



FROM THE EXECUTIVE DIRECTOR

It is with great pleasure that we welcome students and families to another year of learning and growth at the South Shore Charter Public School. We are very pleased to report that opening day went very smoothly. Due to the efforts of our faculty and staff, the classrooms were ready for all of the excitement brought on by students ready to learn. It was a great day and we look forward to many more great days.

The first day of school also marks the last day of summer reading. Over the past two days, students have been coming to school carrying everything that they will need for the upcoming year. The back to school supplies are seemingly endless. Also being carried into school are the summer reading book projects of various shapes and sizes. From the more traditional essays, to large dioramas and beautifully decorated poster boards, book projects have joined school supplies in becoming part of the landscape of these early days of school. We know that behind a successful reading project is a parent who ensures the reading gets done, the needed materials are purchased, and the time is set aside to facilitate successful completion. We also know in many homes this is no small feat, but instead, a herculean effort. Yet the rewards of that effort are the most important *school supply* your child can bring to school. Unlike the latest locker ladder, the impression a good book leaves lasts a lifetime.

Every year, in anticipation of the upcoming school year, all faculty members participate in professional development. This year we were exceedingly fortunate to host Bill Henderson, author of *The Blind Advantage*, as the keynote speaker. Mr. Henderson was the principal of the Patrick O'Hearn Elementary School from 1989 to 2009. There he led an inclusive education initiative and oversaw the O'Hearn's transition from a regular Boston Public School to a full inclusion school. Mr. Henderson's work with all student populations has reached beyond Boston to schools throughout Massachusetts and the United States. Upon Mr. Henderson's retirement in 2010, the City of Boston renamed the O'Hearn the Dr. William W. Henderson K-12 Inclusion School in his honor.

Last Wednesday, Mr. Henderson spoke to us about his experiences working with special needs and mainstream student populations and what it was like being the principal of a school who also happens to be blind. He spoke of the importance of securing the least restrictive environment for students with special needs, of how individual student rights to a free and appropriate education are a civil right, and of how students with special needs are in many instances not gifted or talented in spite of their special need, but instead, because of their special need. It is a wonderful moment when you hear spoken aloud what you believe in your heart. Thank you Mr. Henderson.

And so the year has begun. Tomorrow we welcome more guests, forty graduate students from the Harvard Kennedy School. Last year students from the Harvard Kennedy School did a wonderful job building our outdoor classroom. This year students have volunteered a day to help with our outdoor spaces and landscaping. If you should come across a graduate student on campus, please be sure to introduce yourself and say hello. They are a terrific group of students from all over the world with many great stories to tell.

Alicia Savage – asavage@sscps.org

Friday	08/29	Early Release	12:00pm
Monday	09/01	Labor Day – No school	
Tuesday	09/02	Parent Association Meeting	7:00pm
Thursday	09/04	Level III Field Trip to Nantasket Beach	

WEEKLY UPDATES ARE EMAILED AND POSTED ON OUR WEBSITE AT WWW.SSCPS.ORG EVERY WEDNESDAY – TO RECEIVE A PAPER COPY PLEASE CONTACT PAM ALGERA EXT. 103 OR EMAIL PALGERA@SSCPS.ORG



Harvest Run

5K ROAD RACE - FITNESS WALK

Saturday, October 18, 2014

Wompatuck State Park
Hingham, MA

Would you like your company logo on this year's Harvest Run event t-shirt? Sponsorship options are still available!

For more information visit www.sscps.org or contact Denise Demaggio at ddemaggio@sscps.org or #617-653-8246

Race Schedule:

9:00 - 10:45: Registration and t-shirt pick-up

11:00: The Harvest Run begins!

Refreshments provided after the race

Individual registration opening soon

Family discount is available for SSCPS students, staff, and their immediate families. Sign up at the back to school picnic !

All funds raised will be used to develop outdoor spaces for health and recreation at the South Shore Charter Public School.



Harvest Run

5K ROAD RACE - FITNESS WALK

Saturday, October 18, 2014

Wompatuck State Park
Hingham, MA

SSCPS FAMILY REGISTRATION

Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

E-Mail: _____

For office use only
Cash/Check # \$ Date Received

Waiver Must Be Read and Understood:

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release South Shore Charter Educational Foundation, South Shore Charter Public School and the town of Hingham, MA, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

Signature : _____ Date: _____

Individual Names	Runner/Walker Up to 2 runners, unlimited walkers *\$3.50 each additional runner	Age on Race Day Gender M/F	Shirt Size *2 shirts included, \$7.00 each additional *Guaranteed to those who register by September 24th*
1.			
2.			
3.			
4.			
5.			

Pre-Race Number and T-Shirt Pick-Up:

Friday, October 17, 2014 2:00—6:30
Marathon Sports
134 Washington Street, Norwell, MA

Race Schedule:

9:00 - 10:45: Registration and t-shirt pick-up
11:00: The Harvest Run begins!

Refreshments provided after the race

SSCPS Family Registration \$40/family

Fee includes:
2 t-shirts (\$7.00 per additional t-shirt)
2 runners (\$3.50 per additional runner)
unlimited walkers

SSCPS Student Registration
\$15.00/individual student/faculty

All funds raised will be used to develop outdoor spaces for health and recreation at the South Shore Charter Public School.

100 Longwater Circle, Norwell, MA 02061 Tel: 781-982-4202 www.sscps.org



Nonverbal Learning Disability: Characteristics and Treatment

Presented by:

Ellen Keefe, MS, CCC-SLP

Sheryl Man, MS, OTR/L

Wednesday, September 17th, 2014

7-8:30 p.m. Weymouth Location 1st Floor

\$25

When

Wednesday September 17, 2014
from 7:00 PM to 8:30 PM EDT

7-8:30 pm

[Add to Calendar](#)

Where

South Shore Therapies
163 Libbey Industrial Parkway
First Floor
Weymouth, Ma 02189

[Driving Directions](#)

Some of the characteristics of Nonverbal Learning Disability are:

- Difficulty understanding body language/facial expression
- Inability to grasp the "Big Picture"
- Concrete Literal Thinking
- Decreased coordination and organization
- Difficulty writing and drawing
- Problems with math and reading
- Poor self esteem

Join Ellen Keefe, MS, CCC-SLP and Sheryl Man MS, OTR/L for a discussion that will provide you with an understanding of the physical, language and social characteristics of NVLD. In addition, you will learn great strategies to help you boost your child's social and higher level language skills.



[Register Now!](#)



Dear Parent/Guardian:

Children need healthy meals to learn. **South Shore Charter Public School** offers healthy meals every school day. Breakfast costs **\$1.75**; lunch costs **\$3.25**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch.

1. *Do I need to fill out an application for each child?* No. **Complete only 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: **Charlene Evans, Food Services Coordinator, 781-982-4202.**
2. *Who can get free meals?* All children in households receiving benefits from MA SNAP, MA TAFDC or the Food Distribution Program on Indian Reservations, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.



If you have received a NOTICE OF DIRECT CERTIFICATION 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.

3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals.
4. *Can homeless, runaway, and migrant children get free meals?* Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Angie Pepin, 7-12 Principal, 781-982-4202 or apepin@sscps.org.**
5. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. Call the school at **781-982-4202** if you have questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few 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.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
9. *Will the information I give be checked?* Yes and we may also ask you to send written proof.
10. *If I don't qualify now, may I apply later?* Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. *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: **Alicia Savage at 781-982-4202 or email asavage@sscps.org or by mail to 100 Longwater Circle, Norwell, MA 02061.**

12. *May I apply if someone in my household is not a U.S. citizen?* Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. *Who should I include as members of my household?* You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. *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.
15. *We are in the military. do we include our housing allowance as income?* If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. *My spouse is deployed to a combat zone. is her combat pay counted as income?* No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. *My family needs more help. Are there other programs we might apply for?* To find out how to apply for MA SNAP or other assistance benefits, contact your local assistance office or call the MA SNAP Hotline **1-866-950-3663**

If you have other questions or need help, call **781-982-4202x106**

Si necesita ayuda, por favor llame al teléfono: **781-982-4202x106**

Si vous voudriez d'aide, contactez nous au numero: **781-982-4202x106**

Sincerely,

Kristine Bingham
Director of Finance

“The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity employer.

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

No! IDO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name _____ School: _____

—

Child's Name _____ School: _____

—

Child's Name _____ School: _____

—

Child's Name _____ School: _____

—

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Kristine Bingham** at 781-982-4202x106 or e-mail at kbingham@sscps.org

Return this form to: **SSCPS, 100 Longwater Circle, Norwell, MA 02061.**

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Title I Program**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **SSYMCA Afterschool Childcare Program**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **SSCPS Athletic & Enrichment Programs**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. **Your information will be shared only with the programs you checked.**

Child's Name _____ School: _____

—

Child's Name _____ School: _____

—

Child's Name _____ School: _____

—

Child's Name _____ School: _____

—

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Kristine Bingham** at 781-982-4202x106 or e-mail kbingham@sscps.org

Return this form to: **Kristine Bingham** at **SSCPS, 100 Longwater Circle, Norwell, MA 02061.**



If your child is eligible for free or reduced school meals, your child may also be eligible for **free or low cost health insurance** through MassHealth.

To learn more call: 1-800-841-2900

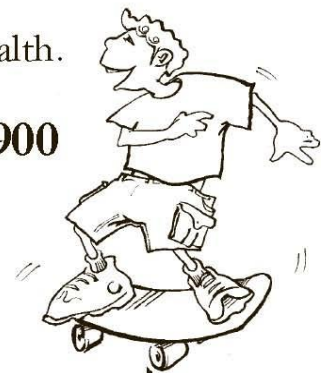
MassHealth



Si su niño es eligible para almuerzo gratis o reducido, su niño pueda ser eligible para **seguro de salud gratis o de bajo costo** por medio de MassHealth.

Para saber mas, llame al: 1-800-841-2900

*covering
kids*





MASSACHUSETTS FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

SCHOOL YEAR 2014-2015

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

PART 1. ALL HOUSEHOLD MEMBERS List all household members including children seeking school meals, siblings and both parents of children living in home. Also, include other relatives and friends living in home if you live as a single economic unit. (See instructions- Q.13)

NAME OF ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	NAME OF SCHOOL CHILD ATTENDS	CHECK IF A FOSTER CHILD (LEGAL RESPONSIBILITY OF WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5.	CHECK IF NO INCOME
		<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"/>

PART 2. BENEFITS- MA SNAP OR MA TAFDC

IF **ANY** MEMBER OF YOUR HOUSEHOLD RECEIVES **MA SNAP** or **MA TAFDC benefits**, PROVIDE THE AGENCY IDENTIFICATION NUMBER* LOCATED ON THE DEPARTMENT OF TRANSITIONAL ASSISTANCE (DTA) BENEFIT LETTER. SKIP TO PART 5 AND SIGN THIS FORM IF YOU HAVE PROVIDED AN AGENCY ID NUMBER.

AGENCY ID: _____ * Do not provide EBT card number.

PART 3. HOMELESS, MIGRANT, RUNAWAY

IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, A RUNAWAY, OR MIGRANT, CHECK THE APPROPRIATE BOX AND CALL **Angie Pepin, 781-982-4202x102**

HOMELESS RUNAWAY MIGRANT

PART 4. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE. DO NOT INCLUDE MONEY RECEIVED FROM MA SNAP OR MA TAFDC.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (you must indicate how much and how often)
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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\$		<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"/>	\$

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

A parent or caretaker adult must sign the application (see Use of Information Statement on the back of this page). I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information that I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last 4 digits of his or her Social Security Number or mark the "Check here if you do not have a Social Security Number" box. See Use of Information Statement on the back of this page.

Sign here: _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Last four digits of Social Security Number *** - * * - _ _ _ _ Check here if you do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

<i>Choose one ethnicity:</i>	<i>Choose one or more (regardless of ethnicity):</i>		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Only annualize income if there are multiple pay frequencies

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Dual Eligibility: Foster child(ren) – Free _____ Non-foster child(ren) – Free _____ Reduced _____ Denied _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Check if this is an **error prone application** – utilize for verification standard sample size – see eligibility manual for instructions.

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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

Use of Information Statement: This explains how we will use the information you give us.

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.

Household size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional person:	+7,511	+626	+145

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. “The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http:// www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity employer.

Breakfast Order Form
Breakfast for the Month of August/September, 2014
Due to the office by 3:00 pm, *Tuesday, September 2, 2014

Student Name _____

Pod Teacher/Advisor _____ Grade _____

*Please **CHECK** off the day breakfast will be ordered.*

Week of 9/8 – 9/12 Monday Tuesday Wednesday Thursday Friday

Week of 9/15 – 9/19 Monday Tuesday Wednesday Thursday Friday

Week of 9/22 – 9/26 Monday Tuesday Wednesday Thursday Friday

Number of Breakfasts ordered _____ X \$1.75

Less credit due _____

Total Amount Enclosed

\$ _____

Cash or Checks may be made out to SSCPS.

Lunch Order Form
Lunch for the Month of August/September, 2014
Due to the office by 3:00 pm, ***Tuesday**, September 2, 2014

Student Name _____

Pod Teacher/Advisor _____ Grade _____

Please **CHECK** off the day lunch will be ordered.

Week of 9/8 – 9/12 Monday Tuesday Wednesday Thursday Friday

Week of 9/15 – 9/19 Monday Tuesday Wednesday Thursday Friday

Week of 9/22 – 9/26 Monday Tuesday Wednesday Thursday Friday

Number of Breakfasts ordered _____ X \$3.25

Less credit due _____

Total Amount Enclosed \$ _____
Cash or Checks may be made out to SSCPS.



SOUTH SHORE CHARTER SCHOOL
AUGUST / SEPTEMBER, 2014

Breakfast

Monday	Tuesday	Wednesday	Thursday	Friday
Aug. 25	26 3.6 oz. WW Muffin Fruit Juice Milk	27 WG Cinnamon Bun Fruit Juice Milk	28 3.6 oz. WW Muffin Fruit Juice Milk	29 Honey Wheat Bagel w/ Jelly Fruit Juice Milk
Sept. 1 LABOR DAY	2 Cereal WW Grahams Fruit Juice Milk	3 2 oz. Cereal Fruit Juice Milk	4 WG Cinnamon Bun Fruit Juice Milk	5 2 oz. Cereal Fruit Juice Milk
8 Cereal WW Grahams Fruit Juice Milk	9 Honey Wheat Bagel w/ Jelly Fruit Juice Milk	10 3.6 oz. WW Muffin Fruit Juice Milk	11 Cereal WW Grahams Fruit Juice Milk	12 WW Croissant w/ Jelly Fruit Juice Milk
15 3.6 oz. WW Muffin Fruit Juice Milk	16 2 oz. Cereal Fruit Juice Milk	17 WW Cinnamon Bun Fruit Juice Milk	18 3.6 oz. WW Muffin Fruit Juice Milk	19 3.6 oz. WW Muffin Fruit Juice Milk
22 Cereal WW Grahams Fruit Juice Milk	23 WW Croissant & Jelly Fruit Juice Milk	24 3.6 oz. WW Muffin Fruit Juice Milk	25 Honey Wheat Bagel & Jelly Fruit Juice Milk	26 3.6 oz. WW Muffin Fruit Juice Milk

* All Meals include Choice of 1% or Skim Milk.

* Complies with NSLP Regulations

ALL MENUS ARE SUBJECT TO CHANGE

***Before placing your order, please inform the school if you have a food allergy!**



SOUTH SHORE CHARTER SCHOOL K-8
AUGUST / SEPTEMBER, 2014

LUNCH

Monday	Tuesday	Wednesday	Thursday	Friday
Aug. 25	26 Meatballs on WW Sub Green Beans Banana Milk	27 Macaroni & Cheese Broccoli Pears Milk	28 Mexican Chicken WW Wrap Sweet Potato Fries w/ Ketchup Apple Milk	29 Early Release No Lunch
Sept. 1 LABOR DAY	2 Chicken WW Quesadilla Green Beans Spanish Rice Orange Milk	3 Beef & Bean WW Burrito Corn Banana Milk	4 Chicken Parmesan Ziti Broccoli Peaches Milk	5 Chicken Caesar Salad WW Wrap Cucumbers Fruit Milk
8 Chicken Tenders w/ Ketchup Green Beans Peaches Whole Wheat Roll Milk	9 Early Release No Lunch	10 BBQ Chicken on WW Roll Potato Wedges w/ Ketchup Fresh Fruit Milk	11 Sloppy Jo on WW Bun Broccoli Banana Milk	12 Herbed Baked Chicken Carrots Raisins Whole Wheat Roll Milk
15 Hamburger on WW Bun w/ Ketchup Baked Beans Baked Apple Slices Milk	16 Sweet & Sour Chicken Brown Rice Broccoli Pineapple Chunks Milk	17 American Chop Suey Carrots Banana Whole Wheat Roll Milk	18 Turkey & Gravy Corn Apple Whole Wheat Roll Milk	19 Crunchy Chicken Salad WW Wrap Cucumber Orange Milk
22 WG Mozzarella Sticks w/ Marinara Sauce Green Beans Baked Sliced Apples Milk	23 Early Release No Lunch	24 Macaroni & Cheese Broccoli Peaches Milk	25 "Breakfast for Lunch" WW Pancakes & Syrup w/ Sausage Potato Wedges w/ Ketchup Grapes Milk	26 Cheese Pizza Carrots Banana Milk

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* Complies with NSLP Regulations

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SOUTH SHORE CHARTER SCHOOL – 9-12
AUGUST / SEPTEMBER, 2014
LUNCH

Monday	Tuesday	Wednesday	Thursday	Friday
	26 Meatballs on WW Sub Green Beans & Corn Banana Fruit Cocktail Milk	27 Macaroni & Cheese Broccoli Pears Milk	28 Mexican Chicken WW Wrap Sweet Potato Fries w/ Ketchup Apple & Juice Milk	29 Early Release No Lunch
Sept. 1 LABOR DAY	2 Chicken WW Quesadilla Green Beans Spanish Rice Orange & Pineapple Chunks Milk	3 Beef & Bean WW Burrito Corn Banana Mandarin Oranges Milk	4 Chicken Parmesan Ziti Broccoli Peaches Milk	5 Chicken Caesar Salad WW Wrap Cucumbers Fruit Juice Milk
8 Chicken Tenders w/ Ketchup Green Beans Peaches & Juice Whole Wheat Roll Milk	9 Early Release No Lunch	10 BBQ Chicken on WW Roll Potato Wedges w/ Ketchup Fresh Fruit Raisins Milk	11 Sloppy Jo on WW Bun Broccoli Banana Pears Milk	12 Herbed Baked Chicken Carrots Raisins Whole Wheat Roll Milk
15 Hamburger on WW Bun w/ Ketchup Baked Beans Baked Apple Slices Milk	16 Sweet & Sour Chicken Brown Rice Broccoli Pineapple Chunks Milk	17 American Chop Suey Carrots Banana Whole Wheat Roll Milk	18 Turkey & Gravy Corn Apple Whole Grain Cinnamon Roll Milk	19 Crunchy Chicken Salad WW Wrap Cucumber Orange Apple Juice Pretzels Milk
22 WG Mozzarella Sticks w/ Marinara Sauce Green Beans Baked Sliced Apples Fresh Fruit Milk	23 Early Release No Lunch	24 Macaroni & Cheese Broccoli Peaches Milk	25 “Breakfast for Lunch” WW Pancakes & Syrup w/ Sausage Potato Wedges w/ Ketchup Grapes Raisins Milk	26 Cheese Pizza Sweet Potato Fries Banana & Juice Milk

* All Meals include Choice of 1% or Skim Milk.

* Complies with NSLP Regulations

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