

IMMEDIATE REQUIREMENTS OF REGISTRATION :

Proof of residency

Proof of required immunization

Proof of guardianship/Affidavit

Copy of Birth Certificate/Proof of Age

Discipline affidavit

REQUIREMENTS WITH FIRST 10 DAYS OF SCHOOL ATTENDANCE:

ESL Home Language Survey

Academic Records from former school district

Copy of birth certificate

HIPPA forms

Emergency card

Release of records to colleges/military form (high school only).

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT - EMERGENCY INFORMATION & ANNUAL PARENT PERMISSION CARD

(This form MUST be completed in full)

(Please PRINT all information)

Students Last Name _____ First Name _____ (circle) Male / Female _____ Students Date of Birth _____ Grade/Section _____

Home Address _____ Student Lives With (example: Mom, Dad, Grandparent, etc) _____

(Provide First & Last names, circle either parent/guardian/step-parent, etc. for all answers below)

Parent/Guardian _____ Home Phone (____) _____

Parent/Guardian current E-mail address _____

Father/Stepfather's Name _____ Home/Cell # (____) _____

Father/Stepfather's Employer _____ Work Hours _____ Work # (____) _____

Mother/Stepmother's Name _____ Home/Cell # (____) _____

Mother/Stepmother's Employer _____ Work Hours _____ Work # (____) _____

Other LOCAL persons who are authorized to act for parent in an emergency if parent NOT available (provide two)

#1 Name of Alternate & Relationship _____ Phone (____) _____

#2 Name of Alternate & Relationship _____ Phone (____) _____

Family Doctor/Health Care Provider _____ Phone (____) _____

____ Initial if we may contact your health care provider listed above for emergency situations and/or medical questions

In the event of an extreme emergency, please specify which hospital you prefer your child be taken to _____

Signature of Parent/Guardian _____ PLEASE COMPLETE THE OTHER SIDE OF CARD

Does your child have a special health problem or physical limitation that the school nurse/teachers should know about? NO _____ YES _____

If yes, explain (e.g.: ADHD, asthma, learning disability, diabetic, etc) _____

Does your child have a vision or hearing problem? NO _____ YES _____ if yes, explain and list specialist _____

Does your child have a severe allergy? NO _____ YES _____ if yes, to what/what reaction/treatment _____

Does your child need a special diet or have food problems/allergies? NO _____ YES _____ if yes, explain _____

Per School Protocol (see handbook/website), do you give permission for your child to take Acetaminophen (Tylenol)? NO _____ YES _____ (Please Initial)

Is your child taking any medications, inhalers, supplements, or herbals? NO _____ YES _____ if yes, list _____

Has your child had any illnesses, accidents, injuries, or other within the past year? NO _____ YES _____ if yes, specify _____

Does your child need to take any medications/treatments in school? NO _____ YES _____ if yes, please see handbook/website for medication policy and list _____

PHYSICAL and DENTAL EXAMS – see handbook/website for guidelines/school policy/grades involved
(please initial beside your choice to indicate your consent to each item below and notify school of any questions/concerns)

Physical Exam: By private provider _____ By school doctor/provider _____

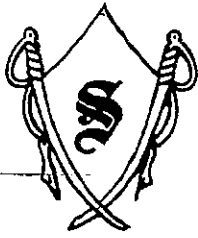
Dental Exam: By private dentist _____ By school dentist _____

Please send all private exam reports (forms for providers in handbook/online/in health office) to the Health Office as soon as possible

I have read the health information in the student/parent handbook. I give my permission for my child to have those examinations to which I have consented by initialing in the space provided. I also give permission for the state health screenings as outlined in the handbook. It is the parent/guardian responsibility to keep the school nurse updated on special health needs, injuries, and information. Certain health information is shared with the SCSD staff when necessary for educational concerns and safety. Please notify the school nurse, in writing, if you do not want any health information about your child disclosed. The staff will not be held liable for any undisclosed health problems.

Please notify school officials IMMEDIATELY as to any changes to any/all information stated on either side of this card.

Parent/Guardian Signature _____ Date _____



SUSQUEHANNA COMMUNITY SCHOOL DISTRICT
3192 TURNPIKE STREET
SUSQUEHANNA, PA 18847

BRONSON STONE
Superintendent of Schools

BRENT SODEN
Junior/Senior High School
Principal

PETER SUPKO
Elementary School
Principal

GARY KIERNAN
Business Manager

PROOF OF RESIDENCY

Dear Parents / Guardian:

Please provide proof of residency upon registration of your son/daughter. **One of the following documents will satisfy this requirement.**

1. Copy of (cell) phone bill (once obtained)
2. Copy of cable bill (once obtained)
3. Copy of satellite bill (once obtained)
4. Copy of rental agreement
5. Affidavit from property owner that you live at this address
6. Copy of drivers license with new address
7. Copy of pay stub with new address

Please note that your current address should appear on the proof of residency document you show our office.

Thank-you,

Gary Kiernan, Business Manager



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AUTHORIZATION TO RELEASE STUDENT RECORDS

Student Name _____ Birth date _____

To authorize provision of information to the SUSQUEHANNA COMMUNITY SCHOOL DISTRICT.

A. From records of: _____
(Prior School)

B. Address _____ Phone No. _____

Fax No. _____

C. Date of Service _____ Grade _____
(Years of attendance)

INFORMATION TO BE RELEASED:

- Academic
- Attendance
- Discipline Summary
- PA Secure ID # _____
- Health Records
- Birth Certificate
- Transcript & Standardized Testing
- Psychological Testing/I.E.P.
- Career Standards Evidence
- Grades at time of Withdrawal/Report Card
- Any other pertinent/confidential Records

RETURN INFORMATION TO: Tammy Heller
HS Guidance Office
3192 Turnpike St.
Susquehanna, PA 18847
Phone: 570-853-4921 x2398
HS Fax: 570-853-3918
Email: theller@scschools.org

Lorie Fallon
Elementary Office
3192 Turnpike St.
Susquehanna, PA 18847
Phone: 570-853-4921 x1340
Elementary Fax: 570-853-3092
Email: lfallon@scschools.org

Signature of Person Giving Consent

Date

Address

City

Zip Code

Phone

- As per Family Educational Rights and Privacy Act (FERPA) parents (or students over the age of 18) have the right to inspect and review any and all official school records relating to their child
- The Agency or individual agrees not to permit any other party access to such information without parent/guardian or eligible student consent
- As per (FERPA) parents may have a copy of the information to be released if desired.



HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? No Yes (language) _____
2. Does your child communicate in a language other than English? No Yes (language) _____
3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes

Susquehanna Community School District

3192 Turnpike Street

Susquehanna, PA 18847

Special Services

To assist us in serving the needs of your student, please read over all the services listed below. Place a check next to any and all that apply or have applied to your student at any point in his/her academic career. If your student does not need any special services check appropriate item. Thank you for providing this information.

Student's Name _____

- | | |
|----------------------------|-------------------------------|
| _____ Child Study (IST) | _____ Counseling Services |
| _____ Title 1 Math | _____ Wrap Around Services |
| _____ Title 1 Reading | _____ Gifted Class |
| _____ Vision | _____ Help in Regular Class |
| _____ Hearing | _____ Help in a Special Class |
| _____ Speech | _____ 504 |
| _____ Physical Therapy | _____ IEP |
| _____ Occupational Therapy | _____ Other (specify) _____ |
| _____ Special Education | _____ Other (specify) _____ |

_____ My student does not need any special services.

Parent/Guardian Signature _____ Date: ____/____/____

PARENTAL REGISTRATION STATEMENT

Student Name: _____ Grade: _____
(Printed Name)

Date of Birth: _____

Parent or Guardian Name: _____

Address: _____

Telephone Number _____

Pennsylvania School Code § 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of the Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was _____ was not _____ previously suspended or expelled, or is _____ is not _____ presently suspended from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion:

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

(Signature of Parent or Guardian)

(Date)

Any willful false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student's disciplinary record

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT ENROLLMENT INFORMATION

Office Use Only

PA Secure ID _____	Entry Date _____	Today's Date _____
Out of District _____	Grade Level _____	Grade 9 Entry Date _____
(2) Current School _____	Proof of Residency _____	

Basic Information

Student's Last Name	First Name	Middle Name	SEX ____M ____F
Date of Birth	City/State of Birth	Current Grade Level	
Mailing Address		Apt. No.	Home Phone _____ Cell Phone _____
Street Address (if different from above)		City	Zip Code
Student's Primary Language		Date Entered U.S.	
Ethnic Origin (Circle one)	White, Not Hispanic Hispanic	Black, not of Hispanic Indian, Native American	Asian or Pacific Islander Multi-Racial

Family Information

Student Lives With (please circle)	Both Parent	Mother Only	Father only
	Other - Name: _____		
Parent Active Military (please circle which applies)	YES	NO	Father Mother
Military Branch: _____			

Parent/Guardian (Mr..) (Mrs.) Mr. & Mrs.) (Ms.)	Relationship	Home Phone _____ Cell Phone _____ Work Phone _____
Parent/Guardian (Mr..) (Mrs.) Mr. & Mrs.) (Ms.)	Relationship	Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

Location Directions for busing purposes:

School History

Last School Attended	Grade Level
Address of Last School	City/State Zip Code
Did the student ever attend Susquehanna School District before?	Did student ever attend another PA school? If yes, where?

SCSD TRANSFER FORM: STUDENT HEALTH HISTORY

STUDENT FULL NAME: _____ GRADE: _____

BIRTHDATE: _____ BIRTHPLACE: _____

TRANSFERRING FROM: _____ LOCATED IN STATE OF: _____
School name/address

HAS THIS STUDENT EVER ATTENDED SCHOOL IN PENNSYLVANIA BEFORE? Circle: YES / NO

IS SO, WHEN AND WHERE? _____

*** STUDENT HEALTH HISTORY ***

Does your child have any medical history, current medical conditions, or ever been hospitalized? Circle: YES / NO

If yes, please specify the problem(s) & dates: _____

Does your child take any medications, herbals, or supplements? Circle: YES / NO

If yes, please specify names and doses: _____

Will your child need to take medications or receive medical treatments in school? Circle: YES / NO
(If yes, please see the medication administration policy for proper medication procedure)

Does your child have any food or medication allergies? Circle: YES / NO

If yes, please specify the product & the problem(s): _____

Does your child have any special dietary needs or issues? Circle: YES / NO

Please specify: _____

Does the family have insurance or some way to pay for medical expenses? Circle: YES / NO

Any other health concerns the school should be aware of (ex: hearing or vision problems, activity restrictions, speech difficulties, frequent illness, nosebleeds, headaches, broken bones, stomachaches, fainting spells, developmental delays, emotional or behavioral problems, etc)? _____

Please list the name and phone number for your child's health care providers & date of most recent visit (if applicable):

Primary Care Provider: _____ date: _____
 Dentist: _____ date: _____
 Eye Doctor/Specialist: _____ date: _____
 Other Specialist: _____ date: _____

*** FAMILY HISTORY ***

Household unit (please include any special relationships, such as step, adoptive, foster, or grand parents or children)

RELATIONSHIP	BIRTHDATE	FULL NAME (include maiden name)	LEVEL OF EDUCATION	OCCUPATION
Mother				
Father				
Brother(s)				
Sister (s)				
Other				

Family History: Please provide a brief list of any family medical or other problems (ex: diabetes, seizures, asthma, dependencies, recent death of a family member, mental health issues, unemployment, divorce, custody issues, etc)

Parents:

Siblings:

Grandparents:

Other:

Thank you for all the information for your child's health record, please let us know of any changes to your child's health status throughout the year and contact us with any questions or concerns you may have.

 Parent/Guardian Signature

 Date

SCSD Parent/Child Reunification (PCR) Authorization for Release of Student

Student Name(s): _____ Date of Birth: _____ Grade: _____
(please print)

_____ Date of Birth: _____ Grade: _____
(please print)

_____ Date of Birth: _____ Grade: _____
(please print)

I certify that I am the custodial parent/legal guardian of the above named student, and I grant permission for my child to be released to any of the following individuals in the event of an emergency/crisis that requires the school to release the students using parent/child reunification protocols at my child's school. **(Each section must be completed.)**

My child may be released to the following individuals: (Additional names may be included on a separate piece of paper. If additional names are attached, parent/guardian must initial here _____.)

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

I understand that my child will be released only to those listed on this form. This form is for PCR use only; no other use is intended or authorized. If this form is not completed and returned to my child's assigned school, SCSD staff may refer to the Emergency Information Card. I will contact the school if this information changes during the school year.

Parent/Guardian Signature

Date

This release shall be in effect as long as my child/ward is enrolled in the Susquehanna Community School District. At any time while my child/ward is enrolled in the school district, I may contact the school district in writing to rescind this release.

SCSD PHOTOGRAPHIC RELEASE FORM

I hereby grant the Susquehanna Community School District permission to photograph/videotape my child/ward (print child's name) _____ and to publish his/her photograph/videotape on the school district webpage and to identify him/her while he/she is participating in school activities or classes. *This release shall be in effect as long as my child/ward is enrolled in the Susquehanna Community School District. At any time while my child/ward is enrolled in the school district, I may contact the school district in writing to rescind this release.*

Please check all that apply:

_____ I grant permission to photograph/videotape my child and to identify him/her by name and educational program or activity.

_____ I grant permission to have photographs/videotapes containing my child's image and likeness posted on the school district's website and/or social media links.

_____ I grant permission to have my child's project posted and linked to the Susquehanna Community School District's webpage.

By not returning this form, I realize that my child's picture may be posted in a group photo or a project may be posted to the webpage with a first name identifier.

Parent/Guardian's Name (please print)

Date

Parent/Guardian's Signature

Date

***Please return to the elementary or high school office

SCSD STUDENT INTERNET POLICY

TERMS AND CONDITIONS FOR USE OF INTERNET ACCESS

Please read the following carefully before signing the attached contract.

Internet access is now available to students in the Susquehanna Community School District.

The internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Internet access is coordinated through a complex association of government agencies, regional networks, and private corporations. With access to computers and people all over the world also comes the availability of material that may not be considered to be of the educational value in the context of the school setting. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information. We firmly believe that educational value of information and the interactions available on this worldwide network outweigh the risks that users may procure material that is not consistent with the educational goals of the school district. One of our goals is to support students in responsible use of this vast reservoir of information.

Internet - Terms and Conditions

1. **Acceptable Use-** The purpose of access, to the internet, is to support education in and among the schools in Susquehanna Community School District by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and academic research and consistent with the educational objectives of the Susquehanna Community School District. Use of other organization's networks or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. Use for product advertisement or political lobbying is generally not consistent with the purposes of the internet. Illegal activities are strictly prohibited. Using your internet account to play games (including MUDs) is not acceptable use.
2. **Privileges-** The use of internet is a privilege, not a right, and inappropriate use can result in a cancellation of those privileges and other disciplinary consequences.
3. **Reliability-** Susquehanna Community School District make no warranties of any kind, whether expressed or implied, for the service it is providing. Susquehanna Community

School District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via Susquehanna Community School District is at your own risk. Susquehanna Community School District specifically deny any responsibility for the accuracy or quality of information obtained through the internet.

4. Security- Security on any computer system is high priority, especially when the system involves many users. Do not give your password to any other individual. Attempts to log in to the system as any other user may result in cancellation of user privileges.
5. Vandalism- Vandalism may result in cancellation of privileges. Vandalism is defined as any attempt to harm or destroy data of another user. This includes, but is not limited to, the uploading or creation of computer viruses.

RESPONSIBILITIES OF STUDENTS IN THEIR USE OF THE INTERNET IN THE SUSQUEHANNA COMMUNITY SCHOOL DISTRICT

Certain uses of the technology resources, including the internet, of the Susquehanna Community School District are contrary to the educational mission of the district. Some uses may also constitute a safety hazard to the well being of our students. Therefore, the following activities are strictly prohibited by the Susquehanna Community School District:

- Sharing and/or using other students' ID numbers and passwords
- Breaking into or attempting to break into other computer systems
- Destroying another person's data
- Creating and/or sending computer viruses
- Communicating through e-mail, Instant messenger, chat rooms, or other web-based communication services
- Checking home-based e-mail accounts
- "Hacking" websites
- Downloading, viewing, and printing material that is obscene, pornographic, racist, or restricted
- Bypassing or attempting to bypass the district filtering software
- Downloading and installing copyrighted material or software
- Purchasing materials through online shopping vendors
- Utilizing (FTP) File transport protocol
- Committing acts of academic dishonesty (cheating on tests or projects)
- Threatening, harassing, or abusing others through computer technology

- Other activities that constitute a safety hazard or are contrary to the educational mission of the Susquehanna Community School District

Undertaking any of these activities is strictly prohibited by the Susquehanna Community School District. Disciplinary consequences for such activities may include, but not be solely limited to, the following:

- Detention
- In school suspension
- Out of school suspension
- Loss of computer/technology privileges
- Police notification
- Academic grade reduction (for acts of academic dishonesty)
- Financial restitution (for acts that damage district technology resources)

CONTRACT PORTION OF DOCUMENT

I have read the SUSQUEHANNA COMMUNITY SCHOOL DISTRICT terms and conditions. I understand and will abide by the stated terms and conditions for internet use. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action.

Student's Name (please print):

Student's Signature: _____

Date: / /

PARENT OR GUARDIAN (if the applicant is under the age of 18 a parent or guardian must also read and sign this agreement). As the parent or guardian of this student I have read the terms and conditions for use of Susquehanna Community Internet Access. I understand that this access is designed for educational purposes and Susquehanna Community School District have taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Susquehanna Community School District to restrict access to all controversial materials and I will not hold them responsible for materials this student may acquire on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to have internet access for the student named above and certify that the information contained on this form is correct. *This permission shall be in effect as long as my child/ward is enrolled in the Susquehanna Community School District. At any time during my child's/ward's enrollment, I may, in writing, rescind this permission.*

Parent or Guardian (please print):

Signature: _____

Date: / /

Daytime phone number: _____

Evening phone number: _____

EMAIL DATABASE FORM

As part of our continuing effort to keep parents/guardians informed of the latest developments here at school, we are updating our email database. This database will be used to notify parents/guardians of school events and to facilitate communication efforts between district faculty and parents/guardians. If you wish to be entered in this database, please fill out the form below and return it to the school at your earliest convenience.

Parent/Guardian Name: _____

Address: _____

Student(s) Name(s): _____

Primary Email Address: _____

Secondary Email Address: _____

Signature: _____

Date: _____

SUSQUEHANNA COMMUNITY ELEMENTARY SCHOOL (one form per family)

Student: _____, _____, _____

Contact 1

Name: _____

Relation: _____

Address: _____

Email: _____

if updating list new e-mail here _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Contact 2

Name: _____

Relation: _____

Address: _____

Email: _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Contact 3

Name: _____

Relation: _____

Address: _____

Email: _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Contact 4

Name: _____

Relation: _____

Address: _____

Email: _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Contact 5

Name: _____

Relation: _____

Address: _____

Email: _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Contact 6

Name: _____

Relation: _____

Address: _____

Email: _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

Phone Type _____ Phone Number _____

FREE AND REDUCED LUNCH APPLICATION VERIFICATION FORM

As a new resident of the Susquehanna Community SD and enrolling my children, I am verifying that I have received my Free and Reduced Lunch Application. If I decide to apply for free and reduced lunch on behalf of my children, I will either fill it out on the day of enrollment or have it turned into the school district office within five (5) business days after enrollment.

Signed

Date

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. **Susquehanna Community School District** offers healthy meals every school day. Breakfast will be free for all students; lunch costs **\$1.95**. **Your child(ren) may qualify for free meals or for reduced price meals.** Reduced price is **\$.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **NOTICE OF DIRECT CERTIFICATION** letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Your children may qualify for free or reduced price meals/milk if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2019-2020			
Household size	Annual	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each additional person:	8,177	682	158

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, call or email **Bronson Stone, (570) 853-4921**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Gary Kiernan, 3192 Turnpike Street, Susquehanna, Pa, 18847 or call (570)853-4921, Ext. 1306.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact **Gary Kiernan, 3192 Turnpike Street, Susquehanna, Pa, 18847 or call (570)853-4921, Ext. 1306**, immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[Insert School's link/website]** or visit the PA Department of Human Services website at www.compass.state.pa.us.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first 30 operating school days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and/or reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Bronson Stone, 3192 Turnpike Street, Susquehanna, Pa. 18847 or call (570) 853-4921.**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact **Gary Kiernan, 3192 Turnpike Street, Susquehanna, Pa, 18847 or call (570)853-4921, Ext. 1306** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, visit www.compass.state.pa.us, contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, call (570) 853-4921, ext. 1306

Sincerely,

Gary Kiernan



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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at, http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) Fax: (202) 690-7442; or

(3) Email: program_intake@usda.gov.

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS OR SPECIAL MILK PROGRAM

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 the Susquehanna Community School District. The application must be filled out completely to certify your children for free or reduced price school meals. Follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, contact Gary Kieran at 570-853-4921, ext. 1306.

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending the Susquehanna Community SD, regardless of age.

<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Is the child a student at the Susquehanna Community SD? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend the Susquehanna Community SD? If you marked 'Yes', write the grade level of the student in the 'Grade' column to the left.</p>	<p>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.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.</p>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP OR TANF?

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).
- The Temporary Assistance for Needy Families (TANF).

<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-877-395-8930 or your local assistance office. • Go to STEP 4.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children" printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - o Gross income is the total income received before taxes.
 - o 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, 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:**

- o People who live with you but are not supported by your household's income AND do not contribute income to your household.
- o Infants, Children, and Students already listed in STEP 1.

B) List adult household members. 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. **What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. 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.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

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

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 SSN."

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, also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information: Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Write today's date. In the space provided, write today's date in the box.
D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

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

Child's First Name	MI	Child's Last Name	Grade Enter HS for Head Start	Sufficient? Yes No	Foster Child	Homeless, Migrant, Runaway
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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

If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3).
 Case Number: _____ Write only one nine (9) digit 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 or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.
 Child Income: _____ Monthly: _____ Flow often? _____
 \$ _____

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only.
 If no income is received from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	Trade/Professional/Service/Other Income	Pensions/Retirement/All Other Income	How often?
	Weekly	Bi-Weekly	2x Monthly	Monthly
	\$ _____	\$ _____	\$ _____	How often? _____
	\$ _____	\$ _____	\$ _____	Weekly
	\$ _____	\$ _____	\$ _____	Bi-Weekly
	\$ _____	\$ _____	\$ _____	2x Monthly
	\$ _____	\$ _____	\$ _____	Monthly

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

STEP 4. Contact Information and Adult Signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL

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

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____
 Printed name of adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Child Income

Example(s)

- Earnings from work
 - A child has a regular full or part-time job where they earn a salary or wages
- Social Security
 - Disability Payments
 - Survivor's Benefits
- Income from person outside the household
 - A child is blind or disabled and receives Social Security benefits
 - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
 - A friend or extended family member regularly gives a child spending money
- Income from any other source
 - A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's Racial and Ethnic Identities

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

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

Do not fill out For School Use Only

Total Income _____ Per: Week Every 2 Weeks Twice A Month Monthly Yearly Household Size: _____ Date Withdrawn: _____
 Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Eligibility: Free Reduced Denied Reason: _____ Categorically Eligible Other Source Categorically Eligible

Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____

Signature of School Employee Completing Verification: _____

Determining Official's Signature: _____

Date: _____

Sources of Income for Adults

Public Assistance / Alimony / Child Support

- Unemployment benefits
- Worker's compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments
- Veteran's benefits
- Strike benefits

Pensions / Retirement / All Other Income

- Social Security (including railroad retirement and black lung benefits)
- Private pensions or disability benefits
- Regular income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

Earnings from Work

- Gross Salary, wages, cash bonuses
 - Net income from self-employment (farm or business)
 - * Reporting Annual Income is allowable for seasonal or self-employment
- If you are in the U.S. Military:
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
 - Allowances for off-base housing, food, and clothing

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

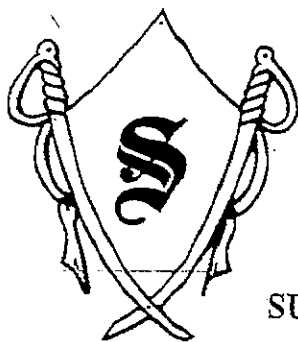
To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form. (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or
 email: program.intake@usda.gov

This institution is an equal opportunity provider.

* All Household Applications must be returned to your child's school for processing.



BRONSON STONE
Superintendent of Schools
Elementary Principal

CARMELLA BULLICK
Jr.-Sr. High Principal

GARY KIERNAN
Business Manager

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT
Parent / Guardian's Receipt of
The Susquehanna Community School District's Notice of Privacy Practices

I, _____, have received and
(Please Print your Name or other authorized Representative)

Reviewed a copy of the Susquehanna Community School District's Notice of Medical Privacy Practices. I acknowledge that I read and understand the Notice and my rights as outlined therein. I am aware that the Susquehanna Community School District's staff and personnel has implemented and completed an awareness program regarding the Medical/Health Privacy Practices and I answered my questions that I have regarding this Notice.

(Signature of Parent, Guardian or
Authorized Representative)

Date

Susquehanna Community School District
NOTICE OF HIPAA MEDICAL PRIVACY PRACTICES
April 14, 2003

THIS NOTICE DESCRIBES:

- DESCRIBES HOW MEDICAL INFORMATION IS HANDLED
- ABOUT INFORMATION MAY BE USED AND DISCLOSED
- HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact the Districts' Privacy Officer, the Office of the Superintendent, Susquehanna Community School District, 3192 Turnpike St., Susquehanna, PA 18847-9504, (570) 853-4921.

The Susquehanna Community School District (SCSD) understands that medical information about you and your dependent(s), employee, retiree, student, parent or guardian is personal. SCSD is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- SCSD's uses and disclosures of Protected Health Information (PHI);
- Your privacy right with respect to your PHI;
- SCSD's duties with respect to your PHI;
- Your right to file a complaint with the SCSD and the Secretary of the U. S. Department of Health and Human Services; and
- The person or Office to contact for further information about SCSD's Privacy practices.

The term "Protected Health Information" (PHI) included all individually identifiable health information transmitted or maintain by the SCSD and its agents, regardless of form (oral, written, electronic). The following is a list of the potential Uses and Disclosures regarding PHI and your rights:

L. Uses and Disclosures to Carry Out Treatment, Payments and Other Health Care Operations

The SCSD and/or its agents may use PHI without your consent, authorization or opportunity to agree or object to carry treatment, payment and other health care

operations. The SCSD also will disclose PHI to the health care providers of the SCSD for purposes related to treatment, payment and other health care operations. The health care providers have amended their plan documents to protect your or your dependent(s) PHI as required by federal law.

A. For Treatment

Treatment is the provision, coordination or management of health care and related services. It also includes, but not limited to, consultations and referrals between one or more of your or your dependent(s)' providers through SCSD.

For example, a health care provider agent of SCSD, like the School Nurse or a Sports Team Trainer, may disclose information regarding a medical occurrence or treatment to a hospital or physician so that the referred provider (Hospital or Physician) may ask questions about the occurrence or the injury with greater details.

B. For Payment

Payment includes, but not limited to, actions to make coverage determinations and payment (including billing, claims managements, subrogation, plan reimbursements, worker compensation review, reviews for medical necessity and appropriateness of care and utilization reviews, governmental benefits, and pre-authorizations.

An example is the SCSD or one of its health care provider agents may tell a doctor whether you are eligible for coverage of what percentage of the bill will covered by health care coverage.

C. For Healthcare Operations

Health care operations include, but not limited to, quality assessment improvement, reviewing competence or qualifications of health care professions, underwriting, premiums rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

For example, SCSD or one of its health care provider agents may use information about your claims to refer you to a disease management program, project future benefits costs or audit the accuracy of its claims processing functions.

II. Uses and Disclosures that Require Your Written Authorization

Your written authorization generally will be obtained before the SCSD or one of its health care provider agents will use or disclose psychotherapy notes about you or your dependents(s) from your associated psychotherapist. Psychotherapy notes are separately files notes about your or dependent(s) conversation with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. SCSD or one of its health care provider agents may use and disclose such notes when needed by SCSD or one of its health care provider agents to defend against litigation files by you or your dependent(s).

III. Uses and Disclosures that Require that You Be Given an Opportunity to Agree/Disagree Prior to the Use or Release

Use and disclosure of your PHI is allowed without your consent, authorization or request under the following circumstances:

When required by law.

When permitted for purposes of public health activities, including when necessary to report defects, to permits product recalls and to conduct post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

When authorized by law to report information about abuse, neglect, or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect, or domestic violence. In such case, SCSD or one of its health provider agents will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been made. Disclosure generally may be made to the minor's parents or other representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.

SCSD or one of its health care provider agents may disclose your or your dependent(s) to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example: to investigate complaints against providers); and other activities necessary for appropriate oversight of government-benefits programs (for example: to investigate Medicare or Medicaid fraud).

The SCSD or one of its health care provider agents may disclose your or your dependent(s) PHI when required for judicial or administrative proceeding. For

example, your or your dependent(s) PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to SCSD or one of its health care provider agents that the requesting party has made a good-faith attempt to provide sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

When required by law enforcement purposes (for example: to report certain types of wounds).

For law enforcement purposes, including for the purposes of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure or the covered entity (i.e., SCSD) is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the SCSD or one of its health care provider agent's best judgment.

When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

The SCSD or one of its health care provider agent may use or disclose PHI for research, subject to conditions.

When consistent with applicable law and standards of ethical conduct, if SCSD or one of its health care provider agents, in good faith, believes the use or disclosure is necessary to prevent or lesser a serious and imminent threat to the health or safety of a person or the public and the disclosure is a person reasonably able to prevent or lesser the threat, including the target of the threat.

When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

IV. Other Uses of Medical Information

Except as otherwise indicated in this Notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization. If you provide us permission to use or disclose medical information about you, you

may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you or your dependents.

VI. Minimum Necessary Standard

When using or disclosing PHI or which requesting PHI from another covered entity, SCSD and its health care provider agents will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- A. Disclosures to or requests by a health care provider for treatment;
- B. Uses or disclosures made to the individual;
- C. Disclosures made to the Secretary of the U. S. Department of Human Services;
- D. Uses or disclosures that are required by law; and
- E. Uses or disclosures that are required for the Plan's compliance with legal regulations.

VII. Medical Information Not Subject to This Notice

This Notice does not apply to health information that has been de-identified. De-identified information is information that does not identify any individual, and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual, is not individual, is not individually identifiable health information.

In addition, SCSD and its health care provider agents may use or disclose "summary health information" to a Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health plan, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Plan Sponsor has provided health benefits under a group health plan; and from which identifying information has been deleted in accordance with HIPAA.

VIII. Your Rights Regarding Medical Information the District Maintain About You

A. Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your or your dependent(s)' care. Usually, this includes medical and billing records and also psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you or your dependent(s), you must submit your request in writing to the Privacy Officer of the Susquehanna Community School District, Superintendent of School, 3192 Turnpike St., Susquehanna, PA 18847-9504, (570) 853-4921. If you request a copy of the information, the District may charge a fee for the costs of copying, mailing or other supplies or services associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by SCSD or one of its health care provider agents will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

The requested information will be provided within thirty (30) days if the information is maintained offsite. A single thirty (30) day extension is allowed if the SCSD or its health care provider agents are unable to comply with the deadline.

You or your personal representative will be required to complete the form to the following official: The Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St., Susq. , PA 18847-9504, (570) 853-4921.

B. Right to Amend

If you feel that medical information we have about is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by, or for SCSD or one of its health care provider agents. To request an amendment, your request must be made in writing and submitted to the Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St., Susq. , PA 18847-9504, (570) 853-4921. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it not in writing or does not included a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by SCSD, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by SCSD or one of its health care provider agents;

3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

C. Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you or your dependent(s). To request this list or accounting of disclosures, you must submit your request in writing to the Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike St., Susq. PA 18847-9504, (570) 853-4921. Your request must state a time period that may not be longer than six (6) years and not include dates before February 26, 2003. Your request should indicate in what form you want the list (i.e., on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. SCSD will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

D. Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you or your dependent(s) for emergency treatment. To request restrictions, you must make your request in writing to: Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike Street, Susquehanna, PA 18847-9504. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosures or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.

E. Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to: Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike Street, Susq. PA 18847-9504. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

F. Your Right to File a Complaint With the Susquehanna Community School District (SCSD) or the Secretary of the Department of Health and Human Services (HHS).

If you believe your rights have been violated, you may file a complaint with SCSD or the Secretary of HHS. To file a complaint, contact the Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike Street, Susquehanna, PA 18847-9504, (570) 853-4921. *All complaints must be submitted in writing.* You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S. W., Washington, D. C. 20201. **You will not be penalized or discriminated against for filing a complaint.**

G. Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. You may ask us to give you a Copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to paper copy of this Notice. To obtain a paper of this Notice, contact the following official: the Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike Street, Susquehanna, PA 18847-9504, (570) 853-4921.

IX. Applicable Federal Law and Regulations

PHI use and disclosure by SCSD and its health care provider agents is regulated by a federal law known as the Health Insurance Portability and Accountability Act, or HIPPA. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. A copy of these Regulations will be at the office of the Superintendent of Schools, Susquehanna Community School District, 3192 Turnpike Street, Susquehanna, PA 18847-9504. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

X. Changes to this Notice

This Notice is effective beginning April 14, 2003 and the SCSD and its health care provider agents are required to comply with the terms of this Notice. However, SCSD reserve the right to change this Notice. The SCSD also reserve the right to make the revised or changes effective for medical information SCSD already have about you or your dependent(s), as well as any information SCSD receive in the future. SCSD will post a copy of the current Notice in the public bulletin boards near an employees' meeting area and a community meeting area. The Notice will contain on the first page in the top center, the effective date. Any revised version of this Notice will be distributed within sixty (60) days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this Notice.