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.

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	Student? No		Foster	Head Start	Homeless or Runaway
A		Child	ABC Elem.	4	X		Check all that apply	☐	☐	☐
B		Child	XYZ High	9	X			☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐

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? Weekly	Bi-Weekly	2x Month	Monthly	Annual	Public Assistance/ Child Support/Alimony	How often received? Weekly	Bi-Weekly	2x Month	Monthly	Annual	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? Weekly	Bi-Weekly	2x Month	Monthly	Annual
Parent A	$ 32555	○	○	○	●		$	○	○	○	○	○	$	○	○	○	○	○
Parent B	$ 26950	○	○	○	●		$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○

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 **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. *(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: **$59,505** per **annually** Household Size: **4** Error Prone? ❑ Yes ☒ No

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

Date Notice Sent: **August 21, 20XX** Signature of DO: *A. Official* Date: **August 21, 20XX**

Application 1: 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?

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		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? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Public Assistance/ Child Support/Alimony	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual
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 [ ]   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

111 XYZ Street	Anytown	CT	06123	860-123-4567
Mailing Address (if available) Apt #	Town or City	State	Zip	Daytime Phone and Email (optional)

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: ☐ 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: **$34,684** per **annually** Household Size: **3** 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**

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

Page 1   **Application for Free and Reduced-price School Meals or Free Milk and Summer EBT**
Complete one application per household. Please use a pen (not a pencil).

Apply online at ABCdistrict.org.
Return to ABC District.
Application No: **3**

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.	5	X		☐	☐	☐
B		Child	XYZ High	10	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
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	$ 350	● Weekly	$		$	
Parent B	$		$		$ 700	● Bi-Weekly
	$		$		$	
	$		$		$	
	$		$		$	

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   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	*A Parent*	**August 30, 20XX**
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date

123 ABC Drive		**Anytown**	**CT**	**06123**	**860-123-4567**
Mailing Address (if available)	Apt #	Town or City	State	Zip	Daytime Phone and Email (optional)

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?

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		☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

(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	● Weekly	$ 100	● Monthly	$	
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

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

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	A Parent	June 15, 20XX
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date

44 XYZ Road		Anytown	CT	06123	860-123-4567
Mailing Address (if available)	Apt #	Town or City	State	Zip	Daytime Phone and Email (optional)

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?

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.
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)

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? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Public Assistance/ Child Support/Alimony	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual
Parent A	$ 500	● ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○

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

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		September 22, 20XX
Printed Name of Adult Signing the Form	Signature of Adult	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)

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

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

Application approved for: ❑ Free Meals **X** 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?

.

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.
Application No: _____ **6**

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	Student? No	Foster	Head Start	Homeless or Runaway
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
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	$ 750	● Weekly	$		$	
Parent B	$ 200	● Weekly	$		$	
	$		$		$	
	$		$		$	
	$		$		$	

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 **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
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) ___

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. *(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: **8/22/20XX**

☐ 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: _____**5**_____ Error Prone? ☐ Yes ☒ No

Application approved for: ☒ Free Meals ☐ Reduced-price Meals ☐ 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?

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.
Application No: _____ **7**

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	Student? No	Foster	Head Start	Homeless or Runaway
A		Child	ABC Elem.	3	X		☐	☐	☐
B		Child	XYZ High	10	X		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)

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? (Weekly, Bi-Weekly, 2x Month, Monthly, Annual)	Public Assistance/ Child Support/Alimony	How often received? (Weekly, Bi-Weekly, 2x Month, Monthly, Annual)	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? (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 | **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."

Printed Name of Adult Signing the Form	Signature of Adult	Today's Date
A Parent	A Parent	August 4, 20XX

Mailing Address (if available)	Apt #	Town or City	State	Zip	Daytime Phone and Email (optional)
222 XYZ Circle		Anytown	CT	061234	860-123-4567

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: ❑ 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: **$41,800** per **annually** Household Size: **4** Error Prone? ❑ Yes ☒ No

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

Date Notice Sent: **August 13, 20XX** Signature of DO: *A. Official* Date: **August 13, 20XX**

a. Is this determination correct? ☐ Yes ☐ No

b. Why?

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.

CONNECTICUT
Education