**Instructions for SFSP sponsors:** Provide this letter toall potential families. Make sure to include the current reduced-price income guidelines (Gross Income Guidelines for Reduced-Price Meals) at the end of the parent letter. For more information on the SFSP, visit the Connecticut State Department of Education [SFSP](https://portal.ct.gov/SDE/Nutrition/Summer-Food-Service-Program) website.

Dear Parent/Guardian:

The **(insert name of sponsoring organization)** is planning to seek assistance for nutritious meals served under the Summer Food Service Program (SFSP) for Children. This program is funded by the U.S. Department of Agriculture (USDA) and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced-price school meals. We must document the eligibility of these children by obtaining family-size and income data. Households with incomes less than or equal to the guidelines on the following page are eligible for free meals. Please complete, sign, date, and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

**Households Receiving Supplemental Nutrition Assistance Program or (SNAP)/Temporary Family Assistance (TFA):** If a member of your household \* currently receives SNAP or TFA benefits, you only need to list your child’s name and SNAP or TFA case number and **sign** the application. A child who receives SNAP or TFA benefits or who resides in a household with a recipient of SNAP or TFA is automatically eligible for free meals in the SFSP.

**All other households:** If your household income is at or below the level shown in the attached chart (Gross Income Guidelines for Reduced-Price Meals), you must provide the following information to **(Insert name and contact information including address for enrolled program or camp)** for your application to be processed.

* **Household members:** List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives, and unrelated people who live in your household. **Note:** “Household members” means anyone who is living with you and shares income and expenses, even if not related.
* **Social Security number:** List the last four digits of the social security number of the adult household member who signs the application. If the adult does not have a social security number, print “None.”
* **Current income:** List the amount of income each person earned **last** month (***before*** deductions for taxes, social security, etc.), the frequency of income **and** where it is from, such as wages, retirement, or welfare. If any household member’s income last month was higher or lower than usual, list that person’s usual average monthly income.

**Signature:** An adult household member must sign the application.

**Foster Children:** In certain cases, foster children are eligible for these benefits regardless of the household income. If a household has a child living with them who is a legal ward of the State of Connecticut, that child is considered a family of one, and monthly income from the State must be listed.

**Reapplication:** If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-priced meals during the period of unemployment, provided that the loss of income causes the household income during the period of unemployment to be within the eligibility standards for those meals.

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| --- | --- | --- | --- | --- | --- |
| **Gross Income Guidelines for Reduced-Price Meals**  **Effective July 1, 2024, to June 30, 2025** | | | | | |
| Number in family | Annual gross income | Monthly gross income | Twice per month | Every two weeks gross income | Weekly gross income |
| **1** | 26,973 | 2,248 | 1,124 | 1,038 | 519 |
| **2** | 36,482 | 3,041 | 1,521 | 1,404 | 702 |
| **3** | 45,991 | 3,833 | 1,917 | 1,769 | 885 |
| **4** | 55,500 | 4,625 | 2,313 | 2,135 | 1,068 |
| **5** | 65,009 | 5,418 | 2,709 | 2,501 | 1,251 |
| **6** | 74,518 | 6,210 | 3,105 | 2,867 | 1,434 |
| **7** | 84,027 | 7,003 | 3,502 | 3,232 | 1,616 |
| **8** | 93,536 | 7,795 | 3,898 | 3,598 | 1,799 |
| Each additional family member | +9,509 | +793 | +397 | +366 | +183 |

**Nondiscrimination:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email:[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.