



Collier High School

JET Program

JET (Job Experience Training) Program – ESY (Extended School Year)

160 Conover Road ** Wickatunk, NJ 07765 ** 732-946-4771 x321

2018 APPLICATION (Current Collier Student)

Student Name _____ Birth date _____ Sex M F

Address _____ Home Phone _____

Zip Code _____

Student's Social Security Number (required in order for student to receive paycheck) _____ - _____ - _____

Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____

Emergency Contacts (other than parent)

_____ Phone _____

_____ Phone _____

Sending District Contact (responsible for paying tuition):

_____ Phone _____

Dates: July 5, 2018 – August 15, 2018 (Monday through Friday, 9 a.m. – 2:30 p.m.)

Students have the option of taking Personal Financial Math (PFM) or a pre-vocational elective. Please rank your top three choices below. Please note: Some classes do fill up, so it is important that you give options in case your top priority is filled.

_____ Production Arts _____ Vocational Arts _____ Digital Music Production (Pro Tools)

_____ Cosmetology _____ Personal Financial Math _____ Ceramics _____ Instrumental Music

_____ Film Making _____ Journalism

Please select the student's t-shirt choice:

S M L XL 2XL 3XL

Tuition: Per diem rate as established by DOE (*Tuition and transportation are the responsibility of the district*)
 Meals: Provided at no additional cost by USDA (**USDA Form must be submitted, whether or not your family qualifies)

Application Deadline: March 30, 2018 *Applications submitted after the deadline will be considered on a first come, first serve basis. Space may be limited and some students may be placed on a waiting list. Students will be notified by June 1st of their placement in the JET Program.*

(over)

I give my consent for my child to take part in field trips or excursions under proper JET supervision.
If you do **not** want your child to take field trips, please contact their Social Worker or the JET office.

I agree to the conditions listed above.

(Parent or Guardian Signature)

Date: _____

I agree to follow the rules established by the JET Program to provide a safe environment for both students and staff.
I also agree to work to the best of my ability in the classroom and work environment.

(JET Program Participant Signature)

Date: _____

*****Please submit this application page along with USDA Form*****

***If application is being submitted by district CST or other Case Manager and parent is not available to complete forms,
please just send application form with IEP***

Directions for Filling out the Summer Food Service Program Eligibility Application

**** Please fill out the entire form, even if you are not eligible****

1. Box 1: Fill out the student's info (Last Name, First Name, Age)
2. Box 2: Check if **Foster Child**; if blank, complete box 3B; if not blank, skip to box 4.
3. Box 3A: Fill in if currently receiving **TANF/SNAP Benefits**. **You must have a case number for this**. If blank, skip to 3B. If not blank, skip to Box 4.
4. Box 3B: Please list **all members of the household and income earned**. Please note that the form is asking for income earned monthly. Once completed, go to Box 4.
5. Box 4: Please fill out all of the parent's information. Everything is required!
6. Box 5: This box is optional. If desired, you can provide the participant's ethnic and racial identities.

Please note: These forms will be kept in a confidential file. They are kept on record solely for the USDA to determine funding for the food service program and will not be used for any other purposes. Once the mandated record date has been met, the forms will be shredded.

2017-2018 SUMMER FOOD SERVICE PROGRAM

LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (U.S.D.A.), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

Eligibility: Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for reduced price meals is included in this letter for your information. If your income is less than or equal to these reduced price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

July 1, 2017 to June 30, 2018
**FAMILY SIZE/INCOME SCALE
FOR FREE MEALS**
(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	FREE MEALS		
	Annual	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 Family Member	+7,733	+645	+149

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

Please help maintain quality nutrition on a regular basis for your child. Thank you for your cooperation.

Karen M. Stackhouse

Signature of Institutional Representative

2018 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

PROGRAM NAME: Collier School - Kateri

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by June 1, 2018. An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: 732-946-9694.

1 ENROLLMENT INFORMATION
Name of Child: _____ Age: _____
Last Name First Name

2 FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.
If this is a foster child, check this box . Write the child's monthly personal use income. Write "0" if the child has no income \$ _____.

3A HOUSEHOLDS NOW GETTING SNAP OR TANF BENEFITS FOR THEIR CHILDREN – Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.
SNAP Case Number: _____ TANF Case Number: _____

3B ALL OTHER HOUSEHOLDS – If you did not write a SNAP/TANF case number nor checked Foster Child, complete this part and sign the application in Part 4.

NAMES		MONTHLY INCOME				
List the Names of Everyone in Your Household	No Income	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
		Job 1.	Job 2.			
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$

4 SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE: _____
SIGNATURE OF ADULT HOUSEHOLD MEMBER *HOME ADDRESS*

*LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER** *TOWN/CITY* *ZIP CODE*

PRINTED NAME OF ADULT SIGNING APPLICATION *DATE SIGNED* *HOME TELEPHONE* *WORK TELEPHONE*

5 Participant's ethnic and racial identities (optional)
 Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino
 Mark one or more racial identities: Asian White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Do Not Write Below This Line - Official Use Only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice a Month, Month, Year
 Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____
 Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: Reason in Stackhouse (expires after _____ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____