

## Frequently Asked Questions (FAQs) About

# FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Westport Public Schools offer healthy meals every school day. Children may buy lunch for \$2.80 at the High School, \$2.70 at the Middle School and \$2.45 at the Elementary School. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.40 for lunch. This packet includes an application for free or reduced-price meal benefits and detailed instructions.

**NOTE:** Children receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA) benefits may be directly certified and automatically eligible for free meals without applying for benefits. Questions regarding SNAP/TFA and direct certification should be sent to the determining official Elio Longo, Jr, Director of School Business Operations. If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. Let the school know if any children in your household are **not** listed on the **Notice of Direct Certification** letter you received.

The answers to common questions below can help you with the application process.

### 1. Who can get free or reduced-price meals?

- All children in households receiving SNAP or TFA benefits are eligible for free meals.
- Foster children that 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 or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of 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:

Reduced Federal Eligibility Income Chart Effective 7/1/2016 to 6/30/2017			
Household size	Yearly	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person	+7,696	+642	+148

- 2. How do I know if my children qualify as homeless 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 you have not been told your children will get free meals, please call or e-mail Michael Rizzo, Director of Pupil Services at (203) 341-1250 or [mrizzo@westport.k12.ct.us](mailto:mrizzo@westport.k12.ct.us).
- 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: [Refer to Addendum A].
- 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 please read the letter carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact [Refer to Addendum A] immediately.
- 5. 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 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.

6. **I get WIC. Can my children get free meals?** Children in households participating in WIC **may** be eligible for free or reduced-price meals. Please send in an application.
7. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.
8. **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.
9. **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: **Elio Longo, Jr., Director of School of Business Operations, Westport Public Schools, 110 Myrtle Avenue., Westport, CT 06880, Telephone: 203-341-1002.**
10. **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.
11. **What if my income is not always the same?** List the amount that you **normally** receive. For example, if you normally make \$1,000 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.
12. **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. When this happens, please write "0" in the field. However, if any income fields are left empty or blank, those will **also** be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you **meant** to do so.
13. **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, these 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.
14. **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 to your application. Contact [Refer to Addendum A] to receive a second application.
15. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP benefits and to contact the Department of Social Services office in your town, contact United Way's free referral number **2-1-1** (free call, statewide).

If you have other questions or need help, call (203) 341-1002.

Sincerely,

**Colleen Palmer, Superintendent of Schools**

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**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly. *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](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## Income Guidelines for Determining Eligibility for Free and Reduced-price Meals

### in the U.S. Department of Agriculture (USDA) School Nutrition Programs

The income guidelines below are from the USDA’s annual adjustments to the Income Guidelines (7CFR Part 245.3(a)). They will be used in Connecticut from **July 1, 2016** to **June 30, 2017** for determining the eligibility of participants for free and reduced-price meals and milk in the USDA Child Nutrition Programs. These income guidelines must be used by all individuals who review applications, and should be distributed to all schools/sites for use by determining officials.

Before approving any free/reduced-price meal/milk applications, the determining official must:

- refer to and review the USDA *Eligibility Manual for School Meals* manual;
- review the 2016-17 Application for Free and Reduced-price School Meals or Free Milk, and accompanying instructions; and
- review the 2016-17 Parent/Guardian Letter to Households for Meals and Snacks and Parent/Guardian Letter to Households for Special Milk Program.

These documents are available on the Connecticut State Department of Education’s [Forms Web page](#).

FREE MEALS/MILK						REDUCED-PRICE MEALS					
Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month Gross Income	Every Two Weeks Gross Income	Weekly Gross Income	Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month Gross Income	Every Two Weeks Gross Income	Weekly Gross Income
1	\$15,444	\$1,287	\$644	\$594	\$297	1	\$21,978	\$1,832	\$916	\$846	\$423
2	20,826	1,736	868	801	401	2	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	3	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	4	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	5	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	6	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
Each Additional Family Member	+5,408	+451	+226	+208	+104	Each Additional Family Member	+7,696	+642	+321	+296	+148

\* Income means income before deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following: 1) Monetary compensation for services, including wages, salary, commissions or fees; 2) net income from non-farm self-employment; 3) net income from farm self-employment; 4) Social Security; 5) dividends or interest on savings or bonds or income from estates or trusts; 6) net rental income; 7) public assistance or welfare payments; 8) unemployment compensation; 9) government civilian employee or military retirement, or pensions or veterans’ payments; 10) private pension or annuities; 11) alimony or child support payments; 12) regular contributions from persons not living in the household; 13) net royalties; and 14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources. “Income” as used here does not include any income or benefits received under any federal programs, which are excluded from consideration as income by any legislative prohibition, for example, the value of benefits received under the Supplemental Nutrition Assistance Program (SNAP).

## Income Guidelines, continued

If a household has only one source of income, or if all sources of income are the same frequency, do **not** use conversion factors. Compare the income or sum of the incomes to the chart above for the appropriate frequency and household size to make the eligibility determination. Many households have different sources of income coming into the home at different frequencies, such as weekly or bi-weekly wages and monthly social security benefits. In these situations, convert all sources of income to an annual amount using the calculations below.

- **Weekly:** Multiply by 52
- **Every two weeks:** Multiply by 26
- **Twice per month:** Multiply by 24
- **Monthly:** Multiply by 12

In applying the guidelines, the school food authority/institution **must** compare the household's size and total household income to the income guidelines to determine eligibility for free or reduced-price meals. Children of parents or guardians who become unemployed may be eligible for free or reduced-price meals or for free milk during the period of unemployment.

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**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

*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](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

# 2016-17 Application for Free and Reduced-price School Meals or Free Milk

Complete one application per household. Please use a pen (not a pencil).

Application No: \_\_\_\_\_

## 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)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
Children in **Foster care** and children who meet the definition of **Homeless or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-price School Meals** for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Student?		Foster	Head Start	Homeless or Runaway
					Yes	No			
							<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 TFA? (This does NOT include medical (HUSKY) benefits).

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (Do not complete STEP 3.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

If NO, > Go to STEP 3

**Case Number:** \_\_\_\_\_  
Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

Are you unsure what income to include here?  
Flip the page and review the charts titled "Sources of Income" for more information.  
The "Sources of Income for Children" chart will help you with the Child Income section.  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**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.

Child income: \$ \_\_\_\_\_  
How often? Weekly  Bi-Weekly  2x Month  Monthly

**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 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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<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"/>	<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"/>

Total Household Members (Children and Adults – Step 1 & Step 3) \_\_\_\_\_

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X 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."

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 \_\_\_\_\_

## 2016-17 Application for Free and Reduced-price School Meals or Free Milk

SOURCES OF INCOME FOR CHILDREN		SOURCES OF INCOME FOR ADULTS		
Sources of Child Income	Examples	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Earnings from work	A child has a regular or part-time job where they earn a salary or wages	<ul style="list-style-type: none"> <li>• Gross income for salary, wages, cash -- bonuses</li> <li>• Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)</li> <li>• Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from state or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private pensions or disability</li> <li>• Regular Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned Interest</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>
Social Security	A child is blind or disabled and receives Social Security benefits			
<ul style="list-style-type: none"> <li>• Disability Payments</li> <li>• Survivor's Benefits</li> </ul>	A parent is disabled, retired, or deceased, and their child receives social security benefits			
Income from persons <b>outside</b> the household	A friend or extended family member <b>regularly</b> gives a child spending money			
Income from any other source	A child receives 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.

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, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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.

**School Use Only – Do Not Write Below This Line**

**Determining Officials (DO) for the school/district MUST complete this section. (*Only convert to annual income if there are different frequencies of income listed in Step 3.*)**

**Annual Income Conversion: Weekly X 52   ♦   Every 2 weeks X 26   ♦   Twice a Month X 24   ♦   Monthly X 12**

- Directly Certified Based on the State Direct Certification List    Date Certified on DC List: \_\_\_\_\_
- SNAP/TFA Household (**Reminder:** The DO must confirm a handwritten SNAP/TFA number)     Foster Child     Head Start     **Confirmed** Homeless or Runaway
- Income Household: Total household income: \_\_\_\_\_ per \_\_\_\_\_ Household Size: \_\_\_\_\_

**Application approved for:**     Free Meals                     Reduced-price Meals                     Application Denied

Date Notice Sent: \_\_\_\_\_ Signature of DO: \_\_\_\_\_ Date: \_\_\_\_\_

## HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please 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 Westport*. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact [Refer to Addendum A].

**PLEASE 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, please 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 or runaway youth;
- Students attending Westport Public Schools, *regardless of age*.

<b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, please print clearly. 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.	<b>B) Is the child a student in the district?</b> List the name of the school, the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.	<b>C) Do you have any foster children?</b> 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 <b>STEP 1</b> , go to <b>STEP 4</b> . <i>Foster children who live with you may count as members of your household and should be listed on your application.</i> If you are applying for both foster and non-foster children, go to step 3.	<b>D) Are any children homeless, runaway or in a Head Start Program?</b> If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and <i>complete all steps of the application.</i>
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### STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TFA?

**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)
- Temporary Family Assistance (TFA)

<b>A) If no one in your household participates in any of the above listed programs:</b> <ul style="list-style-type: none"><li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li></ul>	<b>B) If anyone in your household participates in any of the above listed programs:</b> <ul style="list-style-type: none"><li>• Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker.</li></ul> <b>Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.</b> <ul style="list-style-type: none"><li>• Go to <b>STEP 4</b>.</li></ul>
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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 Children**" and "**Sources of Income for Adult**," 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.
  - Gross income is the total income received before taxes.
  - 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, please 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:**
  - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - Infants, children and students already listed in **STEP 1.**

**B) List adult household members’ names.** 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, please 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.



## 2016/2017 ADDENDUM A

Staples High School 70 North Avenue Westport, CT 06880 Tel: 203-341-1210	James D'Amico, Principal
Bedford Middle School 88 North Avenue Westport, CT 06880 Tel: 203-341-1510	Adam Rosen, Principal
Coleytown Middle School 255 North Avenue Westport, CT 06880 Tel: 203-341-1610	Kris Szabo, Principal
Coleytown Elementary School 65 Easton Road Westport, CT 06880 Tel: 203-341-1710	Janna Sirowich, Principal
Greens Farms Elementary School 17 Morningside Dr., So. Westport, CT 06880 Tel: 203-222-3610	Kevin Cazzetta, Principal
Kings Highway Elementary School 125 Post Road, W. Westport, CT 06880 Tel: 203-341-1810	Mary Lou DiBella, Principal
Long Lots Elementary School 13 Hyde Lane Westport, CT 06880 Tel: 203-341-1910	Jeffrey Golubchick, Principal
Saugatuck Elementary School 170 Riverside Avenue Westport, CT 06880 Tel: 203-221-2910	Beth Messler, Principal



## Does Your Child Have Health Insurance?

**Connecticut offers low-cost or free coverage!**

Dear Parent / Guardian,

Is your child protected by health insurance? If not, your school and the State of Connecticut want to help. Connecticut's HUSKY Health program, for example, pays for doctor visits (including physical exams), prescriptions, emergency care, vision and dental care, mental health care, special healthcare needs and more. It's for children under age 19 in families of all incomes. Approximately 300,000 Connecticut children now have their health care covered by the HUSKY Health program.

There are two parts to the HUSKY Health program for children:

- I. **HUSKY A** (or Medicaid) - For children in families with limited income. Parents, relative caregivers and pregnant women may also be eligible.
- II. **HUSKY B** (or Children's Health Insurance Program) - For children in families with higher incomes.

To apply online, please visit [AccessHealthCT.com](http://AccessHealthCT.com). To apply by phone, please call 855-805-4325 (TTY: 855-789-2428). For general information about HUSKY Health, please visit [HuskyHealth.com](http://HuskyHealth.com). **You can apply for HUSKY A or HUSKY B any time of the year.**

### Your child needs YOU to stay healthy, too!

**When you apply for HUSKY Health for your child, see what Access Health CT has to offer you.**

Most Connecticut residents have to wait until the next Open Enrollment period (**November 1, 2016 -January 31, 2017**) to get health care coverage through Access Health CT. You may be able to get coverage earlier if you have a **Qualifying Life Event** OR if you qualify for Medicaid (HUSKY A or D) or CHIP (HUSKY B).

### What is a Qualifying Life Event?

Qualifying Events include\*:

- Just married an Access Health CT customer
- Having or adopting a child
- Permanently moving to Connecticut from another state
- Losing other affordable, minimum Essential Health Benefits
- Having a change in income or household status

\*For more information visit [Learn.AccessHealthCT.com/Special](http://Learn.AccessHealthCT.com/Special)



## Addendum C

# INFORMATION ON THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Dear Parent/Guardian:

If your children qualify for free school meals or milk, you might also qualify for **SNAP** (formerly called Food Stamps). SNAP helps people buy food for themselves and their families. SNAP benefits are issued each month on plastic debit cards. You can use SNAP benefits to buy food at major supermarkets, neighborhood grocery stores and some farmers' markets authorized to accept SNAP.

### HOW TO QUALIFY

If and how much SNAP you qualify for depends on:

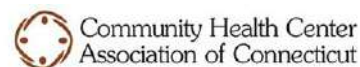
- your household's income;
- allowable deductions to your household's income (examples include monthly shelter expenses, medical bills, court ordered child support);
- your household size; and
- at least 5 years U.S. residency for Legal Permanent Resident non-citizens.

Household Size	Gross Monthly Income	Gross Annual Income
1	\$1,815	\$21,780
2	\$2,456	\$29,472
3	\$3,098	\$37,176
4	\$3,739	\$44,868
5	\$4,380	\$52,560
6	\$5,022	\$60,246
7	\$5,663	\$67,956
8	\$6,304	\$75,648
For each additional member	+642	+7704
Larger households = higher incomes		

If you have access to the Internet, you can go online to see if you are eligible for SNAP. Go to [www.connect.ct.gov](http://www.connect.ct.gov) and click "Am I Eligible?" **Owning your own home or owning a car will not prevent you from being eligible for SNAP.**

### TO APPLY OR GET MORE INFORMATION

- To find your local Connecticut Department of Social Services (DSS) office, call **United Way's free referral number 2-1-1** (free call statewide).
- You can apply online at [www.connect.ct.gov](http://www.connect.ct.gov) (click "Apply for Benefits"). You can get the paper SNAP application in English at [www.ct.gov/dss/lib/dss/pdfs/applications/w-1e.pdf](http://www.ct.gov/dss/lib/dss/pdfs/applications/w-1e.pdf) or in Spanish at [www.ct.gov/dss/lib/dss/pdfs/applications/w-1es.pdf](http://www.ct.gov/dss/lib/dss/pdfs/applications/w-1es.pdf).
- The Community Health Center Association of Connecticut works with the following community health centers, which will help you enroll in SNAP.



HARTFORD COUNTY AND TOLLAND COUNTY	WINDHAM COUNTY AND NEW LONDON COUNTY	MIDDLESEX COUNTY	NEW HAVEN COUNTY	LITCHFIELD COUNTY	FAIRFIELD COUNTY
<b>Community Health Services</b> Hartford 860-249-9625  <b>Charter Oak Health Center</b> Hartford 860-550-7500  <b>Intercommunity, Inc.</b> East Hartford 860-569-5900  <b>First Choice Health Centers</b> East Hartford, Manchester, Vernon 860-528-1359, ext. 241  <b>Wheeler Clinic</b> Bristol 860-920-4175	<b>Generations Family Health Center</b> Willimantic, Norwich, Putnam 860-450-7471, ext. 6300  <b>United Community &amp; Family Services</b> Norwich, New London, Plainfield, Jewett City 860-822-4353	<b>Community Health Center Association of Connecticut</b> Middlesex County 860-667-7820, ext. 318	<b>Cornell Scott Hill Health Center</b> New Haven 203-503-3000  <b>StayWell Health Center</b> Waterbury 203-756-8021, ext. 3814  <b>Fair Haven Community Health Center</b> New Haven 203-777-7411, ext. 5082	<b>Community Health &amp; Wellness Center of Greater Torrington</b> 860-387-0448	<b>Norwalk Community Health Center</b> Norwalk 203-899-1770, ext. 1203  <b>Optimus Health Care</b> Bridgeport, Stamford, Stratford 203-696-3260, ex. 3326  <b>CIFC Greater Danbury Community Health Center</b> 203-743-0100, ext. 254  <b>Southwest Community Health Center</b> Bridgeport 203-332-3542



This handout is available at [www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/AddC.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/AddC.pdf).

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*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](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](mailto:program.intake@usda.gov).*

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