



JET Program

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

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

Dates: July 5, 2016 – August 12, 2016 (Monday – Friday, 9 a.m. – 2:30 p.m.)

JET (Job Experience Training) is a life and job skills ESY program designed to help at-risk students become more employable and develop into fully contributing members of the community. The goal of all JET activities is to develop teamwork and build self-confidence.

The target population includes High School students who are in need of guidance and structure to prepare for a productive future.

Specific job responsibilities in which JETs participate:

- Landscaping
- Painting and light construction projects
- Production Ceramics
- Print Making
- Digital Music Production
- Assistance with office work
- General maintenance of trails, campus grounds, and buildings

Additional components of the JET program **may** include:

- Students earn 2.5 credits in Financial Literacy or Art electives
- Transition Program for students entering high school
- Individual and group counseling
- Anger management
- Conflict resolution
- Healthy lifestyle choices
- Daily recreation time
- Field trips and guest speakers

JET participants are eligible to earn a stipend based on their attendance and cooperative participation in all activities. They will be evaluated on daily job performance and will meet with staff to discuss their performance on an as-needed basis.

Please visit www.collierschool.org for more information and to download an application form.



Collier High School **JET Program**

JET (Job Experience Training) Program – **ESY** (Extended School Year)
160 Conover Road ** Wickatunk, NJ 07765 ** 732-946-4771 x321

2016 APPLICATION

Student Name _____ Birth date _____ Sex M F

Address _____ Home Phone _____

_____ Zip Code _____

Student's Social Security Number (for tax purposes only) ____ - ____ - ____

Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____

Emergency Contacts (other than parent)

_____ Phone _____

_____ Phone _____

Does your child have a medical condition that could require immediate attention? Please explain:

Sending District Contact (responsible for paying tuition)

_____ Phone _____

_____ Student currently involved with outside therapist

_____ Student takes medication during school day

Dates: July 5, 2016 – August 12, 2016 (Monday through Friday, 9 a.m. – 2:30 p.m.)

Students entering 9th grade will be placed in the Transitional Program during JET. All others will take Personal Financial Math (PFM). If PFM has been previously fulfilled, please indicate course interest below (give your top three choices):

_____ Production Arts _____ Vocational Arts _____ Digital Music Production _____ Ceramics

Please select the student's t-shirt size and fabric choice:

S M L XL 2XL 3XL _____ Cotton _____ Moisture-Wicking

Tuition: Per diem rate as established by DOE (*Tuition and transportation are the responsibility of the district*)

Meals: Provided at no additional cost by USDA (**USDA Form must be submitted, whether or not your family qualifies)

Application Deadline: March 31, 2016

Space may be limited and some students may be placed on a waiting list. Students will be notified by June 1st of their placement in the JET Program.

(over)

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

I agree to the conditions listed above.

(Parent or Guardian Signature)

Date: _____

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

(JET Program Participant Signature)

Date: _____

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

Current IEP and Medical Forms (3) are also required for students not currently attending Collier

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

2015-2016 SUMMER FOOD SERVICE PROGRAM

LETTER TO PARENTS

Dear Parent or Guardian:

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

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

July 1, 2015 to June 30, 2016

FAMILY SIZE/INCOME SCALE FOR FREE MEALS

(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

| HOUSEHOLD SIZE | FREE MEALS | | |
|--------------------------------------|---------------|-------------|-------------|
| | Annual | Monthly | Weekly |
| 1 | 21,775 | 1,815 | 419 |
| 2 | 29,471 | 2,456 | 567 |
| 3 | 37,167 | 3,098 | 715 |
| 4 | 44,863 | 3,739 | 863 |
| 5 | 52,559 | 4,380 | 1,011 |
| 6 | 60,255 | 5,022 | 1,159 |
| 7 | 67,951 | 5,663 | 1,307 |
| 8 | 75,647 | 6,304 | 1,455 |
| Each Additional Family Member | +7,696 | +642 | +148 |

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

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

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

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

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

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

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

This institution is an equal opportunity provider.

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

Karen M. Stackhouse

Signature of Institutional Representative

2016 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

PROGRAM NAME: Collier-Kateri

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by **June 1, 2016**. An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: _____.

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

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

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

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

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

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

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

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

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

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

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

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice a Month, Month, Year
 Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____