Thank you for applying to The Fresh Air Fund’s 2017 Summer Programs. Our sleep-away programs are free of charge to families that meet our eligibility criteria. Please call 1-800-367-0003 if you have questions or need help completing the application.

ELIGIBILITY CRITERIA

Age
For Camp
⇒ Girls: 8 - 12 years old by 08/07/17
⇒ Boys: 8 - 15 years old by 08/07/17
⇒ Career Awareness Program (CAP/Camp Mariah):
  current 6th grade students (11 - 12 years old by 06/29/17)
For Friendly Towns
⇒ New applicants: 7 - 12 years old by 08/07/17
⇒ Returning applicants 13 years or older must be re-invited by a previous Host Family or a Host Family from the same Friendly Towns area

Address & Income
⇒ Children must live in and go to school in one of NYC’s five boroughs
⇒ Children must be eligible for free or reduced lunch under the USDA income guidelines

Other Information
⇒ Spots are filled on a first come, first served basis - after the application is complete
⇒ Submitting an application does not guarantee acceptance, even after it is complete
⇒ Our two-page medical form must be completed (signed, dated and stamped) by the doctor
  • All Camp Applicants: the most recent physical exam must have happened on or after 06/01/16
  • Friendly Towns Applicants: the most recent physical exam must have happened on or after 01/01/16 - the DOE/DOH medical form is only accepted for returning applicants
⇒ In some instances, additional or updated information may be needed in order to make a decision
⇒ Once accepted, a parent/caregiver must attend an orientation session before their child’s trip
⇒ Children must be able to participate in the full trip and use transportation arranged by The Fund
⇒ We expect to receive more than 10,000 applications - please call us to track your application

Application Deadlines

<table>
<thead>
<tr>
<th></th>
<th>Priority Review</th>
<th>Regular Review</th>
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</thead>
<tbody>
<tr>
<td>Returning Applicants</td>
<td>11/01/16 - 12/30/16</td>
<td>01/03/17 - 04/28/17</td>
</tr>
<tr>
<td>New Applicants</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Evaluation Forms (if applicable)</td>
<td>Dated after 01/03/17 and received by 04/28/17</td>
<td></td>
</tr>
</tbody>
</table>
Please review the Application Checklist. If you do not know which program you want, follow the checklist for the Camp Program. The application should be submitted by **04/28/17**. Please contact the **Community Outreach Team** at **1-800-367-0003** if you have questions.

### CAMP PROGRAM
- Page 1: Child & Family Information
- Page 2: Foster Care Information Page *(If applicable)*
- Pages 3 & 4: The Fresh Air Fund Medical Form
  - Dated on or after 06/01/16
  - All Applicants - Fresh Air Fund Form Required
  - (DOE/DOH form is **not** accepted)
- Page 5: Additional Health Information
  - Meningococcal Meningitis Vaccination Response
- Page 6: Health Insurance Information
  - Copy of Health Insurance Card *(Front & Back)*
- Pages 7 & 8: Additional Child & Family Information
- Page 9: Food Service Form
- Page 10: Vision Van Form
- Page 11: Session Preference
- Pages 12 & 13: Parental Consent & Release Form

### FRIENDLY TOWNS PROGRAM
- Page 1: Child & Family Information
- Page 2: Foster Care Information Page *(If applicable)*
- Pages 3 & 4: The Fresh Air Fund Medical Form
  - Dated on or after 01/01/16
  - New Applicants - Fresh Air Fund Form Required
  - Return Applicants - Fresh Air Fund Form or DOE/DOH Medical Form is accepted
- Page 5: Additional Health Information
  - Meningococcal Meningitis Vaccination Response
- Page 6: Health Insurance Information
  - Copy of Health Insurance Card *(Front & Back)*
- Pages 7 & 8: Additional Child & Family Information
- Page 9: Food Service Form
- Page 10: Vision Van Form *(Optional)*
- Page 11: Session Preference
  - New Applicants *(Required)*
  - Return Applicants *(Optional)*
- Pages 12 & 13: Parental Consent & Release Form

### Supplemental Information for
- **CAREER AWARENESS PROGRAM**
  - Returning Applicants *(due by 03/15/17)*
    - Course Selection Form
    - CAP Commitment Form
    - Parent Commitment Form
  - New Applicants *(due by 04/14/17)*
    - 2 Letters of Recommendation
    - 2 Report Cards *(5th Grade Final & 6th Grade Most Recent)*

### Supplemental Information for
- **ALL APPLICANTS**
  - Legal Guardianship Papers *(If applicable)*
  - Evaluation Form Completed By Teacher, Guidance Counselor, Social Worker or Therapist *(If applicable)*
    - Dated after 01/03/17 & Received by 04/28/17
  - Asthma Treatment Plan *(If applicable)*
  - Behavioral Plan *(If applicable)*
  - Special Dietary Plan *(If applicable)*

As a reminder, we encourage you to call the Community Outreach Team periodically to track the progress of your child’s application. **Do not submit this page with your child’s application.**
Summer Food Service Program: Information for Parents
Summer 2017

This insert relates to Page 9 of the Child Application. Read it carefully and keep it for your records.

The Fresh Air Fund participates in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible for camp and to receive free meals, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children in households that receive food stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible for the program. The following 2016-2017 income eligibility standards will be used for determining eligibility for reimbursement:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income Eligibility Guidelines</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Yearly</td>
</tr>
<tr>
<td>1</td>
<td>$21,978</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
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<td>$67,951</td>
</tr>
<tr>
<td>8</td>
<td>$75,647</td>
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</table>

For each additional family member, add:

<table>
<thead>
<tr>
<th></th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$7,696</td>
<td>$642</td>
<td>$ 148</td>
</tr>
</tbody>
</table>

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.

Meals will be provided at site(s) and times as follows:

- Camps Anita Bliss Coler (ABC), Hayden Marks Memorial, Hidden Valley, and Tommy will serve Breakfast at 8:00am, Lunch at 12:30pm, and Dinner at 6:00pm on the following dates:
  - Thursday, June 29, 2017 - Friday, July 7, 2017
  - Monday, July 10, 2017 - Friday, July 21, 2017
  - Monday, July 24, 2017 - Friday, August 4, 2017
  - Monday, August 7, 2017 - Friday, August 18, 2017

- Camp Mariah will serve Breakfast at 8:00am, Lunch at 12:30pm; and Dinner at 6:00pm on the following dates:
  - Thursday, June 29, 2017 - Friday, July 21, 2017
  - Friday, July 28, 2017 - Friday, August 18, 2017

Please fill out the enclosed “Summer Food Service Program Form” (Page 9) and include it in your application.

This institution is an equal opportunity provider. Persons interested in receiving more information should contact:

The Fresh Air Fund, 633 Third Avenue, 14th floor, New York, NY 10017 Telephone: 212-897-8900

To file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: https://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: USDA, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410.
2) fax: (202) 690-7442
3) email: program.intake@usda.gov

__________________________________________
Signature of Authorized Representative

11/01/16
Date
The Fresh Air Fund’s income guidelines are based on the United States Department of Agriculture’s guidelines for reduced price meals. Families applying for our camping programs must meet the published USDA income guidelines. These guidelines are released annually, and are printed on the other side of this page. The size of a family’s household should be calculated including children. **Applications from families earning up to $20,000 per year over the USDA guidelines will only be considered for our Friendly Towns Program.**

We work hard to serve as many New York City children as possible every year, but since spaces in host families and at camp are limited, we can only accept applications for those who meet these guidelines.

**Families that earn more than $20,000 per year above the USDA income guidelines are not eligible for any Fresh Air Fund programs.** Alternative summer programs can be found by contacting organizations such as the American Camp Association, available at [www.acacamps.org](http://www.acacamps.org) or 1-800-777-CAMP.
Meningococcal Meningitis: Information for Parents

This insert is referred to in Page 12 of the Child Application. Please read it carefully, and keep it for your own records.

New York State Public Health Law (NYS PHL) §2167 and Subpart 7-2 of the State Sanitary Code requires overnight children’s camps to distribute this information about meningococcal disease (meningitis) and its vaccination to the parents and guardians of all campers who attend camp for 7 or more consecutive nights.

The Fresh Air Fund is required to keep a record of the following information for each camper:

- A response to receipt of meningococcal disease and vaccine information signed by the camper’s parent or guardian; AND EITHER
- A record of meningococcal meningitis immunization OR
- An acknowledgment of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the camper’s parent or guardian.

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 – 1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16-21 years old. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of the meningococcal vaccine is important for people at highest risk.
There are two kinds of meningococcal vaccines in the U.S.:

- **Meningococcal conjugate vaccine (MCV4)** is the preferred vaccine for people 55 years of age and younger. For example, 2 MCV4 vaccines are Menactra™ and Menveo™.

  The Centers for Disease Control and Prevention recommend two doses of MCV4 for all adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

  If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55. The trade name of MPSV4 is Menomune.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

Information about the availability and cost of the vaccine can be obtained from your health care provider. In addition, the New York State Department of Health has informed The Fresh Air Fund that the vaccine is covered once for each recipient in fee-for-service Medicaid and/or each enrollee in a Medicaid managed care plan. The Fresh Air Fund does not offer meningococcal immunization services.

**Please complete the Meningococcal Vaccination Response Form and return it along with your application and medical forms to:**

The Fresh Air Fund  
633 Third Avenue, 14th Floor  
New York, NY 10017

To learn more about meningitis and the vaccine, please consult your child's physician or your student health service. You can also find information about the disease on the websites of the:

- New York State Department of Health: www.health.state.ny.us;
- The Centers for Disease Control and Prevention: www.cdc.gov/vaccines/vpd-vac/mening/default.htm, and
Notice of Privacy Practices

Luxottica Retail including:
- LensCrafters
- EXEMAX of California

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information.

Please Review It Carefully

Our Legal Duty
We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of this Notice effective for all health information that we maintain, including health information we created or received before we made the changes. In the event we make a material change in our privacy practices, we will change this Notice and provide it to you at your next visit or it can be viewed in the store or on our Web site.

You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Uses and Disclosures of Health Information

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care and service that you receive. Your health information is contained in a medical or optical dispensary record that is the physical property of Luxottica Retail.

For Health Care Operations
We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of staff to:
- evaluate the performance of our associates;
- assess the quality of service, product and care in your case and similar cases;
- learn how to improve our facilities and services;
- conduct training programs or credentialing activities; and
- determine how to continually improve the quality and effectiveness of the products, service and care we provide.

For Payment
We may use and disclose your health information to others for purposes of processing and receiving payment for treatment and services provided to you. This may include:
- billing and collection activities and related data processing;
- actions by a health plan or insurer to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims;
- medical necessity and appropriateness of care reviews, utilization review activities; and
- disclosure to consumer reporting agencies of information relating to collection of payments.

Persons Involved in Care
We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location or your general condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, photos, or other similar forms of health information.

Required by law
We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:
- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence;
- to assist law enforcement officials in their law enforcement duties; or
- to assist public health officials to prevent a serious threat to the health or safety of you or any other person.

Appointments, Treatment and Quality Assurance
We may use your information to provide appointment reminders or recall notices (such as voicemail messages, postcards or letters) or information about treatment alternatives or other health-related benefits, products and services that may be of interest to you. We may also contact you to conduct our own surveys about the quality of the products and services we provide.

Fundraising
We may use your information to contact you to raise funds or materials for the LensCrafters Foundation including its Give The Gift Of Sight program.

To You, Your Family and Friends
We may disclose your health information to you, as described in the Your Health Information Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so or, if you are not able to agree, if it is necessary in our professional judgment.

Decedents
Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.
Organ/Tissue Donation
Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research
We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Government Functions
Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation
Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Marketing Health Products or Services
We will not use your health information for marketing communications without your prior written authorization. We may provide you with information regarding products or services that we offer related to your health care needs. We will never sell your health information without your prior authorization.

Your Authorization
In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Restriction
You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication
You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment
You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. You may obtain a form to request an amendment to your health information by using the contact information listed at the end of this Notice.

Electronic Notice
If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Questions and Complaints
If you want more information about our privacy practices, or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information
If you have any questions or complaints, please contact:

Privacy Office
Luxottica Retail
4000 Luxottica Place
Mason, Ohio 45040
Phone: 513-765-4321
Email: privacyoffice@luxotticaretail.com

Thank you for entrusting Luxottica Retail with your eye care and eye wear needs.