



## Westbrook Middle School

154 McVeagh Road

Westbrook, CT 06498

860-399-2010 phone 860-399-2006 fax

wms.westbrookctschools.org

### Procedure for New Student Registration

#### The following must be provided:

- ☐ 2 Proofs of Residency (i.e. property tax bill, mortgage statement, rental agreement, a utility bill, etc.) A driver's license is not acceptable. This ensures eligibility to attend Westbrook Schools.
- ☐ Physical (blue form) and Immunizations - including completion of the Hepatitis vaccine series
- ☐ Birth Certificate or Passport (a copy will be made and the original returned to you)
- ☐ An official transcript of grades from the transferring school

#### The following forms are attached and must be completed:

- ☐ Registration Form – two sided
- ☐ Signed Residency Form
- ☐ Signed Records Release Form
- ☐ Internet Agreement with Parent *and* Student Signature
- ☐ Medication Administration Forms
- ☐ Chromebook Acceptance Agreement & Protection Program

- 
- ❖ In accordance with state law and Board of Education Policy, a new student **must have a physical exam** if:
    - Coming from outside of Connecticut. Physical must be within the past 12 months.
    - Entering 7<sup>th</sup> grade.
    - Yearly, if signing up for a sport. NO STUDENT is eligible for sports (including practices) without an appropriate physical exam. See the athletic director or school nurse for additional details.

Information and applications for Husky Insurance and free or reduced lunch are available on the WMS website under DEPARTMENTS: Food Services. A paper copy can also be provided for your convenience.

# New Registration Information & Checklist

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Initial Contact Made:

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Intended Start Date: \_\_\_\_\_

Form	✓ when given to family	✓ when returned
Registration Form		
Student Information Form		
Registration Questionnaire		
Residency Affidavit & Proof		
Birth Certificate		
Release of Records		
Computer & Internet Agreement		
Chromebook Paperwork		
Free & Reduced Lunch Program Packet		
Power School: Student Login Information & Parent Information		
Student Handbook Form		
Lunch Menu & Student Lock Information		
HEALTH PACKET: Administer Non-Aspirin, Medical Administration, Sports Participation, Insurance: Group Accident & Husky, Assessment Record (State of CT)		
HEALTH RECORDS: Proof of Physical & Immunizations		

\*Superintendent's Form Completed: \_\_\_\_\_

\* Bus information: Notification to Bus Co. & Parent: \_\_\_\_\_

\*Parent Login information forwarded to IT: \_\_\_\_\_



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### Registration Questionnaire

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School (Name, Address, Phone Number):

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In your perception, how does your child perform in the following areas? (circle one)

Reading:	Above Grade Level	At Grade Level	Below Grade Level
Writing:	Above Grade Level	At Grade Level	Below Grade Level
Math:			

Please comment on the following areas:

Are peer relationships age appropriate? Yes No  
If no, please explain:

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Interest/Hobbies: \_\_\_\_\_

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Has your child ever had an individual evaluation in a school system? Yes No  
If yes, please explain the reason for and the date of the evaluation:

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Has your child received any support services?

☐ Special Education  
☐ 504 Accommodation Plan  
☐ Health Plan  
☐ Academic Plan  
☐ Counseling (Counselor, Psychologist, Social Worker)  
☐ Other ( \_\_\_\_\_ )

Other information that we should be aware of:

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## **WESTBROOK MIDDLE SCHOOL**

154 McVEAGH ROAD • WESTBROOK, CONNECTICUT 06498 • (860) 399-2010

### **AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize Westbrook Public Schools to release and/or obtain (please circle one) the following confidential records regarding my child:

Name of Child: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Please check all that apply)

	<u>Obtain</u>	<u>Release</u>
All Records	<input type="checkbox"/>	<input type="checkbox"/>
Cumulative File	<input type="checkbox"/>	<input type="checkbox"/>
Pupil Personnel/Special Education	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary	<input type="checkbox"/>	<input type="checkbox"/>
Individualized Education Programs (IEP)	<input type="checkbox"/>	<input type="checkbox"/>
Health/Medical	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

\_\_\_\_\_

To/From: \_\_\_\_\_  
(School's Name)

Address \_\_\_\_\_  
(Street) (Town) (State/Zip) Code)

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be re-disclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

**If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPAA, the following section must also be completed:**

I, the undersigned, specifically authorize \_\_\_\_\_ to disclose my child's  
Name of Physician  
medical information, as specified above, to my child's school, \_\_\_\_\_,  
Name of School

at the above address for the purposes described below (i.e. health assessment for school entry, special education evaluation etc.):

\_\_\_\_\_  
By signing below, I agree that a photocopy of this authorization will be valid as the original. This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying the physician's office in writing, but if I do, it will not have any effect on actions taken by the Physician prior to receiving such revocation.

I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

I understand that my child's treatment or continued treatment with any health care provider or enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this authorization and that I may refuse to sign it.

Any information received by the school pursuant to this authorization is subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

\*\*\*\*\*

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

\_\_\_\_\_  
Print Name of Parent/Guardian

## Westbrook Public Schools - Student Information Sheet 22-23

Please make all appropriate additions or corrections on this form and sign at the bottom. This is the information that will be used for email and phone contact from the school and district. This form is required annually by Connecticut State Law. Thank you.

Have you ever attended Westbrook Public Schools before? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

Student:	Student # (for school use)
Address:	Birthdate:
Mailing Address:	Grade:
Home Phone:	Gender:
Student Cell Phone:	Student email:

**Parent/Guardian Information – Primary email contact:** \_\_\_\_\_  
Please provide any pertinent documentation regarding unique circumstances concerning legal guardianship of the student.

Name:	Name:
Relationship:	Relationship:
Street:	Street:
City, State, Zip:	City, State, Zip:
Employer:	Employer:
<i>Please include area code with all phone numbers:</i>	
Home Phone:	Home Phone:
Work Phone:	Work phone:
Cell Phone:	Cell Phone:
Email:	Email:

### Emergency Contacts Other than Parents

The individuals below have authorization to pick up my child and can be reached during school hours at the number listed.

Name:	Relationship:	Phone(s):
Name:	Relationship:	Phone(s):
Name:	Relationship:	Phone(s):

### Emergency & Health Information

In case of serious accident or illness at school, your child will be sent to an emergency medical facility.

Parents/Guardians will be responsible for all expenses:

Physician:	Phone:	
Dentist:	Phone:	
Medical Alert(s):	Health Insurance Company:	Policy #

Does your child currently have a 504 Plan or an IEP for Special Education? \_\_\_\_\_

What accommodations have your child received? \_\_\_\_\_

Do you have siblings in the Westbrook Public Schools? If so, please list below:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian print name: \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



## **WESTBROOK MIDDLE SCHOOL**

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### **RESIDENCY AFFIDAVIT**

I hereby certify that (student) \_\_\_\_\_ resides with his/her parent/legal guardian at (street) \_\_\_\_\_ in (town) \_\_\_\_\_ and is a bona fide, permanent resident of Westbrook in accordance with Public Act 86-303.

I hereby attest that the student's residence in Westbrook is permanent, provided without pay or economic support from parents, and not for the purpose of obtaining school accommodations in Westbrook Schools. Back tuition can be assessed if a parent had misled the school officials as to the residency of the child.

As the parent/legal guardian of (student) \_\_\_\_\_, I am requesting his/her enrollment as a student at Westbrook Middle School in Westbrook, Connecticut. I fully understand that I am obligated to inform the school principal immediately of any changes in his/her residency.

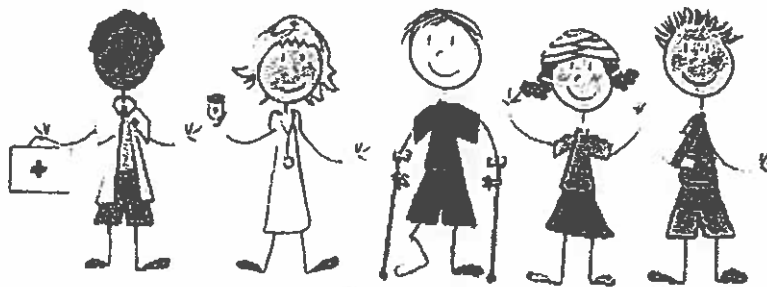
**PLEASE NOTE: INCLUDE COPIES OF TWO DOCUMENTS to verify residency, i.e., a property tax bill, rental agreement, a utility bill, etc. A driver's license is not acceptable proof.**

If enrollment in Westbrook is denied, you have the right to request a hearing of the Board of Education. This district has the right to such payment of tuition for the period that the child remains in Westbrook Schools if the student is ultimately found ineligible for school privileges.

\*\*\*\*\*

I realize that the Connecticut Public Act 86-303, entitles a school district to deny enrollment if it suspects the enrollee is not a bona fide resident, and that the enrollee is entitled to a due process hearing before the Westbrook Board of Education if he/she wished to appeal the decision.





## Westbrook Middle/High School Health Office Information

### Physicals:

- A comprehensive physical (blue form) is required by the board of education and Connecticut state law for during 6th grade and 10th grade and prior to entrance into 7th grade and 11th grade. Physicals need to include vision, hearing, and postural screening and immunization records. Without this physical, your child will not be allowed to move on to the next grade.
- If your child is planning on playing a sport, an updated physical must be on file in the health office. Sports physicals are valid for 13 months and need to be received prior to any participation including tryouts. Bridge notes will not be accepted per CIAC rules.

### Immunizations:

- All students entering Westbrook Middle/High School must show proof of receiving the following immunizations:
  - DPT/DTaP/Td (tetanus) - At least 4 doses
  - Polio - At least 3 doses
  - MMR - 2 doses
  - Varicella 2 doses
  - Hepatitis B - 3 doses
  - Hepatitis A - 2 doses (Grades 5-7)
  - Tdap - 1 dose (Grades 7-12)
  - Meningococcal - 1 dose (Grades 7-12)

### Health Screenings:

- Routine health screenings will be conducted by the nurse yearly:
  - Hearing Screening: Grade 5
  - Vision Screening: Grade 5
  - Scoliosis/Postural: Females Grade 5 and 7; Males Grade 8
- 6th and 10th graders should receive their screenings at their required comprehensive physical exam.

### Medical Dismissals:

- Students will automatically be dismissed for the following reasons:
  - Vomiting
  - Diarrhea
  - Temperature 100.0 or above
  - Suspected/Confirmed conjunctivitis
  - ...

- For Conjunctivitis, the nurse may require a doctor's note to return to school. If diagnosed with pink-eye, the student may not return to school until they complete a full 24 hours of antibiotics.
- If live louse (lice) is discovered, the student may return to school only after hair treatment is complete and every viable nit is removed. The student must see the nurse upon arrival at school and provide proof of treatment. Any sibling of affected students will also be screened.

#### **Accommodations and Medications:**

- The nurse can administer over the counter and prescription medication ONLY with an order from the physician and signed parental permission. The form must be complete and include the following:
  - Provider order and written authorization to administer medication
  - Parental written authorization to administer medication
  - If the student will be self-administering, the form must be checked and signed by the provider and parent
- Medication must be in the original container with the pharmacy label and have a current expiration date.
- Middle school and high school students may receive Tylenol, Ibuprofen, and Zyrtec with just signed parental permission. If you would like your child to be able to take these medications at school, please fill out the Authorization to administer non-aspirin medication on the Annual Health Report Update Form.
- The parent/guardian is responsible for forwarding any treatment plans (Asthma Action Plan, Allergy Plan, Diabetic Plan, etc) and doctor orders to the nurse.
- All medication authorization needs to be updated annually. All forms can be found on the website.
- If your child requires any accommodation at school, please send in a note with instructions from the health care provider.

#### **Additional Information:**

- If your child is out sick or will not be in school for any reason, please call the main office every day they are out prior to 8:00 am.
- After 9 absences, appropriate documentation is required for any and all subsequent absences.
- Please have your child eat breakfast and pack healthy snacks for school. The school does offer breakfast service and reduced pricing is available to those that qualify. Students who do not eat breakfast feel tired, dizzy, and have poor concentration. Breakfast improves school performance and increases focus.
- Please notify the nurse of any health updates throughout the year. If there is any significant medical history you would like the nurse to be aware of please feel free to contact me.

**Westbrook Middle/High School**  
**Authorization for Stock Non-Prescription Treatments Administration**

Student \_\_\_\_\_ Grade \_\_\_\_\_

**To be completed and signed by Parent/Guardian:**

There may be times when your child will ask for non-prescription medications/treatments to help relieve symptoms related to minor conditions such as poison ivy, cuts, scrapes, chapped lips, etc. A Registered Nurse is available to assist in the assessment of the student's conditions and to respond appropriately in dispensing these medications/treatments. The PARENT/GUARDIAN must indicate which of the available non-prescription drugs/treatments **MAY NOT** be used or given by checking the appropriate boxes listed below. Dr. Perrin, our medical advisor, has approved the non-prescription medications listed below for use at school.

Check box for medication/treatment <b>NOT</b> to be given to your child
---

- Aloe Vera Gel (moisturizing therapy)
- Antacid Tablets (stomach upset)
- Antibiotic Ointment/Bacitracin (infection prevention)
- Bactine (wound care)
- Benadryl (allergic reaction)
- Betadine/Phisophex/Hibclens/Dial (soap)
- Burn Gel (burns)
- Calamine/Callergy Lotion (skin irritation, rash, poison ivy)
- Cough Drop (sore throat, cough)
- Hand/Body Cream (moisturizing cream)
- Hydrocortisone Cream 1.0% (rash)
- Isopropyl Alcohol (wound cleaning/piercings)
- Lip Ointment (chapped lips)
- Petroleum Jelly/Vaseline (chapped lips)
- Saline Eye Drops (eye irritations/contact lens solution)
- Tinc of Benzoin (secure bandage)

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Westbrook Middle/High School**  
**Annual Student Health Update and Standing Order Parent Authorization Form**  
*This form must be completed and forwarded to the health office yearly.*

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

**Annual Standing Order Parent Authorization**

The registered nurse covering the Westbrook Public Schools may administer the following medication to students at the discretion of the nurse provided that prior permission has been signed by the parent/guardian for the school year. Please sign for each medication that you authorize the nurse to administer. If you do not want medication given to your child, please leave blank.

I authorize the nurse, with a standing order from the school medical advisor, to administer at his/her discretion the following medications to my child (Please sign for each medication as appropriate):

- **Acetaminophen (Tylenol)** 325 mg each 1-2 tabs every 4-6 hours as needed for headaches or minor pain. Parent Signature \_\_\_\_\_
- **Ibuprofen (Advil)** 200 mg each 1-2 tabs every 4-6 hours as needed for muscle pain, menstrual cramps, and headaches. Parent Signature \_\_\_\_\_
- **Cetirizine HCl (Zyrtec)** 10 mg each 1 tablet once a day for seasonal allergy symptoms such as sneezing, itchy eyes, or runny nose. Parent Signature \_\_\_\_\_

NOTE: If any other medication is to be given in school, including any over the counter medication, it must be accompanied by a signed AUTHORIZATION FOR ADMINISTRATION OF MEDICATION FORM.

**Annual Confidential Health Update**

**1. My Child Has The Following Medical Condition(s):**

Allergies: Life Threatening/Non-Life Threatening (please circle)

Bee Sting \_\_\_\_\_ Food \_\_\_\_\_ Medication \_\_\_\_\_ Latex \_\_\_\_\_ Other (please list) \_\_\_\_\_  
Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Cancer \_\_\_\_\_ ADHD \_\_\_\_\_ Behavioral/Emotional \_\_\_\_\_  
Conditions: Cardiac \_\_\_\_\_ Orthopedic \_\_\_\_\_ Urinary \_\_\_\_\_ Psychological \_\_\_\_\_ Neurological \_\_\_\_\_  
Respiratory \_\_\_\_\_ Gastrointestinal \_\_\_\_\_ Renal \_\_\_\_\_ Hormonal \_\_\_\_\_ Autoimmune \_\_\_\_\_  
Problems with: Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Swallowing \_\_\_\_\_ Speech \_\_\_\_\_  
Other: \_\_\_\_\_

**IF ANY LIFE THREATENING ALLERGIES, ASTHMA, OR SEIZURES ARE CHECKED, PLEASE HAVE THE PHYSICIAN COMPLETE A TREATMENT PLAN AND SEND MEDICATION ORDERS.**

**2. Please list any medication your child takes regularly and reason for medication:**

\_\_\_\_\_  
\_\_\_\_\_

**3. Any serious accident(s), operation(s), or illness(es) in the last year?**

\_\_\_\_\_  
\_\_\_\_\_

**4. Does your child have health insurance? Yes/No (please circle)**

Name of Insurance Company: \_\_\_\_\_

**5. Is there anything you would like to discuss with the school nurse?**

\_\_\_\_\_



## State of Connecticut Department of Education Health Assessment Record



### To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other
Primary Care Provider		
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y N	

\* If applicable

### Part 1 — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y N	Hospitalization or Emergency Room visit	Y N	Concussion	Y N
Allergies to food or bee stings	Y N	Any broken bones or dislocations	Y N	Fainting or blacking out	Y N
Allergies to medication	Y N	Any muscle or joint injuries	Y N	Chest pain	Y N
Any other allergies	Y N	Any neck or back injuries	Y N	Heart problems	Y N
Any daily medications	Y N	Problems running	Y N	High blood pressure	Y N
Any problems with vision	Y N	"Mono" (past 1 year)	Y N	Bleeding more than expected	Y N
Uses contacts or glasses	Y N	Has only 1 kidney or testicle	Y N	Problems breathing or coughing	Y N
Any problems hearing	Y N	Excessive weight gain/loss	Y N	Any smoking	Y N
Any problems with speech	Y N	Dental braces, caps, or bridges	Y N	Asthma treatment (past 3 years)	Y N
Family History				Seizure treatment (past 2 years)	Y N
Any relative ever have a sudden unexplained death (less than 50 years old)			Y N	Diabetes	Y N
Any immediate family members have high cholesterol			Y N	ADHD/ADD	Y N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

## Part 2 — Medical Evaluation

HAR-3 REV. 7/2018

**Health Care Provider must complete and sign the medical evaluation and physical examination**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_  
☐ I have reviewed the health history information provided in Part 1 of this form

### Physical Exam

**Note: \*Mandated Screening/Test to be completed by provider under Connecticut State Law**

\*Height \_\_\_\_\_ in. / \_\_\_\_\_ % \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_ % BMI \_\_\_\_\_ / \_\_\_\_\_ % Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic		Neck		
HEENT		Shoulders		
*Gross Dental		Arms/Hands		
Lymphatic		Hips		
Heart		Knees		
Lungs		Feet/Ankles		
Abdomen				
Genitalia/ hernia				
Skin				

\*Postural ☐ No spinal abnormality ☐ Spine abnormality:  
☐ Mild ☐ Moderate  
☐ Marked ☐ Referral made

### Screenings

<b>*Vision Screening</b> <table style="width: 100%;"> <tr> <td>Type:</td> <td>Right</td> <td>Left</td> </tr> <tr> <td>With glasses</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>Without glasses</td> <td>20/</td> <td>20/</td> </tr> </table> <input type="checkbox"/> Referral made			Type:	Right	Left	With glasses	20/	20/	Without glasses	20/	20/	<b>*Auditory Screening</b> <table style="width: 100%;"> <tr> <td>Type:</td> <td>Right</td> <td>Left</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Pass</td> <td><input type="checkbox"/> Pass</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Fail</td> <td><input type="checkbox"/> Fail</td> </tr> </table> <input type="checkbox"/> Referral made			Type:	Right	Left		<input type="checkbox"/> Pass	<input type="checkbox"/> Pass		<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<table style="width: 100%;"> <tr> <td>History of Lead level <math>\geq 5\mu\text{g/dL}</math></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>*HCT/HGB:</td> <td></td> </tr> <tr> <td>*Speech (school entry only)</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> </table>		History of Lead level $\geq 5\mu\text{g/dL}$	<input type="checkbox"/> No <input type="checkbox"/> Yes	*HCT/HGB:		*Speech (school entry only)		Other:	
Type:	Right	Left																															
With glasses	20/	20/																															
Without glasses	20/	20/																															
Type:	Right	Left																															
	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass																															
	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail																															
History of Lead level $\geq 5\mu\text{g/dL}$	<input type="checkbox"/> No <input type="checkbox"/> Yes																																
*HCT/HGB:																																	
*Speech (school entry only)																																	
Other:																																	

TB: High-risk group? ☐ No ☐ Yes PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

### \*IMMUNIZATIONS

☐ Up to Date or ☐ Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

#### \*Chronic Disease Assessment:

**Asthma** ☐ No ☐ Yes: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Exercise induced  
*If yes, please provide a copy of the Asthma Action Plan to School*

**Anaphylaxis** ☐ No ☐ Yes: ☐ Food ☐ Insects ☐ Latex ☐ Unknown source  
**Allergies** *If yes, please provide a copy of the Emergency Allergy Plan to School*  
 History of Anaphylaxis ☐ No ☐ Yes Epi Pen required ☐ No ☐ Yes

**Diabetes** ☐ No ☐ Yes: ☐ Type I ☐ Type II **Other Chronic Disease:** \_\_\_\_\_

**Seizures** ☐ No ☐ Yes, type: \_\_\_\_\_

☐ This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
 Explain: \_\_\_\_\_

Daily Medications (specify): \_\_\_\_\_

This student may: ☐ participate fully in the school program  
☐ participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may: ☐ participate fully in athletic activities and competitive sports

### Part 3 — Oral Health Assessment/Screening

**Health Care Provider must complete and sign the oral health assessment.**

HAR-3 REV. 7/2018

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

<b>Dental Examination</b> Completed by: <input type="checkbox"/> Dentist	<b>Visual Screening</b> Completed by: <input type="checkbox"/> MD/DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Dental Hygienist	<b>Normal</b> <input type="checkbox"/> Yes <input type="checkbox"/> Abnormal (Describe)     	<b>Referral Made:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Risk Assessment</b> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High		<b>Describe Risk Factors</b> <table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Dental or orthodontic appliance  <input type="checkbox"/> Saliva  <input type="checkbox"/> Gingival condition  <input type="checkbox"/> Visible plaque  <input type="checkbox"/> Tooth demineralization  <input type="checkbox"/> Other _____         </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Carious lesions  <input type="checkbox"/> Restorations  <input type="checkbox"/> Pain  <input type="checkbox"/> Swelling  <input type="checkbox"/> Trauma  <input type="checkbox"/> Other _____         </td> </tr> </table>		<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____
<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____				

Recommendation(s) by health care provider: \_\_\_\_\_

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.



Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

HAR-3 REV. 7/2018

## Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*					
IPV/OPV	*	*	*			Required 7th-12th grade
MMR	*	*				
Measles	*	*				Required K-12th grade
Mumps	*	*				Required K-12th grade
Rubella	*	*				Required K-12th grade
HIB	*	*				Required K-12th grade
Hep A	*	*				PK and K (Students under age 5)
Hep B	*	*	*			See below for specific grade requirement
Varicella	*	*				Required PK-12th grade
PCV	*					Required K-12th grade
Meningococcal	*					PK and K (Students under age 5)
HPV						Required 7th-12th grade
Flu	*					
Other						PK students 24-59 months old - given annually

Disease Hx \_\_\_\_\_  
of above \_\_\_\_\_ (Specify) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by) \_\_\_\_\_

Exemption: Religious \_\_\_\_\_ Medical: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Date: \_\_\_\_\_

Renew Date: \_\_\_\_\_

Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.  
Medical exemptions that are temporary in nature must be renewed annually.

### Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

#### KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.

#### GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

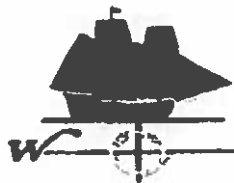
#### HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

\*\* Verification of disease: Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply.





# WESTBROOK PUBLIC SCHOOLS

Kristina J. Martineau, Ed.D., Superintendent

**Dear Parents/Guardians:**

Technology is shifting the ways that information may be accessed, communicated, and transferred. These changes may also alter instruction and student learning. The Westbrook Public School System offers students access to the electronic information highway and networked computer services such as electronic mail and the Internet in accordance with Board Policy 6141 .321 (attached).

Along with access to computers and people all over the world comes the availability of materials that may not be considered appropriate in the classroom. However, on a global network it is impossible to control all materials. Ultimately, the school staff, parents, and guardians of minors are responsible for setting and conveying standards that students should follow when using media and information sources.

The Westbrook Board of Education supports and respects each family's right to decide whether or not to allow their child(ren) to access the Internet. Please take the time to sit down with your child(ren) to read and discuss the *Rules and Codes of Ethics for Westbrook School Computer Users*. Then, sign and return the statement(s) provided as soon as possible.

## **Rules and Codes of Ethics for Westbrook School Computer Users**

Internet access is provided for students to conduct research and communicate with others in relation to school work. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required. Access is a privilege, not a right. Therefore, based upon the acceptable use guidelines outlined in this document, the system administrators will deem what is inappropriate use. Decisions are final. The system administrators may deny, revoke, or suspend specific user access at any time.

Individual users are responsible for their use of the network. District guidelines are as follows:

1. Student users must sign in each time they use the network.
2. Student users will use computer resources for educational purposes and in compliance with instructional activities.
3. Students shall comply with policy 6141.321 which is incorporated in the Student handbook.

The use of the computer and the Internet must be in support of education and research and must be consistent with the academic expectations of the Westbrook Public School System. Transmission of any material in violation of U.S. or State regulations including copyrighted, threatening, or obscene material is prohibited. Use for commercial activities by for-profit organizations, product promotion, political lobbying, or illegal activities is strictly prohibited.

The user is also expected to abide by the following rules of etiquette:

6141.323(b)

## **Instruction**

### **Internet Acceptable Use**

#### **Acceptable Use (continued)**

Use is a privilege, not a right. Students and staff members have no expectation of privacy in any material that is stored, transmitted or received via the District's electronic network or computers. Electronic communications and downloaded material, including files deleted from a user's account but not erased, may be monitored or read by school officials. Anyone accessing the Westbrook Public Schools network must sign the acceptable use agreement and abide by all Westbrook Public School policies for network use.

#### **Internet Safety**

Each district computer with Internet access shall have a filtering device that blocks entry to visual depictions that are obscene, pornographic or harmful or inappropriate for students, as defined by the Children's Internet Protection Act and as determined by the Superintendent or his/her designee. The Superintendent or his/her designee shall enforce the use of such filtering devices.

The Superintendent or his/her designee shall include measures in this policy's implementation plan and administrative regulation to address the following:

1. Limiting student access to inappropriate matter as well as restricting access to harmful materials;
2. Student safety and security when using electronic communications;
3. Limiting unauthorized access, including "hacking" and other unlawful activities; and
4. Limiting unauthorized disclosure, use and dissemination of personal identification information.

#### **Authorization for Electronic Network Access**

Each student and his/her parent or guardian must sign the District's authorization form prior to being granted unsupervised use of the network. Staff members must also sign the form as a condition of use.

6141.323(c)

## Instruction

### Internet Acceptable Use

#### Authorization for Electronic Network Access (continued)

All users of the District's computers and means of Internet access shall maintain the confidentiality of student records. Reasonable measures to protect against unreasonable access shall be taken before confidential student information is placed onto the network.

The failure of any student or staff member to follow the terms of the authorization form, or this policy, will result in the loss of privileges, disciplinary action, and/or appropriate legal action.

(cf. 6141.323 - Acceptable Use of the Internet)

(cf. 6141.322 - Web Sites/Pages)

Legal Reference:      Connecticut General Statutes  
                         1-19(b)(11) Access to public records. Exempt records.  
                         10-15b Access of parent or guardians to student's records.  
                         10-209 Records not to be public.  
                         11-8a Retention, destruction and transfer of documents  
                         11-8b Transfer or disposal of public records. State Library Board to adopt regulations.  
                         46b-56 (e) Access to Records of Minors.  
                         Connecticut Public Records Administration Schedule V - Disposition of Education Records (Revised 1983).  
                         Federal Family Educational Rights and Privacy Act of 1974 (section 438 of the General Education Provisions Act, as amended, added by section 513 of PL 93-568, codified at 20 U.S.C. 1232g.).  
                         Dept. of Education. 34 CFR. Part 99 (May 9, 1980 45 FR 30802) regs. implementing FERPA enacted as part of 438 of General Education Provisions Act (20 U.S.C. 1232g)-parent and student privacy and other rights with respect to educational records, as amended 11/21/96.  
                         Public Law 106-554 Fiscal 2001 Appropriations Law containing the "Children's Internet Protection Act"  
                         Public Law 94-553, The Copyright Act of 1976, 17 U.S.C. 101 et. seq.  
                         *Reno v. ACLU*, 521 U.S. 844 (1997)  
                         *Ginsberg v. New York*, 390 U.S. 629, at 642, n.10 (1968)  
                         *Board of Education v. Pico*, 457 U.S. 868 (1988)  
                         *Hazelwood School District v. Kuhlmeier*, 484 U.S. 620, 267 (1988)

Policy adopted:      May 12, 2009  
Policy revision – First Reading: June 12, 2012  
Revised -              June 26, 2012

WESTBROOK PUBLIC SCHOOLS  
Westbrook, Connecticut

**Westbrook Public School Computer and Internet User Agreement  
AND  
Parent Permission Form**

After reading the Rules and Codes of Ethics for Westbrook School Computer Users, please complete this form to indicate that you agree with the terms and conditions outlined. The signatures of both student and parent/guardian are mandatory before access may be granted to the Internet. This document, which incorporates the rules and codes, reflects the entire agreement and understanding of all parties.

As a user of the Westbrook Public School District computer network, I have read and hereby agree to comply with the outlined rules and codes of ethics.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_

Student's School \_\_\_\_\_

Grade \_\_\_\_\_

As a parent /legal guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I have read and agree to the rules and code of ethics. I understand that some materials found on the Internet may be objectionable; therefore, I agree to accept responsibility for guiding my child and conveying to agree to hold harmless the Westbrook Public Schools and employees of the school district for any misuse of access to networked computer services that my child commits. I understand that once signed, this agreement is legally binding on me.

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

Parent Guardian Name (please print) \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

*Complete and return to your child's school*

2023-2024

## Westbrook Public Schools

### 1:1 Chromebook – Optional Damage Protection Program

WPS offers an Optional Damage Protection Program for Chromebooks that are issued to our students. While we expect that all students will do their best to take good care of their Chromebooks, parents and students are responsible to pay the cost of repairs for any damage to their school-issued Chromebook. This protection plan will help guard against the expense of repair costs for accidental damage such as for a cracked screen, a broken power jack, missing keyboard parts, keyboard failure due to a spill, etc., up to and including the cost of a full replacement for a device that is damaged beyond economical repair.

Participation in the Optional Damage Protection Program for Chromebooks is voluntary and not a requirement for a student to receive a Chromebook for school use. Please review the information provided below and select whether or not you wish to participate and return this form to the school office regardless of your decision.

#### Protection Program Cost and Coverage Details

The participation fee for the Protection Plan for the school year is \$25.00 for the following coverage:

- Protection plan will cover up to two (2) repairs at no cost
- Device damaged beyond economic repair - \$25 replacement fee (this is separate from the \$25 cost to purchase the plan); limited to one time per coverage year
- Students will be provided a free loaner device during the repair period

#### Program Exclusion and Related Costs

- Lost chargers are not covered under this program
  - Replacement charger cost is \$25.00
- Lost or stolen devices are not covered -- In the event that the student's school issued Chromebook is lost or stolen (or damaged beyond economical repair more than one per the above), parents and students are responsible to pay the full replacement cost which is currently \$280.00

#### Repair and Replacement Cost without Protection Program Coverage

Parents and students who do not elect coverage are responsible to immediately notify and arrange for repairs through the Westbrook Public Schools. Replacement parts and repair costs will be billed at the school's cost. Chromebooks damaged beyond economical repair will require payment for the full replacement cost of \$280.00

\_\_\_\_ Yes, I wish to participate in the Optional Damage Protection Plan and have enclosed the \$25.00 participation fee. Checks may be made payable to your child's school activity fund:

Daisy Ingraham School - Please make payable to Daisy Ingraham Activity Fund

Westbrook Middle School - Please make payable to WMS Activity Fund

Westbrook High School - Please make payable to WHS Activity Fund

\_\_\_\_ No, I do not wish to participate in the Optional Damage Protection Plan and understand that I am responsible to pay for the full cost of any repairs due to damage up to the full replacement cost of \$280.00

Student Name (print) \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

# Westbrook Public Schools 1:1 Chromebook Acceptance Agreement

## 2023-2024

Westbrook Public Schools (WPS) are excited to start the school year by providing you with your own Chromebook. Our hope is to increase access to informational technology and enhance student learning.

**By accepting a school- issued Chromebook, you agree to the follow terms:**

- I will follow the rules, regulations, and guidelines of the Acceptable Use Policy #6141.323(a).
- I will use my Chromebook in school and at home for educational purposes only.
- When using online applications (i.e., Google Drive or Google Classroom), I will communicate with my classmates and teachers in a respectful, professional manner.
- I will make sure I come to school with my Chromebook fully charged.
- I will make every effort to take care of my Chromebook.
- I understand that I am responsible for paying for a new Chromebook if mine is lost or damaged.

\_\_\_\_\_ I am accepting my WPS Chromebook

\_\_\_\_\_ I am not accepting my WPS Chromebook. I will be using my own device.

Student Name (print): \_\_\_\_\_ Student Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Date: \_\_\_\_\_

## Addendum A: Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you provided on your *Free and Reduced-price School Meals/Milk Application* may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. Please sign below for any additional benefits you are interested in receiving. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made. **Note:** Submitting this form will not change whether your children get free or reduced-price meals or free milk.

☐ **NO**, I do not want information from my *Free and Reduced-price School Meals/Milk Application* shared with any of these programs.

☐ **YES**, I do want school officials to share information from my *Free and Reduced-price School Meals/Milk Application* with the programs checked below. **Check all that apply.**

- ☐ Principal, Social Worker for Field Trips Principal, Social Worker for summer employment.
- ☐ Principal, Social Worker for Holiday Giving.
- ☐ Principal, Guidance Counselor's for funding of standardized testing, such as SAT's and Collage Application fees.
- ☐ Trips Principal, Social Worker for summer employment.

If you checked YES for any boxes above, complete the information below and sign the form. Your information will be shared only with the people and applicable programs you checked.

Please **Print**

Child's name: \_\_\_\_\_ School: \_\_\_\_\_

Child's name: \_\_\_\_\_ School: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please call **Anne Trotta** at (860) 399-6214. Return this form to 156 McVeagh Road, Westbrook, CT 06498 by October 13, 2023.

## Addendum A: Sharing Information with Other Programs

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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.

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/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



## Addendum C: Information on the Supplemental Nutrition Assistance Program (SNAP)

Dear Parent/Guardian:

If your children qualify for free school meals or milk, you might also qualify for **SNAP** (formerly called Food Stamps). SNAP helps people buy food for themselves and their families. SNAP benefits are issued each month on plastic debit cards. You can use SNAP benefits to buy food at major supermarkets, neighborhood grocery stores, and some farmers' markets authorized to accept SNAP.

### How to Qualify

If and how much SNAP you qualify for depends on:

- your household's income;
- allowable deductions to your household's income (examples include monthly shelter expenses, medical bills, and court ordered child support);
- your household size; and
- at least 5 years U.S. residency for qualified non-citizens.

If you have access to the Internet, you can go online to see if you may be eligible for SNAP. Go to [www.connect.ct.gov](http://www.connect.ct.gov) and click "Am I Eligible?"  
Owning your own home or owning a car will not prevent you from being eligible for SNAP.

Effective October 1, 2021		
Household size	Gross monthly income	Gross annual income
1	1,986	23,832
2	2,686	32,232
3	3,386	40,632
4	4,085	49,020
5	4,785	57,420
6	5,485	65,820
7	6,185	74,220
8	6,885	82,620
For each additional member	+699	+8,388
Larger households = higher incomes		

### To Apply or Get More Information

- To find your local Connecticut Department of Social Services (DSS) office, call **United Way's free referral number 2-1-1** (free call statewide).
- You can find a list of all **Connecticut Department of Social Services (DSS)** offices, or you can apply online at <https://www.connect.ct.gov/access/jsp/access/Home.jsp> (click "Apply for Benefits"). You can get the paper SNAP application in English at <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Common-Applications/W-11-1.pdf> and in Spanish at <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Common-Applications/W-11-S.pdf>.
- The following two organizations conduct outreach for DSS and can assist with applying for SNAP benefits:
  1. **End Hunger CT!** provides a SNAP outreach call center (866-974-SNAP (7627)) to assist in applying for as well as maintaining eligibility for SNAP benefits. If you are eligible for SNAP, you will stretch your food dollars, support your school and community, and your kids get school meals at no cost. Many families are surprised they qualify – it is quick, easy and confidential to check by calling one of our trained associates.
  2. **The Connecticut Association for Community Action (CAICA)** works with community action agencies that will help you enroll in SNAP (see table on page 2).

## Addendum C: Information on SNAP

Agency	Phone number	Areas served
The Access Community Action Agency (Access)	860-450-7400	Windham and Tolland Counties
Alliance for Community Empowerment (Alliance)	203-366-8241	Greater Bridgeport Area and Upper Fairfield County
Community Action Agency of New Haven, Inc. (CAANH)	203-387-7700	Greater New Haven Area
The Community Action Agency of Western Connecticut, Inc. (CAAWC)	203-744-4700	Northwestern CT and Lower Fairfield County
Community Renewal Team, Inc. (CRT)	860-560-5600	Hartford and Middlesex County
Human Resources Agency of New Britain, Inc. (HRA)	860-225-8601	New Britain and Bristol Areas
New Opportunities, Inc. (NOI)	203-575-9799	Greater Waterbury, Meriden, and Torrington Areas
Thames Valley Council for Community Action, Inc. (TVCCA)	860-889-1365	Southeastern CT- New London County
Training Education and Manpower, Inc. (TEAM)	203-736-5420	Naugatuck Valley

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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.

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%2002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of affirmative action/ equal opportunity for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of age, ancestry, color, civil air patrol status, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status, mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, retaliation for previously opposed discrimination or coercion, sex (pregnancy or sexual harassment), sexual orientation, veteran status or workplace hazards to reproductive systems, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes.

Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Coordinator (ADA), Connecticut State Department of Education, 450 Columbus Boulevard, Suite 505, Hartford, CT 06103, 860-307-2071, [levy.gillespie@ct.gov](mailto:levy.gillespie@ct.gov).

This document is available at <https://portal.ct.gov/-/media/SDP/Nutrition/NSLP/Forms/FreeRed/AddendumC.pdf>.

## HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Westbrook Public Schools. The application must be filled out completely to determine the eligibility of 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 the application. If at any time you are not sure what to do next, please contact Anne Trotta, Food Service Director, at [atrotta@westbrookschoools.org](mailto:atrotta@westbrookschoools.org) or by phone (860) 399-6214.

### PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

#### Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, 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, through a court or state/local agency, or qualify as homeless or runaway youth;
- Students attending (regardless of age) Westbrook Public Schools.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, please print clearly. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for "middle initial". Print the first letter of each child's middle name in the "MI" section.	B) Is the child a student? List the name of the school (optional), the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.	C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.	D) Are any children homeless, runaway or in a Head Start Program? If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and complete all steps of the application. Homeless, Runaway and Head Start status must be confirmed with the appropriate program staff. If the status cannot be confirmed, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.
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#### Step 2: Do any household members currently participate in SNAP or TFA?

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:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in SNAP or TFA:
<ul style="list-style-type: none"> <li>• Leave STEP 2 blank and go to STEP 3.</li> </ul>	<ul style="list-style-type: none"> <li>• Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker.</li> </ul> <p><b>Note:</b> Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.</p> <ul style="list-style-type: none"> <li>• Go to STEP 4.</li> </ul>

#### Step 3: Report income for all household members

**How do I report my income?**

- Use the charts titled "Sources of Income" and "Examples 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.

**3.A. Report income earned by children**

**A) Report all income earned or received by children.** 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.

**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

**3.B. Report income earned by adults****Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, children and students already listed in STEP 1.

**B) List adult household members' names.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**C) Report earnings from work.** 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. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

**F) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

**D) Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. 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.

**G) Provide the last four digits of your Social Security Number.** 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 Social Security Number."


- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

**Step 4: Contact information and adult signature**

**All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

**A) Provide your contact information.** Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Please return the application directly to your child's SCHOOL.  DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

**C) Mail completed form to 156 McVeagh Road, Westbrook, CT 06498**

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



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

## STEP 1

List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

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 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	Grade	Student?		Check all that apply		
					Yes	No	Foster Care	Homeless or Runaway	Homeless or 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"/>

## STEP 2

Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If NO, &gt; Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (Do not complete STEP 3.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number (Not an EBT 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)

## A. Child Income

Sometimes, children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here

Child Income	How often?		
	Weekly	Bi-Weekly	Monthly
\$			

## B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

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 and deductions) 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 Member (First & Last Name)	Earnings from Work	How often received?			Public Assistance Child Support/Alimony	How often received?			Pensions/Retirement VA benefits All other income	How often received?			
		Weekly	Bi-Weekly	Monthly		Annual	Weekly	Bi-Weekly		Monthly	Annual	Weekly	Bi-Weekly
	\$				\$				\$				
	\$				\$				\$				
	\$				\$				\$				
	\$				\$				\$				
	\$				\$				\$				

Note: Biweekly is Every 2 Weeks

Total Household Members  
(Children and Adults –  
Step 1 & Step 3)Last Four Digits of Social Security Number of Primary  
Wage Earner or Other Adult Household Member

X X X X

Check if no social security number

## STEP 4 Contact Information and Adult Signature. Return completed form to your child's school: 156 Mcveagh Road, Westbrook, CT 06498

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.

Printed Name of Adult Signing the Form

Signature of Adult

Today's Date

Mailing Address (if available)

Appt #

Town or City

State

Zip

Daytime Phone and Email (optional)

2023-24 Application for Free and Reduced-price School Meals or Free Milk

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	
<ul style="list-style-type: none"><li>• Salary, wages, cash bonuses, tips, commissions</li><li>• Net income from self-employment (farm or business)</li><li>• If you are in the U.S. Military:<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></li></ul>	<ul style="list-style-type: none"><li>• Unemployment benefits</li><li>• Workers' 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>• Veterans' benefits</li><li>• Strike benefits</li></ul>	<ul style="list-style-type: none"><li>• Social Security/Disability (including railroad retirement and black lung benefits)</li><li>• Private Pensions or disability benefits</li><li>• 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>	<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><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><li>• A friend or extended family member regularly gives a child spending money</li><li>• A child receives regular income from a private pension fund, annuity, or trust</li></ul>

OPTIONAL Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ 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

School Use Only - Do Not Write Below This Line

The Determining Official (DO) for the school/district MUST complete this section. (Only convert to annual income if there are different frequencies of income listed in Step 3.)

Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

Directly Certified (DC) based on the State DC List as eligible for ☐ SNAP ☐ TFA ☐ OT ☐ FM (Free Medicaid) ☐ RM (Reduced Medicaid) Date Certified on DC List \_\_\_\_\_

☐ SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number ☐ Foster Child ☐ Confirmed Head Start ☐ Confirmed Homeless or Runaway

☐ Income Household: Total household income: \_\_\_\_\_ per \_\_\_\_\_ Household Size: \_\_\_\_\_ ERROR PRONE? ☐ YES ☐ NO

Application approved for: ☐ Free Meals ☐ Reduced-price Meals ☐ Application Denied

Date Notice Sent: \_\_\_\_\_ Signature of DO: \_\_\_\_\_ Date \_\_\_\_\_

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, check it no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPRI) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

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.

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/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. 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:

\* MAIL: U.S. Department of Agriculture FAX: (833) 256-1665 or (202) 690-7442; or  
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW E-MAIL: [Program.intake@usda.gov](mailto:Program.intake@usda.gov)  
Washington, D.C. 20250-9410  
\* Do not mail applications to this address, only complaints of discrimination

This institution is an equal opportunity provider



## Does Your Family Need Health Insurance?

Connecticut offers low or no-cost coverage and free enrollment help

**Don't have health and dental insurance?** Complete one application using some basic information about your household and see what Access Health CT has to offer. Most Connecticut residents qualify for some type of financial help, low or no-cost coverage.

**Check your options and enroll now! Get started at [AccessHealthCT.com](https://AccessHealthCT.com). If you're already on HUSKY Health, don't lose it! Complete your renewal on time to prevent a gap in coverage.**

- ✓ **HUSKY A or HUSKY B**
- ✓ **State HUSKY A & B for children—now more can enroll\***
- ✓ **Covered Connecticut Program**
- ✓ **Qualified Health Plans and Financial Help**
- ✓ **Qualified Health Plans**
- ✓ **Low-cost Dental Insurance**
- ✓ **Free enrollment help**



 **SCAN ME**

### Don't miss out.

Compare Your Options, Enroll or Get Help Online at [AccessHealthCT.com](https://AccessHealthCT.com) today. All help is free and available in many different languages.

If you recently lost your HUSKY Health coverage, you may still have time to re-enroll without a gap or choose an affordable plan. Visit [AccessHealthCT.com](https://AccessHealthCT.com) today to find out.

### Take action now:

- For general information about HUSKY Health visit [www.ct.gov/HUSKY](https://www.ct.gov/HUSKY)
- For all other questions visit [AccessHealthCT.com](https://AccessHealthCT.com)
- Scan the QR code above

\*State HUSKY A & B: Now, more children can enroll no matter their immigration status, but you must call Access Health CT to apply for coverage.

**1-855-805-4325 | [AccessHealthCT.com](https://AccessHealthCT.com) | Find free help online, by phone or in person**

If you are deaf or hearing impaired, you may use the TTY at 1-855-789-2428 or contact us with a relay operator.

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