

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Getting Ready

This activity is module 4 of the Connecticut State Department of Education's (CSDE) training program, [*Determining Eligibility in the School Nutrition Programs, Summer Food Service Program, and S-EBT*](#). This activity is based on the information covered in modules 1 through 3. Before beginning module 4:

- review modules 1 through 3 (available in the “[*Determining Eligibility Training*](#)” section of the CSDE’s webpage, [*Eligibility for Free and Reduced-price Meals and Free Milk in School Nutrition Programs*](#));
- download a copy of the CSDE’s [*Module 4 Worksheet: Knowledge Check for Processing Applications*](#);
- download a copy of the U.S. Department of Agriculture’s (USDA) current income eligibility guidelines, [*Income Guidelines for Determining Eligibility for Free and Reduced-price School Meals or Free Milk and S-EBT*](#); and
- have a pencil and calculator available.

Worksheet Instructions

This worksheet contains seven examples of a completed *Application for Free and Reduced-price School Meals or Free Milk and Summer EBT*.

1. For each sample application, review the information in steps 1 through 4. Use the USDA’s income eligibility guidelines and a calculator, as needed, to determine if the application’s income meets the eligibility requirements for free or reduced-price meals.
2. Review the “School Use Only” section. This section contains the determining official’s (DO) decision regarding the application’s eligibility for free or reduced-price meals or free milk. Decide if the DO’s decision is correct.

Module Instructions

Use the pause and resume buttons to stop and start the video while you work on each application.

- When you hear the instructions to “press pause now,” press the pause button and begin review of the application.
- When you are done reviewing the application and have your answer, press the play button.

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 1: Steps 1-4

Page 1 Application for Free and Reduced-price School Meals or Free Milk and S-EBT

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

Apply online at ABCdistrict.org.

Return to ABC District. 1

1

STEP 1

List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

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 NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA client ID 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.

DSS Client Number:

Write only one DSS Client ID number in this space

STEP 3

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

STEP 1

Contact Information and Adult Signature. Return completed form to your child's school at 123 Lane, Anytown, CT 06000.

"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."

Determining Eligibility in the School Nutrition Programs, Summer Food Service Program, and S-EBT

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 1: "School Use Only" Section

| | |
|--|--|
| School Use Only – Do Not Write Below This Line | |
| The Determining Official (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 (DC) based on State DC List as eligible for: <input type="checkbox"/> SNAP <input type="checkbox"/> TFA <input type="checkbox"/> OT <input type="checkbox"/> FM (Free Medicaid) <input type="checkbox"/> RM (Reduced Medicaid) Date Certified on DC List: _____ | |
| <input type="checkbox"/> SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number <input type="checkbox"/> Foster Child <input type="checkbox"/> Confirmed Head Start <input type="checkbox"/> Confirmed Homeless or Runaway | |
| <input checked="" type="checkbox"/> Income Household: Total household income: <u>\$59,505</u> per <u>annually</u> Household Size: <u>4</u> Error Prone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Application approved for: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-price Meals <input checked="" type="checkbox"/> Application Denied | |
| Date Notice Sent: <u>August 21, 20XX</u> Signature of DO: <u>A. Official</u> Date: <u>August 21, 20XX</u> | |

Application1: Answer

The DO **denied** this application. Indicate if the DO's eligibility determination is correct and why.

- a. Is this determination correct? Yes No
- b. Why?

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 2: Steps 1-4

Page 1

Application for Free and Reduced-price School Meals or Free Milk and S-EBT

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

Apply online at ABCdistrict.org.

Return to ABC District

2

Application No: _____

STEP 1

List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

| | | | | | | | | | | |
|--|--------------------|----|-------------------|-----------|-------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 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? Yes <input type="checkbox"/> No <input type="checkbox"/> | Foster | Head Start | Homeless or Runaway | |
| | A | | Child | XYZ Elem. | 1 | <input checked="" 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"/> |
| 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 NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA client ID 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.

DSS Client Number:

Write only one DSS Client ID 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. |
| Note: Biweekly is Every 2 Weeks |

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

| | |
|-------------------------|--|
| Child income | How often? |
| \$ <input type="text"/> | Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annual <input type="radio"/> |

B. All Adult Household Members

(Anyone who is living with you and shares income and expenses, even if not related, including you.) 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 and deductions) 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 & Last Name) | Earnings from Work | How often received? | Public Assistance/ Child Support/Alimony | How often received? | Pensions/Retirement, SS, SSI, VA benefits, All other income | How often received? |
| Parent A | \$ 6 6 7 | <input checked="" 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"/> |
| Parent B | \$ 0 | <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"/> <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)

3

Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member

X X X X X X

Check if no social security number

STEP 4

Contact Information and Adult Signature. Return completed form to your child's school at 123 Lane, Anytown, CT 06000.

"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."

A Parent

Printed Name of Adult Signing the Form

A Parent

Signature of Adult

August 12, 20XX

Today's Date

111 XYZ Street

Mailing Address (if available)

Apt #

Anytown

Town or City

CT

State

06123

Zip

860-123-4567

Daytime Phone and Email (optional)

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 2: “School Use Only” Section

| | |
|--|-------------------------------------|
| School Use Only – Do Not Write Below This Line | |
| The Determining Official (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 (DC) based on State DC List as eligible for: <input type="checkbox"/> SNAP <input type="checkbox"/> TFA <input type="checkbox"/> OT <input type="checkbox"/> FM (Free Medicaid) <input type="checkbox"/> RM (Reduced Medicaid) Date Certified on DC List: _____ | |
| <input type="checkbox"/> SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number <input type="checkbox"/> Foster Child <input type="checkbox"/> Confirmed Head Start <input type="checkbox"/> Confirmed Homeless or Runaway | |
| <input checked="" type="checkbox"/> Income Household: Total household income: \$34,684 per annually Household Size: 3 Error Prone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Application approved for: <input type="checkbox"/> Free Meals <input checked="" type="checkbox"/> Reduced-price Meals <input type="checkbox"/> Application Denied | |
| Date Notice Sent: September 30, 20XX | Signature of DO: A. Official |
| Date: September 30, 20XX | |

Application 2: Answer

The DO **approved** this application for **reduced-price meals**.

- a. Is this determination correct? Yes No
- b. Why?

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 3: Answer

The DO **approved** this application for **free meals**.

School Use Only – Do Not Write Below This Line

The Determining Official (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 (DC) based on State DC List as eligible for: SNAP TFA OT FM (Free Medicaid) RM (Reduced Medicaid) Date Certified on DC List: _____

SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number Foster Child Confirmed Head Start Confirmed Homeless or Runaway

Income Household: Total household income: _____ per _____ Household Size: **4** Error Prone? Yes No

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

Date Notice Sent: **September 5, 20XX** Signature of DO: **A. Official** Date: **September 5, 20XX**

a. Is this determination correct? Yes No

b. Why?

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 4: Steps 1-4

Page 1

Application for Free and Reduced-price School Meals or Free Milk and S-EBT

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

Apply online at ABCdistrict.org.

Return to ABC District **4**

Application No: _____

STEP 1

List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

| | | | | | | | | | |
|---|--------------------|----|-------------------|-----------|-------|--|--------------------------|--------------------------|--------------------------|
| 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Foster | Head Start | Homeless or Runaway |
| | A | | Child | XYZ Elem. | K | X | <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 NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA client ID 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.

DSS Client Number:

Write only one DSS Client ID 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. |
| Note: Biweekly is Every 2 Weeks |

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

Child income
\$

How often?
 Weekly Bi-Weekly 2x Month Monthly Annual

B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related including you.)

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 and deductions) 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 & Last Name) | Earnings from Work | How often received? | Public Assistance/Child Support/Alimony | How often received? | Pensions/Retirement, SS, SSI, VA benefits, All other income | How often received? |
| Parent A | \$ 280 | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual | \$ 100 | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual |
| | \$ | <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"/> <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"/> <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"/> |

Total Household Members (Children and Adults – Step 1 & Step 3)
2

Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member
X X X X

Check if no social security number

STEP 4

Contact Information and Adult Signature. Return completed form to your child's school at 123 Lane, Anytown, CT 06000.

"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."

A Parent

Printed Name of Adult Signing the Form

A Parent

Signature of Adult

June 15, 20XX

Today's Date

44 XYZ Road

Mailing Address (if available)

Apt #

Anytown

Town or City

CT

State

06123

Zip

860-123-4567

Daytime Phone and Email (optional)

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 4: Answer

The DO **approved** this application for **free meals**.

School Use Only – Do Not Write Below This Line

The Determining Official (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 (DC) based on State DC List as eligible for: SNAP TFA OT FM (Free Medicaid) RM (Reduced Medicaid) Date Certified on DC List _____

SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number Foster Child Confirmed Head Start Confirmed Homeless or Runaway

Income Household: Total household income: _____ per _____ Household Size: 2 Error Prone? Yes No

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

Date Notice Sent: September 5, 20XX Signature of DO: A. Official Date: September 5, 20XX

- a. Is this determination correct? Yes No
- b. Why?

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 5: Steps 1-4

Page 1

Application for Free and Reduced-price School Meals or Free Milk and S-EBT

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

Apply online at ABCdistrict.org.

Return to ABC District 5

Application No: 5

STEP 1

List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

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?
Yes No

Foster Head Start Homeless or Runaway

A

Child

ABC Middle

6

X

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 NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA client ID 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.

DSS Client Number:

Write only one DSS Client ID number in this space.

STEP 3

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

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

Child income

\$

How often?

Weekly Bi-Weekly 2x Month Monthly Annual

B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

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 and deductions) 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 & Last Name)

How often received?

Public Assistance/
Child Support/Alimony

How often received?

Pensions/Retirement, SS, SSI,
VA benefits, All other income

How often received?

Parent A

\$ **5 00**

Earnings from Work

Weekly Bi-Weekly 2x Month Monthly Annual

| | | | | | |
|----|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| \$ | <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)

2

Last Four Digits of Social Security Number of Primary
Wage Earner or Other Adult Household Member

X X X X

X X X X

Check if no social security number

STEP 4

Contact Information and Adult Signature. Return completed form to your child's school at 123 Lane, Anytown, CT 06000.

"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."

A Parent

Printed Name of Adult Signing the Form

Signature of Adult

September 22, 20XX

Today's Date

8971 XYZ Lane

Anytown

CT

06123

860-123-4567

Mailing Address (if available)

Apt #

Town or City

State

Zip

Daytime Phone and Email (optional)

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 5: Answer

The DO **approved** this application for **reduced-price meals**.

School Use Only – Do Not Write Below This Line

The Determining Official (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 (DC) based on State DC List as eligible for: SNAP TFA OT FM (Free Medicaid) RM (Reduced Medicaid) Date Certified on DC List: _____

SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number Foster Child Confirmed Head Start Confirmed Homeless or Runaway

Income Household: Total household income: \$500 per week Household Size: 2 Error Prone? Yes No

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

Date Notice Sent: September 30, 20XX Signature of DO: A. Official Date: September 30, 20XX

- a. Is this determination correct? Yes No
- b. Why?

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 6: Steps 1-4

Page 1

Application for Free and Reduced-price School Meals or Free Milk and S-EBT

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

Apply online at ABCdistrict.org.

Return to ABC District

6

Application No: _____

STEP 1

List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Foster <input type="checkbox"/> | Head Start <input type="checkbox"/> | Homeless or Runaway <input type="checkbox"/> |
|--------------------|----|-------------------|-----------|-------|---|------------------------------------|--|---|
| A | | Child | ABC Elem. | 3 | X | | | |
| B | | Child | XYZ High | 9 | X | | | |
| C | | Child | XYZ High | 9 | X | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA client ID 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.

DSS Client Number: **123456789**

Write only one DSS Client ID 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.
Note: Biweekly is Every 2 Weeks

| A. Child Income | | How often? | |
|---|--------------------|--|--|
| Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here. | | Child income | Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annual <input type="radio"/> |
| | | \$ | <input type="text"/> |
| B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.) | | How often received? | |
| 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 and deductions) 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. | | Public Assistance/Child Support/Alimony | How often received? |
| | | Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annual <input type="radio"/> | Pensions/Retirement, SS, SSI, VA benefits, All other income Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annual <input type="radio"/> |
| Name of Adult Household Members (First & Last Name) | Earnings from Work | | |
| Parent A | \$ 750 | <input checked="" type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Parent B | \$ 200 | <input checked="" 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) | 5 | Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member | X X X X 1 2 3 4 Check if no social security number <input type="checkbox"/> |

STEP 4

Contact Information and Adult Signature. Return completed form to your child's school at 123 Lane, Anytown, CT 06000.

"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."

A Parent

Printed Name of Adult Signing the Form

A Parent

Signature of Adult

August 15, 20XX

Today's Date

Mailing Address (if available)

Apt #

Town or City

State

Zip

Daytime Phone and Email (optional)

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 6: Answer

The DO **approved** this application for **free meals**.

| | |
|---|-------------------------------------|
| School Use Only – Do Not Write Below This Line | |
| The Determining Official (DO) for the school/district MUST complete this section. (<i>Only convert to annual income if there are different frequencies of income listed in Step 3.</i>) | |
| Annual Income Conversion: Weekly X 52 • Every 2 weeks X 26 • Twice a Month X 24 • Monthly X 12 | |
| Directly Certified (DC) based on State DC List as eligible for: <input type="checkbox"/> SNAP <input type="checkbox"/> TFA <input type="checkbox"/> OT <input checked="" type="checkbox"/> FM (Free Medicaid) <input type="checkbox"/> RM (Reduced Medicaid) Date Certified on DC List: 8/22/20XX | |
| <input type="checkbox"/> SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number <input type="checkbox"/> Foster Child <input type="checkbox"/> Confirmed Head Start <input type="checkbox"/> Confirmed Homeless or Runaway | |
| <input checked="" type="checkbox"/> Income Household: Total household income: _____ per _____ Household Size: 5 Error Prone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Application approved for: <input checked="" type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-price Meals <input type="checkbox"/> Application Denied | |
| Date Notice Sent: 8/22/20XX | Signature of DO: A. Official |
| Date: 8/22/20XX | |

a. Is this determination correct? Yes No

b. Why?

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 7: Answer

The DO **approved** this application for **reduced-price meals**.

| | |
|--|--|
| School Use Only – Do Not Write Below This Line | |
| The Determining Official (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 (DC) based on State DC List as eligible for: <input type="checkbox"/> SNAP <input type="checkbox"/> TFA <input type="checkbox"/> OT <input type="checkbox"/> FM (Free Medicaid) <input type="checkbox"/> RM (Reduced Medicaid) Date Certified on DC List: _____ | |
| <input type="checkbox"/> SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number <input type="checkbox"/> Foster Child <input type="checkbox"/> Confirmed Head Start <input type="checkbox"/> Confirmed Homeless or Runaway | |
| <input checked="" type="checkbox"/> Income Household: Total household income: \$41,800 per annually Household Size: 4 Error Prone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Application approved for: <input type="checkbox"/> Free Meals <input checked="" type="checkbox"/> Reduced-price Meals <input type="checkbox"/> Application Denied | |
| Date Notice Sent: August 13, 20XX Signature of DO: A. Official Date: August 13, 20XX | |

- Is this determination correct? Yes No
- Why?

Module 4 Worksheet: Test Your Knowledge About Processing Applications

The CSDE's [Determining Eligibility in the School Nutrition Programs, Summer Food Service Program, and S-EBT](#) training program consists of five recorded modules that provide guidance on complying with the U.S. Department of Agriculture (USDA) regulations for determining a child's eligibility for free or reduced-price meals or free milk in the [school nutrition programs](#), eligibility for free meals in the [Summer Food Service Program \(SFSP\)](#), and eligibility for the [S-EBT](#). This training program is intended for the staff responsible for approving applications and conducting direct certification.

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

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race; color; religious creed; age; sex; pregnancy; sexual orientation; workplace hazards to reproductive systems, gender identity or expression; marital status; national origin; ancestry; retaliation for previously opposed discrimination or coercion, intellectual disability; genetic information; learning disability; physical disability (including, but not limited to, blindness); mental disability (past/present history thereof); military or veteran status; status as a victim of domestic violence; or criminal record in state employment, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes. Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Attorney Louis Todisco, Connecticut State Department of Education, by mail 450 Columbus Boulevard, Hartford, CT 06103-1841; or by telephone 860-713-6594; or by email louis.todisco@ct.gov.

