



Home of the Bucs

School Counseling Services

My name is Jessica Lingenfelter and I am the school counselor for grades K-5 at Bridges Preparatory School. I would like to be a resource for your child throughout the school year. My goal is to help your child be successful both academically, socially, and emotionally.

I have the opportunity to work with every student in their classroom, in small groups, and/or individually.

Classroom-based counseling: I provide lessons about social-emotional growth, academics, and careers for all students K-5.

Small group counseling: I send home a permission form that lets parents know what the topic is, what will be covered, and the goal of the group. Parents have the option of allowing their child to participate or to decline the invitation of the small group.

Individual counseling: A parent, teacher, or principal may refer a student to receive this service. Students can also request to see me. This is short term, one-on-one counseling, and I may refer some students to outside sources depending on the severity of the need. If you **DO NOT** want your child to receive individual counseling if referred or requested, please complete and return the bottom section. You may email me or return the bottom portion of this document to deny individual counseling services.

Confidentiality: Trust and confidentiality work together. Counseling records do not become a part of the permanent record. The requirements of the Family Education Rights and Privacy Act (FERPA) are enforced. Information will not be released to anyone outside our school without your written permission. I may collaborate with the classroom teacher about how he or she can help your child in the classroom; however, specific information will not be shared.

If you have any questions or concerns, please contact me via **email** jlingenfelter@bridgesprep.org or **phone** 843.982.7737 Ext:5308

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2023-24 Household Income Form (EIAE) Complete one application per household and upload to registration or return to the school. Please use a pen if completing form by hand.

STEP 1 List ALL CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.

DEFINITIONS: Children in Household: Any infant, child or student up to 12th grade that lives in your household. Household Member: Anyone who is living with you who shares income and expenses, even if not related.	Child's First Name	MI	Child's Last Name	School	Grade	Student? Y N	Homeless (or) Runaway	Migrant	Foster

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs SNAP or TANF or FDPIR?

NO If NO household member participates in SNAP or TANF or FDPIR or Medicaid, then complete STEP 3. YES If YES, fill in your SNAP or TANF or FDPIR case number and/or medicaid number here and then go to STEP 4. Do not complete STEP 3. MT Case #: _____
Medicaid # _____

STEP 3 Report Income for ALL Household Members. Skip this step if you wrote a SNAP or TANF or FDPIR case number in STEP 2.

A. **Child Income** Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here. \$ _____ Weekly Bi-Weekly 2X Month Monthly Yearly

B. **Adult Income (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 they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

First and Last Name of Adult Household Member	Earnings from Work	Weekly					Public Assistance/Child Support/ Alimony	Weekly					Pension/Retirement/ All Other Income	Weekly				
		Weekly	Bi-Weekly	2X Month	Monthly	Yearly		Weekly	Bi-Weekly	2X Month	Monthly	Yearly		Weekly	Bi-Weekly	2X Month	Monthly	Yearly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

STEP 4 Contact Information and Adult Signature.

"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."

Mailing Address _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed Name of Adult Completing Form _____ Signature of Adult Completing Form _____ Today's Date _____

SCHOOL USE ONLY School District Must Complete This Section.

Signature of Determining Official: _____ Date: _____ Signature of Confirming Official: _____ Date: _____ Signature of Verifying Official: _____ Date: _____

Directly Certified (DC) from DCA/Source Records: SNAP DC TANF DC FDPIR DC Homeless/Runaway DC Migrant DC Foster DC

Categorical Eligibility: Foster Child Case Number

Total Household Income: \$ _____ per _____ Household Size: _____

Application Approved For: Free Meals Reduced-Price Meals Application Denied

Application Received: _____ Application Effective Date: _____

ANNUAL INCOME CONVERSION
Weekly X 52
Bi-Weekly X 26
Twice a Month X 24
Monthly X 12
Convert to annual income ONLY if different frequencies of income listed.

OPTIONAL Children's Racial and Ethnic Identities.

Collecting racial and ethnic information 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:	Race:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American

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.

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) 2 0 fax: 690-7442; or email: program.intake@usda.gov.

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	-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
-Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
-Income from any other source	- A friend or extended family member regularly gives a child spending money

Sources of Income for Adults		
earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement /All Other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business) -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	-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	-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

This institution is an equal opportunity provider.