calendar

Approved by Board of Education on February 13, 2017

July	August	September	October
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November	December	January	February
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March	April	May	June
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### August

3,4-7,8 New Teacher Staff Development  
10 All Teacher Staff Development  
11 Professional Day  
14 All Teacher Work Day  
15 First Day of Classes (6 & 9-12)  
16 First Day of Classes (K-5 & 7-8)

### September

4 No Classes (Labor Day)  
15 Elem/MS Mid Term of First Quarter  
22 HS Progress Term 1 of First Semester  
25 No Classes -  
Elem/MS Staff Development  
HS Grade Prep/Staff Development

### October

6 Homecoming Parade Early Release  
13 Elem/MS End of First Quarter  
16 No Classes -  
Elem/MS Grade Prep/Staff Development  
HS Staff Development  
25/26 MS Evening Conferences  
25/26 HS Evening Conferences  
25/26 Elementary Evening Conferences  
26 No Elementary/MS Classes (Conferences)  
27 No Classes

Four (4) snow days can be used before make-up days have to be scheduled

### November

3 HS Progress Term 2 of First Semester  
10 No Classes (Professional Day)  
17 Elem/MS Mid Term of Second Quarter  
22-24 No Classes (Thanksgiving Vacation)

### December

21 End of First Semester  
22 Grade Prep in A.M.  
22 No Classes (Winter Break through 1/2/18)

### January

3 Classes Resume  
15 No Classes (Martin Luther King, Jr. Day)  
Professional Day

### February

2 Elem/MS Mid Term of Third Quarter  
6/7 MS Evening Conferences  
7/8 Elementary Evening Conferences  
8 No Elementary Classes (Conferences)  
8 HS Progress Term 1 of Second Semester  
9 No Classes -  
Elem/MS Staff Development  
HS Grade Prep/Staff Development  
14/15 HS Evening Conferences  
19 No Classes (President's Day)

### March

8 Elem/MS End of Third Quarter  
9 No Classes -  
Elem/MS Grade Prep/Staff Development  
HS Staff Development  
19 No Classes (Spring Break through 3/23)  
30 No Classes (Good Friday)

### April

6 HS Progress Term 2 of Second Semester  
16 No Classes (Professional Day)  
20 Elem/MS Mid Term of Fourth Quarter

### May

9 Baccalaureate  
13 Commencement  
17 Last Day of Classes/End of Second Semester  
18 Grade Prep in A.M.

○	First/Last days of Semester
□	No Classes (District-wide)
◇	No Elementary Classes
◊	No Elementary/MS Classes
▣	No Classes (Professional Days)
△	Homecoming Parade Early Release

CareDox enables parents to fill out health enrollment forms online and makes the information provided by parents available and easily accessible to school health staff.

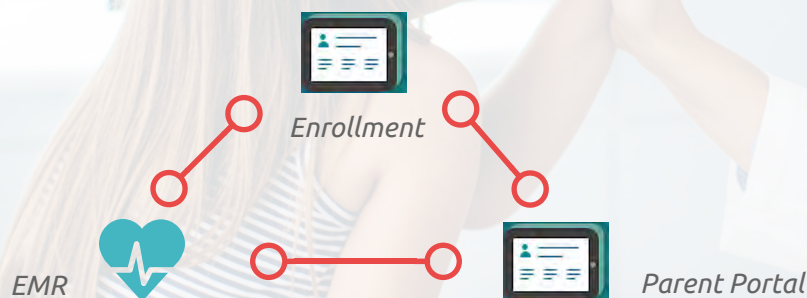
CareDox is making health enrollment an **integral part** of the school health workflow by allowing **collection, review and seamless sharing** of health information between parents and health staff.

## CAREDOX IS REVOLUTIONIZING HEALTH ENROLLMENT

SIS Integration

SSO with SIS Parent Portal

Access and Update health data throughout the year



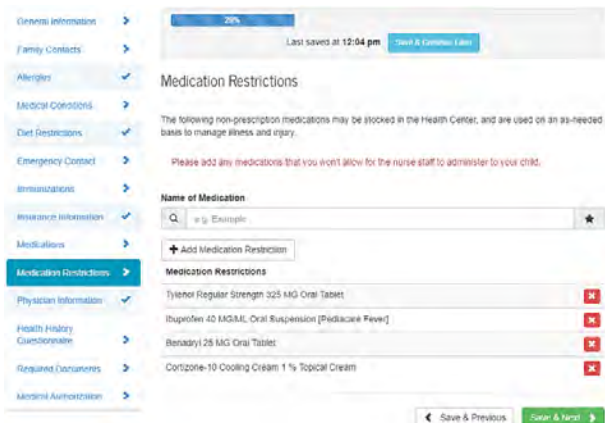
Today, student health information is captured on paper, a SIS portal or in a digital registration system.

Most essential health information such as health history, medication restrictions and care plans may be reviewed at the beginning of the year but is not captured in a way that allows school health staff digital, real-time access throughout the year.

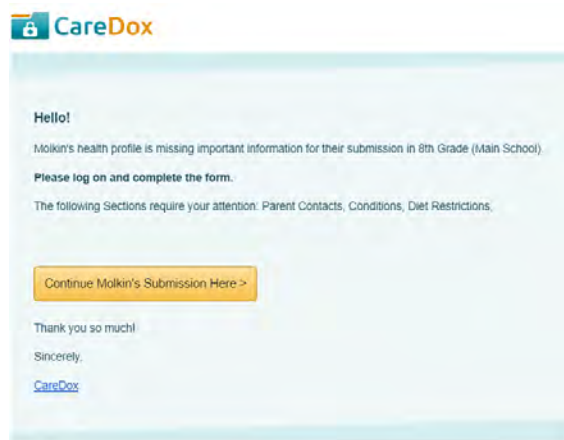
Unlike school registration, student health may and will change during the school year. Providing parents with the tools to update the school about emerging health issues throughout the year is essential.

SIS Portals and student registration platforms can charge costly fees for health information customizations. CareDox enrollment **eliminates this need**, while providing a simple and mobile-friendly interface.

CareDox is designed specifically for health enrollment and captures 100% of district-required student health information. School health staff can review, approve or reject sections and immediately notify parents to provide the missing information.



Parent portal for health enrollment



Email invitations and reminders

**Worth Ave. Group Insurance Coverage**

Augusta Public Schools USD 402 (Augusta, KS) has chosen Worth Ave. Group as the vendor of choice to insure school issued laptops given to students and faculty. Insurance with Worth Ave. Group will protect the laptop against ACCIDENTAL DAMAGE, THEFT\*, FIRE, FLOOD, NATURAL DISASTERS, POWER SURGE and VANDALISM\*. This insurance policy will provide full replacement cost coverage and will protect the item worldwide (on and off school grounds). The policy is also transferable to a replacement unit.

*\*With police report*

**About Us**

Worth Ave. Group is affiliated with National Student Services, Inc. Since 1971, WAG has been the leader in providing personal property insurance designed specifically for students, faculty and staff of colleges and universities. Our expertise has now expanded to include K-12 education, businesses and individuals. Our corporate Headquarters is located in Stillwater, Oklahoma. We are licensed in all states, including Alaska and Hawaii. Our underwriter, Hanover Insurance Company in Worcester, Massachusetts, has an Excellent rating of A from A.M. Best Company, an organization rating insurance companies based on operating performance and financial strength.

Worth Ave. Group Coverage	✓ = Covered	✗ = Not Covered
Accidental Damage (drops & spills)	✓	
Cracked Screen	✓	
Liquid Submersion	✓	
Flood	✓	
Natural Disasters	✓	
Power Surge by Lightning	✓	
Theft	✓	
Manufacture Defect		✗
Mechanical Failure		✗
Standard Wear & Tear		✗
Cosmetic Damage		✗
Unexplained Loss		✗



**Lenovo N21 Chromebook & laptop bag**

Coverage Amount	Deductible	Term	Price
\$200.00	\$0.00	1 Year	\$30.00

**Student Name**

**Serial Number**

*(provided by school)*

**Please make all checks payable to:**

**Augusta Public Schools**

### **Athletic Participation Fee**

The district has approved and has implemented an “Athletic Participation” fee for the 2017-2018 school year. The fee structure below has been established based on the family’s ability to pay and whether the student is a middle school or high student.

<b><u>High School</u></b>		<b><u>Middle School (7<sup>th</sup> &amp; 8<sup>th</sup>)</u></b>	
Full Fee	\$50.00	Full Fee	\$40.00
Reduced	\$30.00	Reduced	\$20.00
Free	Free	Free	Free

The fee will be charged once a school year for participation in competition sports (KSHSAA). It does not apply to non-competition athletic groups such as cheerleaders and dance team. It does not apply to interscholastic groups such as choir, band, debate and forensics.

**Administrative Offices**

USD 402  
2345 Greyhound Drive  
Augusta, Kansas 67010

316.775.5484 office  
316.775.5035 fax  
[www.usd402.com](http://www.usd402.com)

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July 20, 2017

Re: Student Injuries and Insurance  
2017-18 School Year

Dear Parent/Legal Guardian,

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive.

Please know that the District **does not** assume responsibility for these costs. However, as a service to you and your child, your school has joined with 1,000s of others by offering you access to a low cost, voluntary purchase student accident/sickness insurance program. The program is arranged and administered by Myers-Stevens & Toohey & Co., Inc. a firm that has specialized in such coverages for over 40 years. Details and an enrollment form are in the accompanying brochure. Please read it carefully.

Several plans are offered and rates for the entire school year start at around \$16 (*Dental Accident Plan*). You can limit coverage to school related injuries only (including sports) or opt for 24/7 protection. Also offered is a *Student Accident and Sickness Plan* (recommended if your child has no other health insurance). Whether your child currently has no other coverage or you want to “fill in the gaps” in other insurance, you will probably find an option to fit your needs.

While you can seek care from any doctor or hospital, you’ll also have access to an extensive network of medical providers with discounted charges. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

To enroll, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. While your child is eligible to enroll at any time, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

**Note** - Once processing is completed, an ID card verifying coverage will be mailed home to you.

If you have any questions, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

Sincerely,

USD 402 Augusta  
District Contact:  
Annette Powers  
316-775-5484, ext.121  
[apowers@usd402.com](mailto:apowers@usd402.com)

# Student Accident Insurance is Now More Important Than Ever!



School Year  
2017-2018



Despite your best efforts to protect them, children get hurt and out-of-pocket expenses for medical care can be significant.

- *Is your child already covered?*
- *Does your plan have large deductibles and co-insurance?*
- *Do you want to be able to see the doctor that YOU choose?*

Arranged and Administered by:



myers | stevens | toohey

## Our Plans Can Help!

## Determine the Plan(s) you want to purchase

You may go to the doctor or hospital of your choice!

### Student Accident & Sickness Plan

#### Our Best Coverage!

**Students (Grades P-12) may enroll in this plan.** Covers Injuries sustained and Sickness commencing anywhere in the world, 24 hours a day, while your student is insured under this School Year's plan (including interscholastic sports, **except interscholastic high school tackle football**). Repatriation and Medevac benefits are included. This plan does not cover routine or preventative care.

Benefits are payable according to the "Description of Benefits" up to \$50,000 per Covered Sickness and \$200,000 per Covered Accident.

**Coverage begins at 11:59 p.m. on** the day Myers-Stevens & Toohey & Co., Inc. (herein called "The Company") receives the completed enrollment form and premium. **Coverage ends at 11:59 p.m. on** the last day of the month for which payment has been made. Coverage may be continued for up to 12 calendar months, or through Sept. 30, 2018, whichever comes first, provided the required payments are made.

There is a \$50 deductible per covered Accident or covered Sickness.

**NOTE** – Participation in commercial camps or clinics may be covered under this plan.

**1st payment: \$208.00**

(Covers remainder of month in which you enroll and 1 additional month)  
Subsequent Payments: \$169.00 a month, billed every 2 months

### Interscholastic Tackle Football Accident Plans

**Students (grades 9-12) may enroll in these plans.** Covers Injuries caused by covered accidents occurring:

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus site for such activities provided travel is arranged by and is at the direction of the School

**Coverage begins at 11:59 p.m. on** the day the Company receives the completed enrollment form and premium. **Coverage ends at 11:59 p.m. on** the closing date of regular classes for the 2017-2018 School Year.

**NOTE** – Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans. Practice or playing of football must be conducted under the regulations and jurisdiction of the applicable sports governing body.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$339</b>	<b>\$295</b>	<b>\$235</b>

### Full-Time 24/7 Accident Plans

**Students (grades P-12 and school employees) may enroll in these plans.** Covers Injuries caused by covered Accidents occurring 24 hours a day, anywhere in the world and while participating in all interscholastic sports **except interscholastic high school tackle football**.

**Coverage begins at 11:59 p.m. on** the day the Company receives the completed enrollment form and premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2018-2019 School Year.

**NOTE** – Participation in commercial camps or clinics may be covered under this plan.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$328</b>	<b>\$276</b>	<b>\$225</b>

### School-Time Accident Plans

**Students (grades P-12) may enroll in these plans.** Covers Injuries caused by covered Accidents occurring:

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- While participating in or attending School-sponsored and directly supervised School Activities including interscholastic athletic activities and non-contact spring football (**except interscholastic high school tackle football**)
- While traveling directly and without interruption to or from residence and School for regular attendance; or School and off campus site to participate in School-sponsored and directly supervised School Activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

**Coverage begins at 11:59 p.m. on** the day the Company receives the completed enrollment form and premium. **Coverage ends at 11:59 p.m. on** the closing date of regular classes for the 2017-2018 School Year.

**NOTE** – Participation in commercial camps or clinics is not covered under these plans. See "Full-Time 24/7" plans.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$79</b>	<b>\$68</b>	<b>\$53</b>

### Dental Accident Plan (\$75,000 Maximum)

**Students (grades P-12) may enroll in these plans.** Covers Injuries to teeth caused by covered Accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.

**Benefits are payable at 100% of the Usual, Customary and Reasonable charges for Treatment of Injured teeth, including repair or replacement of existing caps or crowns.** We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.

The coverage provides a "Benefit Period" of Accident dental benefits for up to one year from the date of first Treatment. The benefit period for an Injury may be extended each year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of Injury that further Treatment will be deferred to a later date.

**Coverage begins at 11:59 p.m. on** the day the Company receives the completed enrollment form and premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2018-2019 School Year.

**\$16.00 purchased separately**  
**\$12.00 when added to any plan(s) purchased**

### Pharmacy SmartCard™

Available to students, their families and school staff through our partnership with National Pharmaceutical Services (NPS), the SmartCard offers savings of up to **95%** of prescription drug costs and is accepted at over **63,000** pharmacies nationwide.

In addition, the program can provide "Instant Alerts" to potential medication interactions to better protect your family along with unique "Proof of Savings" reports mailed directly to you every six months.

After your payment has been processed, NPS will send you your ID card. Present your card each time you or a family member needs a prescription filled to receive your savings. For more detailed information, go to [www.pti-nps.com](http://www.pti-nps.com) or call **800-546-5677**.

The SmartCard is not an insurance product and is not insured by BCS Insurance Company.

**\$36.00 for entire family, for one full year!**

**Affordable Rates**

**Call (800) 827-4695 With Questions**

## Determine the benefit level that best fits your needs

We urge you to consider the *Student Accident & Sickness Plan* or the High Option plans, especially if your child has no other insurance.  
Call us at 800-827-4695 for help.

### Description of Benefits

*(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)*

We will pay benefits only for Covered Injuries sustained or Covered Sickness commencing while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable Charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. Applicable benefits mandated by the state of residence will be included in the covered expenses. You may take your child to any provider you choose; however, seeking Treatment through a *First Health* contracted provider may reduce your out-of-pocket costs.

To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness Plan
<b>Plan Name</b>	<b>MAXIMUMS PER ACCIDENT</b>			
<b>Tackle Football Accident Plan</b>	\$25,000	\$50,000	\$75,000	<b>\$50,000 Maximum per Sickness \$200,000 Maximum per Accident</b>
<b>Full-Time 24/7 Accident Plan</b>	\$50,000	\$100,000	\$150,000	
<b>School-Time Accident Plan</b>	\$25,000	\$50,000	\$75,000	
<b>Deductible - per condition</b>	\$200	\$100	\$50	<b>\$50</b>
<b>Covered Expenses</b>	<b>BENEFIT MAXIMUMS</b>			<b>BENEFIT MAXIMUMS</b>
<b>Hospital Room &amp; Board</b> - Semi Private Room Rate	80%	80%	90%	<b>80%</b>
<b>Inpatient Hospital Miscellaneous Charges</b>	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	<b>80% to \$4,000/Day</b>
<b>Intensive Care Unit</b>	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	<b>80%</b>
<b>Hospital Emergency Room</b> (room & supplies) incurred within 72 hours of an Injury	100%			<b>100%</b>
<b>Emergency Room Physician Charges</b>	100%			<b>100%</b>
<b>Outpatient Surgical</b> (room & supplies)	80% to \$2,000	80% to \$2,500	90% to \$5,000	<b>80% to \$4,000</b>
<b>Physician Non-Surgical Treatment &amp; Exam</b> (excluding Physical Therapy) Including consultation (when referred by attending Physician)	80%	80%	90%	<b>80%</b>
<b>Surgeon Services</b>	80%	80%	90%	<b>80%</b>
<b>Assistant Surgeon Services</b>	80%	80%	90%	<b>80%</b>
<b>Anesthesiologist Services</b>	80%	80%	90%	<b>80%</b>
<b>Physiotherapy</b> (includes related office visits) when prescribed by a Physician	80% to \$500	80% to \$750	90% to \$1,000	<b>80% to \$2,000</b>
<b>X-Ray Examinations</b> (including reading)	80% to \$500	80% to \$750	90% to \$1,000	<b>80%</b>
<b>Diagnostic Imaging</b> MRI, Cat Scan	80%	80%	90%	<b>80%</b>
<b>Ambulance</b> (from site of an emergency directly to hospital)	100%			<b>100%</b>
<b>Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces</b>	80%	80%	90%	<b>80%</b>
<b>Durable Medical Equipment</b>	80% to \$400	80% to \$750	90% to \$1,000	<b>80%</b>
<b>Out-Patient Prescription Drugs</b> (for Injuries only)	80%	80%	90%	<b>80%</b>
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	80%	80%	90%	<b>80%</b>
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	\$300	<b>80%</b>
<b>Medical Evacuation &amp; Repatriation</b>	\$0	\$0	\$0	<b>100% to \$10,000</b>

### Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling

*(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)*

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily Injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

- Accidental Death **\$10,000**
- Single dismemberment or entire loss of sight in one eye **\$20,000**
- Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia **\$30,000**
- Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable costs of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to **\$ 5,000**

## Choose Your Own Doctor and Hospital





## Frequently Asked Questions...

### If I have other insurance, why do I need this coverage?

Our plans can expand your choice of providers for your child and can help cover deductibles, co-pays and other out-of-pocket expenses.

### I'm in a hurry! What is the quickest way to enroll?

We offer online enrollment at

**[www.myers-stevens.com](http://www.myers-stevens.com)**.

Simply click the orange "Enroll Now" button on the home page, complete the enrollment process and your ID card will be emailed to you immediately!

### If my child has no other insurance, what's my best buy?

Unless you need coverage for high school tackle football, the *Student Accident & Sickness Plan* is our broadest, best option. Next best is the *Full Time 24/7 Accident Plan* with "High Option" benefits.

### Can I take my child to any doctor or hospital?

**YES!** However, your out-of-pocket costs could be less by using a *First Health* contracted provider. To find participating doctors/hospitals nearest you, call

**800-226-5116** or log on to **[www.myfirsthealth.com](http://www.myfirsthealth.com)**

### Are accident-only rates paid every month?

**NO!** Accident-only rates are one-time charges for the entire School Year.

### Can interscholastic high school tackle football be covered?

**YES!** But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

### Do the *Interscholastic Tackle Football* or *School-Time* plans cover camps and clinics sponsored and organized by groups other than my child's school?

**NO!** However, such camps and clinics may be covered under our *Full-Time 24/7* or *Student Accident & Sickness* plans. Call us for guidance!

### Still need help or have questions?

Go to [www.myers-stevens.com](http://www.myers-stevens.com) or call us for prompt, personalized assistance at (800) 827-4695.

## How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. To find a *First Health* provider nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first Treatment.
3. At the same time, please file a claim with your other family sickness and/or Accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



**Myers-Stevens & Toohy & Co., Inc.**  
26101 Marguerite Parkway  
Mission Viejo, CA 92692-3203  
**949-348-0656 or 800-827-4695**  
Fax 949-348-2630  
CA License #0425842

## The Insurance Company

*(Does not apply to the SmartCard)*



**BCS Insurance Company**  
Oakbrook Terrace, Illinois  
Rated A- (Excellent) by A. M. Best,  
an independent insurance company rating agency  
Master Policy form # 28.203 (KS)

This brochure contains a brief description of the benefits available. Complete details may be found in the Policies on file at your School or district office. Certain provisions may be different if required by state law. Please keep this information as a reference.

Policyholder: Family Insurance Trust,  
Situated in District of Columbia

## Exclusions

### Benefits are not payable for any of the following or loss that results from them:

1. Damage to, or loss of, dentures, bridges or existing orthodontic equipment.
2. War or any act of war, declared or undeclared.
3. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony or violating or attempting to violate any duly-enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the insured's Physician.
6. Practice or play in interscholastic high school tackle football (unless separate Interscholastic Tackle Football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the Dental Accident Plan.)
7. Services for Injury or Sickness related to the Covered Person's job to the extent covered or required to be covered by Workers Compensation or Employer's Liability Laws. If the Covered Person enters into a settlement giving up the right to recover future medical benefits under a Workers Compensation Law, the Policy will not pay those medical benefits that would have been payable in the absence of that settlement.
8. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, or by any member of the insured's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders other than those required by the state of residence.
10. For Accidents: Treatment of sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances).
11. Injuries arising out of a Motor Vehicle accident to the extent payable under any medical expense payment provision of any automobile policy.
12. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
13. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle. (Does not apply to the Dental Accident Plan.)
14. Treatment of osteomyelitis, pathological fractures and hernia. (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
15. Detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the *Student Accident & Sickness Plan*.)
16. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder, or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
17. Supplies, except as otherwise provided in the Policy.

### Requirements and Limitations

Aggravations of Injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. School-Time and Interscholastic High School Tackle Football Injuries must be reported to the School within 72 hours of the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit us from providing insurance, including but not limited to, the payment of claims. A claim form must be filed with Myers-Stevens & Toohey & Co., Inc. within 90 days after the date of loss. The plan pays for covered expenses incurred within a year from the date of the first Physician's visit. However, should the Injury sustained require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible – see plan details.

### Definitions

An **Accident** is defined as a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in Injury or loss covered by this Policy. An **Injury** is defined as Accidental bodily harm sustained by the Covered Person that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. **Medically Necessary** is defined as the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the Company, are: (1) consistent with the symptoms or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Insured Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** is defined as illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. **School Activities** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

### Accident Plans - Non-Duplication of Benefits (Excess Provision):

In order to keep premiums as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount.

### Student Accident & Sickness Plan - Coordination Of Benefits

If a person is covered under the Student Accident & Sickness Plan and one or more other plans, and the order of benefit rules determine that this plan is not primary, benefits will be reduced so that combined benefits of all plans do not exceed 100% of the covered expenses incurred.

**IMPORTANT NOTICE:** This Plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov).

### Premiums Cannot be Refunded or Converted

*For a brochure in Spanish, or for assistance in Spanish, please call 800-827-4695  
Para un folleto en Español, o para asistencia en Español, por favor llame a 800-827-4695*

**Call (800) 827-4695 With Questions**

# AUGUSTA HIGH SCHOOL BOOSTER CLUB

The Augusta High School Booster Club would like to invite you to become a member. Our purpose is to provide support to all the athletic groups. To ensure your group is heard, please join and become involved today!

The Booster Club provides support by subsidizing purchases of equipment and uniforms, travel expenses when teams go to sub-state and state athletic events and awarding the Armand Hillier Athletic Scholarships.

As a member, you may support the efforts by assisting at grills and/or selling merchandise or you can offer your support by being a financial donor. Our secretary emails a list of scheduled events and if you are available to help you may volunteer at the event(s) you select. If your athlete is playing you are not obligated to volunteer at that event.

We invite everyone to join and bring your ideas to help make this a great organization. If interested please return the bottom portion of this letter along with the \$25 annual family membership dues to:

**AHS Booster Club  
P.O. Box 454  
Augusta, KS 67010**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mark all areas in which you are willing to help**

Grill Area:            \_\_\_(during football)    \_\_\_(during basketball)

Merchandise Sales:    \_\_\_(during football)    \_\_\_(during basketball)

Donation to Booster Club:            \_\_\_\_\_

Armand Hillier Scholarship Fund:            \_\_\_\_\_

**Meetings will be held at 7:00 P.M. the 3<sup>rd</sup> Wednesday of every month in the AHS Commons Area. Everyone is invited to attend.**

Board Use Only:

Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check#: \_\_\_\_\_

USD#402-Augusta Public Schools  
2345 Greyhound Drive-Augusta, KS 67010  
(316)775-5484

Dear Parent/Guardian:

Children need healthy meals to learn. USD#402-Augusta offers healthy meals every school day. **Your children may qualify for free meals or for reduced price meals.**

Meal Charges	Elementary		Middle or Jr. High		High School	
	Full Price	Reduced Price	Full Price	Reduced Price	Full Price	Reduced Price
<input checked="" type="checkbox"/> Lunch	2.70	.40	3.00	.40	3.00	.40
<input checked="" type="checkbox"/> Breakfast	1.75	.30	2.00	.40	2.00	.40
<input type="checkbox"/> After School Snack						

An application for free or reduced price meal benefits and a set of detailed instructions is included with this letter or available online at [www.usd402.com](http://www.usd402.com). Contact Cheryl Kraft - (316)775-5484 with questions or to request an application be sent. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Food Assistance (FA), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Families (TAF)** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start/Even Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2017-2018			
Household size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	7,733	645	149

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail USD#402-Augusta - Holly Francis - [hfrancis@usd402.com](mailto:hfrancis@usd402.com) (316)775-5484.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Cheryl Kraft - 2345 Greyhound Dr, Augusta, KS 67010 - (316)775-5484.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Cheryl Kraft-2345 Greyhound Dr - Augusta, KS 67010-[ckraft@usd402.com](mailto:ckraft@usd402.com) (316)775-5484 immediately.

5. CAN I APPLY ONLINE? Not Available
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, **through 9/27/17**. You must send in a new application unless the school told you that your child is eligible for the new school year. **If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.**
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: John Black-2345 Greyhound Dr-Augusta, KS 67010 (316)775-5484 jblack@usd402.com.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Cheryl Kraft-2345 Greyhound Dr-Augusta, KS 67010 (316)775-5484 ckraft@usd402.com to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Food Assistance (FA) or other assistance benefits, contact your local assistance office or call 1-888-369-4777.

If you have other questions or need help, call (316)775-5484.

Sincerely,

Cheryl Kraft  
Accounting/Food Service

This institution is an equal opportunity provider.

# APPLICATION PACKET FOR FREE AND REDUCED PRICE SCHOOL MEALS

**How to Apply for Free and Reduced Price School Meals.** For translated materials, go to [www.kn-eat.org](http://www.kn-eat.org), School Nutrition Programs, Administration, Foreign Language Translation. 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 USD#402-Augusta. 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 Cheryl Kraft-(316)775-5484 ckraft@usd402.com.

**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 USD#402-Augusta, regardless of age.

<p><b>A) List each child's name.</b> Print each child's 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.</p>	<p><b>B) Is the child a student at USD#402-Augusta?</b> Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend USD#402-Augusta. If you marked 'Yes,' write the name of the school and the grade level of the student in the 'School' and 'Grade' columns to the right.</p>	<p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing <b>STEP 1</b>, go to <b>STEP 4</b>. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p><b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
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## **STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FOOD ASSISTANCE, TAF, OR FDPIR?**

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- Food Assistance (FA).
- Temporary Assistance for Families (TAF).
- The Food Distribution Program on Indian Reservations (FDPIR).

<p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li> </ul>	<p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for FA, TAF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact Kansas Department for Children and Families.</li> <li>• Go to <b>STEP 4</b>.</li> </ul>
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## **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**How do I report my income?**

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children", printed on the back side of the application form 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.
  - 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 also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

<b>3.A. REPORT INCOME EARNED BY CHILDREN</b>			
<p><b>A) Report all income earned or received by children.</b> Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.</p> <p><i>What is Child Income?</i> Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>			
<b>3.B REPORT INCOME EARNED BY ADULTS</b>			
<b>Who should I list here?</b>			
<ul style="list-style-type: none"> <li>• When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own.</u></li> <li>• <b>Do NOT include:</b> <ul style="list-style-type: none"> <li>○ People who live with you but are not supported by your household's income AND do not contribute income to your household.</li> <li>○ Infants, Children and students already listed in <b>STEP 1.</b></li> </ul> </li> </ul>			
<p><b>B) List adult household members' names.</b> Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in <b>STEP 1</b> has income, follow the instructions in <b>STEP 3, part A.</b></p>	<p><b>C) Report earnings from work.</b> 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. See detailed instructions on the back of the application.</p> <p><i>What if I am self-employed?</i> 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.</p>	<p><b>D) Report income from public assistance/child support/alimony.</b> Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>	
<p><b>E) Report income from pensions/retirement/all other income.</b> Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>	<p><b>F) Report total household size.</b> Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number <b>MUST</b> be equal to the number of household members listed in <b>STEP 1</b> and <b>STEP 3</b>. 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 affects your eligibility for free and reduced price meals.</p>	<p><b>G) Provide the last four digits of your Social Security Number.</b> An 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 SSN."</p>	
<b>STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE</b>			
<p><i>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.</i></p>			
<p><b>A) Provide your contact information.</b> 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.</p>	<p><b>B) Print and sign your name and write today's date.</b> Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p><b>C) Mail Completed Form to:</b> 2345 Greyhound Drive- Augusta, KS 67010</p>	<p><b>D) Share children's racial and ethnic identities (optional).</b> 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.</p>



# 2017-2018 Household Application for Free and Reduced Price School Meals

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

## 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)

<p>Definition of <b>Household Member</b>: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in <b>Foster care</b> and children who meet the definition of <b>Homeless, Migrant</b> or <b>Runaway</b> are eligible for free meals. Read <b>How to Apply for Free and Reduced Price School Meals</b> for more information.</p>	Child's First Name	MI	Child's Last Name	School	Grade	Student?		Check all that apply	Foster Child	Homeless, Migrant, Runaway	
		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

If **NO** > Go to STEP 3.      If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

**Case Number:**

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)

Are you unsure what income to include here?

Flip the page and 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.

Flip the page to learn how to report Income from Self Employment.

### 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

\$

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
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

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

Check if no SSN

## STEP 4 Contact information and adult signature. Mail completed form to: 2345 Greyhound Drive -Augusta, KS 67010

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult	Today's date			

**INSTRUCTIONS**

**Sources of Income**

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

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

**Income from Self Employment:** Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment.

For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Gross Annual Income Before Any Deductions.
Computed Monthly Income	\$ _____	Gross Annual Income ÷ 12 = Computed Monthly Income. Report in Step 3.

**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 Food Assistance (FA) Temporary Assistance for Families (TAF) 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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Do not fill out**

**For School Use Only – Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12**

<input type="checkbox"/> Total Income: \$ _____ How Often (Circle One): W BW 2M M Multiple=Yearly Household Size: _____ <input type="checkbox"/> Categorical Eligibility (FA, TAF, FDPIR, Foster)	Eligibility: <input type="checkbox"/> Free <b>OR</b> <input type="checkbox"/> Reduced Price <b>OR</b> <input type="checkbox"/> Denied Notes: _____
Determining Official's Signature: _____	Approval/Denial Date: _____ Notification Date: _____
Processor's Initials: _____	Confirming Official's Signature (ONLY for applications to be verified): _____ Review Date: _____

USD#402 – Augusta Public Schools  
2345 Greyhound Drive – Augusta, KS 67010  
(316)775-5484

**Consent for Disclosure  
Sharing Information with Other Programs**

Dear Parent/Guardian:

**You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent of Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.**

To save you time and effort, information about your children’s eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- No**, I DO NOT want information about my children’s eligibility for Child Nutrition Program benefits shared with any of these programs.
  
- Yes**, I DO want school officials to share information about my children’s eligibility for Child Nutrition Program benefits only with the programs I have checked below.
  - Free Textbooks(Instructional Materials Fee)
  - Free or Reduced Pay to Play

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child’s Name: _____	School: _____
Child’s Name: _____	School: _____
Child’s Name: _____	School: _____
Child’s Name: _____	School: _____
Child’s Name: _____	School: _____
Child’s Name: _____	School: _____

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_

For more information, you may call:

School Official’s Name: Cheryl Kraft - FSC Phone: (316)775-5484

Return this form to the address below by \_\_\_\_\_.

Address: USD#402 – 2345 Greyhound Drive – Augusta, KS 67010

**Administrative Offices**  
USD 402  
2345 Greyhound Drive  
Augusta, Kansas 67010

316.775.5484 office  
316.775.5035 fax  
[www.usd402.com](http://www.usd402.com)

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## **No Charge Procedure**

USD 402 No Charge Procedure: Parents/guardians will make payments to student lunch accounts in advance of student participation in school lunch and breakfast programs. Student balances will be checked daily prior to meal service, and those without sufficient funds in their account to cover the cost of the menu meal will be offered an alternate meal. Child Nutrition Program free/reduced meal status applications are available to all families in the district (See "Links" at left.). Qualification for free/reduced meal status as a family is income-based. Additionally, some families may be directly certified free status by the state SRS.