

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

Application No:

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.

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 Elem.

4

X

B

Child

XYZ High

9

X

Check all that apply

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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 Monthly ☐ 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?				
		Weekly	Bi-Weekly	2x Monthly	Monthly	Annual		Weekly	Bi-Weekly	2x Monthly	Monthly	Annual		Weekly	Bi-Weekly	2x Monthly	Monthly	Annual
Parent A	\$ 3 2 5 5 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>
Parent B	\$ 2 6 9 5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<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)

4

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

X X X X X X 1 2 3 4

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

A Parent

August 12, 20XX

Printed Name of Adult Signing the Form

Signature of Adult

Today's Date

123 ABC Street

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 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. <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 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.

Application No: **2**

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	XYZ Elem.	1	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"/>

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		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.		\$		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	Public Assistance/ Child Support/Alimony	Pensions/Retirement, SS, SSI, VA benefits, All other income					
	Parent A	\$ 667							
Parent B	\$ 0								
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 <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	<i>A Parent</i>	August 12, 20XX
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date
111 XYZ Street	Anytown	CT
Mailing Address (if available)	Town or City	State
		06123
Apt #		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. <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 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: <i>A. Official</i> 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?

Application 3: Steps 1-4

Return to ABC District. **3**
Application No: _____

Connecticut State Department of Education • Revised August 2025 • Page 6 of 16

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: <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 type="checkbox"/> Income Household: Total household income: _____ per _____ Household Size: 4 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: 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.

Application No: **4**

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	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"/>

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	Public Assistance/Child Support/Alimony	Pensions/Retirement, SS, SSI, VA benefits, All other income
Parent A	\$ 280	\$ 100	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

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 **X**

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. <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 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: _____ per _____ Household Size: <u>2</u> 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: <u>September 5, 20XX</u>	Signature of DO: <u>A. Official</u> Date: <u>September 5, 20XX</u>

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

Application 5: Steps 1-4

Application No: _____

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. <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 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: \$500 per week Household Size: 2 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			

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

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

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?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual
Parent A	\$ 750	<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"/>
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"/>	\$	<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)

5

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

X X X X X X **1234**

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	<i>A Parent</i>	August 15, 20XX
Printed Name of Adult Signing the Form	Signature of Adult	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: <u>8/22/20XX</u>		
<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: <u>5</u> 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: <u>8/22/20XX</u>	Signature of DO: <u>A. Official</u>	Date: <u>8/22/20XX</u>

a. Is this determination correct? ☐ Yes ☐ No

b. Why?

Module 4 Worksheet: Test Your Knowledge About Processing Applications

Application 7: 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 **7**

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 No	Foster Start	Head Start	Homeless or Runaway
A		Child	ABC Elem.	3	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B		Child	XYZ High	10	X	<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"/>

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	Public Assistance/ Child Support/Alimony	Pensions/Retirement, SS, SSI, VA benefits, All other income
	Weekly Bi-Weekly 2x Month Monthly Annual	Weekly Bi-Weekly 2x Month Monthly Annual	Weekly Bi-Weekly 2x Month Monthly Annual
Parent A	\$ 775		
Parent B	\$ 125		

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

4

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

X X X X X X 1 2 3 4

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	A Parent	August 4, 20XX
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date
222 XYZ Circle	Anytown CT 061234	860-123-4567
Mailing Address (if available)	Town or City State Zip	Daytime Phone and Email (optional)

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. <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 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>\$41,800</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 checked="" type="checkbox"/> Reduced-price Meals <input type="checkbox"/> Application Denied	
Date Notice Sent: <u>August 13, 20XX</u>	Signature of DO: <u>A. Official</u> Date: <u>August 13, 20XX</u>

a. Is this determination correct? ☐ Yes ☐ No

b. 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, audiotope, 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

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