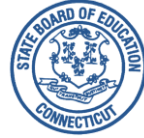




STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: Potential 2015 Summer Food Service Program (SFSP) Sponsors

FROM: John Frassinelli, Chief
Bureau of Health/Nutrition, Family Services and Adult Education

DATE: May 13, 2015

SUBJECT: Operational Memorandum #02-15 - SFSP

1. Income Eligibility Application
 2. Income Guidelines
 3. Parent Letter
 4. Documenting Eligibility of Closed Enrolled Sites and Camps in the SFSP
 5. Enrollment Information Form
-
1. Residential Camps and sponsors with Closed Enrolled sites (not located in low-income areas) will be revising and printing income eligibility applications for the 2015 program. **It must be noted that the Sample Income Eligibility Application attached has been revised and only the 2015 version may be used.**
 2. Two sets of [Income Guidelines for the SFSP](#) effective July 1, 2014, to June 30, 2015, and July 1, 2015, to June 30, 2016 are attached. These are for use by sponsors only to determine income eligibility categories and are not distributed to parents or households. **Note: Eligibility determinations must be made using the guidelines in effect at the time the eligibility determination is made.** The July 1, 2014, to June 30, 2015, income guidelines are currently posted on the SFSP Web page, this will change to the July 1, 2015, to June 30, 2016, on or about July 1, 2015.
 3. A Sample Parent Letter containing the 2014-15 income guidelines for reduced price meals is attached. The letter must be distributed to parents/households with the income eligibility application. **Please note that the attached Sample Parent Letter has been revised and only the 2015 version may be used.**
 4. Sponsors may document eligibility of a Residential Camp or Closed Enrolled site (not located in a low-income area) by:
 - a. obtaining lists of names and eligibility status of enrolled children for free and reduced price meals from schools where the children receive school lunch or breakfast; or
 - b. collecting completed income eligibility applications from the parent/guardian of each enrolled child.

Note: The law permits all sponsors to use school-based eligibility information to document eligibility as noted on the prior page. The local School Food Authority does not need parental consent forms in order to provide this information to SFSP sponsors.

5. Documentation for Residential Camps and Closed Enrolled sites (not located in a low-income area) showing the number of children enrolled (each camping session for camps) who are eligible for free or reduced priced meals must be provided to the Connecticut State Department of Education as soon as it is available but no later than the claim submission. See [Sample Enrollment Information Form](#).

The Sample Income Eligibility Application, Income Guidelines for SFSP, Sample Parent Letter, and Sample Enrollment Information Form are also available for download from the SFSP Web site. The SFSP Web page can be accessed at:
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320658>.

Questions pertaining to this memorandum may be directed to Caroline Cooke at 860-807-2144 or caroline.cooke@ct.gov.

JF:csc

Attachments: (5)

Important: This is a numbered Operational Memorandum that contains important program information. Please read carefully and retain in a binder for your future reference. Operational Memoranda are also posted on the Child Nutrition Web page at the following link:
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333792>.

Summer Food Service Program (SFSP) • SAMPLE INCOME ELIGIBILITY APPLICATION

Put this application on the district/school letterhead.

Parents/Guardians: Complete only one application for each household. To apply for free meals for your children, you must list the names of all members of the household in Part 5. Return the application to *(insert name of contact)*.

1. **Student Information (Please print):** Make sure you list each child below **AND** in section 5A.

Name	Grade	Name of School	Is this child a foster child or legal ward of the state?	If yes, provide personal use income and frequency. Put "0" if the child has none.
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$ /
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$ /
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$ /
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$ /

2. If members of your household receive SNAP or TFA benefits, provide the name and case number for the person who receives benefits and skip to Part 6. If no one receives these benefits, skip to Part 5.

Name: _____ Case Number: _____

3. If the child you are applying for is homeless or a runaway, check the appropriate box and contact your school's homeless liaison at _____.

Homeless Runaway

4. If the child you are applying for is enrolled in a federal Head Start Program or the Even Start Program in the school system, check the appropriate box and list the name of the child here: _____

Head Start **PK** Even Start

5. **Household Members and Monthly Income:** If you are receiving only medical benefits, you must report an income and complete Part 5. If you gave a client ID number for SNAP or TFA in part 2, skip to part 6.

A	B	C											
Name: List everyone in household (HH) including all children in Section 1, including foster children if desired, and HH members in Section 2.	Check if person listed has no income	Gross income and how often it was received: Indicate if income was received monthly, two times a month, every two weeks or weekly by placing the amount of income in the appropriate frequency box. You MUST place the income in the appropriate frequency box.											
		Earnings from work (before deductions)				Welfare, child support, alimony				Pensions, retirement, Social Security, Other			
Names		Weekly	Every 2 Weeks	2 X Month	Monthly	Weekly	Every 2 Weeks	2 X Month	Monthly	Weekly	Every 2 Weeks	2 X Month	Monthly
(Example) Jane Smith		\$200					\$150						\$300
1.													
2.													
3.													
4.													
5.													
6.													

6. **RACIAL AND ETHNIC IDENTITY (optional):** You are not required to complete this section.

Ethnicity: Hispanic/ Latino Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

American Indian or Alaska Native Black or African American Asian
 Native Hawaiian or other Pacific Islander White

Sample SFSP Income Eligibility Application, continued

7. Signature and Social Security Number: I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meals benefits and I may be subject to prosecution under state and federal statutes.

X _____ X _____ Social Security Number
List LAST FOUR DIGITS only
or check box below:
[] I do not have a social security number

Printed Name: _____

Street/Apartment Number: _____ City/State/Zip: _____

Home Telephone: _____ Work Telephone: _____

Use of Information Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Nondiscrimination Statement: Refer to the application instructions for the nondiscrimination statement.

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

Determining Officials for the Local Education Agency MUST complete this section.

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

Only convert to annual income if there are different frequencies of income listed in the columns under Section 5C.

Check all that apply.

- [] SNAP/TFA Household [] Foster Child [] Head Start [] PK Even Start
[] Confirmed Homeless or Runaway
[] Income Household: Total household income: _____ per _____ Household Size: _____

Application approved for: [] Free meals [] Application denied Date Notice Sent: _____

Signature of Determining Official: _____ Date: _____

SFSP INCOME ELIGIBILITY APPLICATION INSTRUCTIONS

To apply for free meals, complete this application using the instructions below, sign your name and return the application to the school. If you need help, contact *(insert determining official's name and phone number)*.

PART 1 – STUDENT INFORMATION: List each child's name, grade and school. If a child is a foster child, circle "yes" and list personal use income and frequency. If all children are foster children, skip to Part 6. **NOTE:** Write each child's personal use income* and how often it is received (such as weekly, every two weeks, twice a month, or monthly). Write "0" if the child has no personal use income. **An adult household member must sign Part 7. NOTE: Subsidized adoptions and/or guardianships require you to provide all household income in Part 5. These children are not considered legal wards of the state and are therefore considered part of your household and ALL household income must be listed including the subsidy.**

* Personal use income includes funds provided by the welfare agency that are specifically identified by category for the personal use of the child, such as for clothing, school fees and allowances. Welfare funds paid to the foster parents identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income. Personal use income also includes other funds received by the child, including any income the child earns for full-time or regular part-time employment, and money provided by the child's family for personal use.

PART 2 – If a member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA) benefits, list the person's name and case number. Do not complete Part 5 and skip to Part 6. When a name and case number for a household member are listed on the application, all children in the household are eligible for free meals. **NOTE: Do not complete this section if you are receiving only medical benefits (HUSKY) for your children. You must report all household income in Part 5.**

PART 3 – Indicate if the child you are applying for is homeless or a runaway. You must contact the school (or homeless liaison) to notify them of the child's status.

PART 4 – Indicate if the child you are applying for is enrolled in the district's Head Start or Even Start Program. List the child's name here and in Part 1 and check off the appropriate box.

PART 5 – HOUSEHOLDS: Complete Part 5 if: you did not give a SNAP/TFA Client ID Number; you are receiving only medical benefits; each child is not a legal ward of the state; or if each child is a subsidized adoption or you have subsidized guardianship. **NOTE:** An adult household member **must** sign the application in Part 7 and complete the social security section.

- A. **HOUSEHOLD NAMES:** Write the names of everyone (related or unrelated) who live in your household. Include yourself and each child listed above, your spouse, all other children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space. **Include foster children if you want them to be part of the household when determining the eligibility of your children.**
- B. **NO INCOME:** Check the box if the person listed has no income. **NOTE:** "Person" includes adults and children in the household.)
- C. **CURRENT INCOME:** Write the amount of income each person now receives on the same row as his or her name in the column that corresponds with the income source. **Also, list that income under the appropriate frequency box. For example, if you earn \$250 per month, place the \$250 in the monthly column.** Income is all money before taxes or anything else is taken out. **If the amount received most recently is higher or lower than usual, write instead that person's usual income.** **NOTE:** If you are in the Military Housing Privatization Initiative, do not include this housing allowance. **NOTE:** See "Income to Report" on page 4.

SFSP INCOME ELIGIBILITY APPLICATION INSTRUCTIONS, continued

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Net income from self-owned business
or farm
Workmen's compensation

Child Support/Alimony

Alimony payments
Child Support payments

Pensions/Retirement/Social Security

Pensions
Social Security
Retirement income
Veteran payments
Supplemental Security income

Other Income

Earnings from second job
Disability benefits
Interest/dividends
Cash withdrawn from savings
Income from
Estates/Trust/Investments
Regular Contributions from persons
not living in the household
Royalties/Annuities/Rental Income
Any other monies that may be
available to pay for the child's meals
or milk

PART 6 – RACIAL/ETHNIC IDENTITY: Put a check mark next to the racial/ethnic group of your child. This information helps us to be sure everyone gets benefits on a fair basis. *You do not have to complete this section to get free or reduced meals or free milk.*

PART 7 – SIGNATURE & SOCIAL SECURITY NUMBER: An adult household member must sign the application or it cannot be approved. The last four digits only of the social security number of the adult signer must be included unless otherwise noted. While disclosure of the last four digits of a social security number is voluntary, in order to approve the application, the National School Lunch Act requires the last four digits of a social security number or an indication of "I do not have a social security number" be listed on the application. *Reminder:* The last four digits of a social security number are not needed if you have listed a SNAP Client Number, TFA Client Number or if the children are foster children.

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

*This form is available at www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/sfsp/eligappsfsp.doc.
For more information on the SFSP, visit the Connecticut State Department of Education [SFSP Web site](#).*

INCOME*GUIDELINES FOR
DETERMINING ELIGIBILITY
FOR FREE AND REDUCED
PRICE MEALS

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Child and Adult Care Food Program and Summer Food Service Program

INSTRUCTIONS

Rev. 06/14
7CFR Part 245.3(a)

1. Income guidelines to be used by all persons reviewing applications.
2. Distribute to all schools/sites for use by determining officials.

The following income guidelines will be used in Connecticut from **July 1, 2014**, to **June 30, 2015**, for determining eligibility of participants for free and reduced price meals in the Child Nutrition Programs. These guidelines are taken from the United States Department of Agriculture’s annual adjustments to the Income Guidelines

FREE MEALS/MILK

REDUCED PRICE MEALS

Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income	Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income
1	15,171	1,265	633	584	292	1	21,590	1,800	900	831	416
2	20,449	1,705	853	787	394	2	29,101	2,426	1,213	1,120	560
3	25,727	2,144	1,072	990	495	3	36,612	3,051	1,526	1,409	705
4	31,005	2,584	1,292	1,193	597	4	44,123	3,677	1,839	1,698	849
5	36,283	3,024	1,512	1,396	698	5	51,634	4,303	2,152	1,986	993
6	41,561	3,464	1,732	1,599	800	6	59,145	4,929	2,465	2,275	1,138
7	46,839	3,904	1,952	1,802	901	7	66,656	5,555	2,778	2,564	1,282
8	52,117	4,344	2,172	2,005	1,003	8	74,167	6,181	3,091	2,853	1,427
Each Add'l Family Member	+5,278	+ 440	+220	+ 203	+102	Each Add'l Family Member	+ 7,511	+ 626	+313	+ 289	+ 145

If a household has only one source of income, or if all sources of income are the same frequency, **do not** use conversion factors. Compare the income or sum of the incomes to the chart above for the appropriate frequency and household size to make the eligibility determination.

Many households have different sources of income coming into the home at different frequencies, such as weekly or bi-weekly wages and monthly social security benefits. In these situations, all sources of income must be converted to an annual amount using the following calculations:

Multiply by: Weekly x 52 ♦ Every two weeks x 26 ♦ Twice a month x 24 ♦ Monthly x 12

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

“Income” as used here does not include any income or benefits received under any Federal programs, which are excluded from consideration as income by any legislative prohibition, for example, the value of benefits received under the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps).

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

INCOME*GUIDELINES FOR
DETERMINING ELIGIBILITY
FOR FREE AND REDUCED
PRICE MEALS

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Child and Adult Care Food Program and Summer Food Service Program

INSTRUCTIONS

Rev. 04/15
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The following income guidelines will be used in Connecticut from **July 1, 2015**, to **June 30, 2016**, for determining eligibility of participants for free and reduced price meals in the Child Nutrition Programs. These guidelines are taken from the United States Department of Agriculture’s annual adjustments to the Income Guidelines

FREE MEALS/MILK

REDUCED PRICE MEALS

Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income	Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income
1	15,301	1,276	638	589	295	1	21,775	1,815	908	838	419
2	20,709	1,726	863	797	399	2	29,471	2,456	1,228	1,134	567
3	26,117	2,177	1,089	1,005	503	3	37,167	3,098	1,549	1,430	715
4	31,525	2,628	1,314	1,213	607	4	44,863	3,739	1,870	1,726	863
5	36,933	3,078	1,539	1,421	711	5	52,559	4,380	2,190	2,022	1,011
6	42,341	3,529	1,765	1,629	815	6	60,255	5,022	2,511	2,318	1,159
7	47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
Each Add'l Family Member	+ 5,408	+ 451	+ 226	+ 208	+ 104	Each Add'l Family Member	+ 7,696	+ 642	+ 321	+ 296	+ 148

If a household has only one source of income, or if all sources of income are the same frequency, **do not** use conversion factors. Compare the income or sum of the incomes to the chart above for the appropriate frequency and household size to make the eligibility determination.

Many households have different sources of income coming into the home at different frequencies, such as weekly or bi-weekly wages and monthly social security benefits. In these situations, all sources of income must be converted to an annual amount using the following calculations:

Multiply by: Weekly x 52 ♦ Every two weeks x 26 ♦ Twice a month x 24 ♦ Monthly x 12

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

“Income” as used here does not include any income or benefits received under any Federal programs, which are excluded from consideration as income by any legislative prohibition, for example, the value of benefits received under the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps).

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

Summer Food Service Program (SFSP)

SAMPLE PARENT LETTER

Enrolled Programs and Camps not Charging Separately for Meals

Dear Parent/Guardian:

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

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

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM or SNAP (formerly known as Food Stamps)/TFA HOUSEHOLDS: If you currently receive SNAP (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits for your child, you only have to list your child's name, SNAP or TFA case number and *sign* the application. A child who receives SNAP or TFA benefits is automatically eligible for free meals in the Program.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the scale on the attached page, it is necessary to provide the following information for your application to be processed.

- **Household Members:** List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives and unrelated people who live in your household.
- **Social Security Number:** List the last four digits of the social security number of the adult household member who signs the application. If the adult does not have a social security number, print "None."
- **Current Income:** List the amount of income each person earned **last** month (BEFORE deductions for taxes, social security, etc.), the frequency of income **and** where it is from, such as wages, retirement or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.

SIGNATURE: An adult household member must sign the application.

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

NONDISCRIMINATION: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

SAMPLE PARENT LETTER, continued

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) -2600 (voice and TDD).

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

NOTE: Attach the current reduced-price income guidelines.

ATTACH TO PARENT LETTER

GROSS INCOME GUIDELINES FOR REDUCED-PRICE MEALS					
Effective from July 1, 2014 - June 30, 2015					
Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income
1	21,590	1,800	900	831	417
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	25320	1,427
Each Additional Family Member	+ 7,511	+ 626	+313	+ 289	+ 145

For more information on the SFSP, visit the Connecticut State Department of Education [SFSP Web site](#).

Summer Food Service Program (SFSP) ENROLLMENT INFORMATION

Camps and enrolled programs must submit projected enrollment information with the SFSP application. At the beginning of each session, actual enrollment figures must also be submitted.

Sponsor Name: _____ **Agreement Number:** _____

Site Name: _____

Session Number (*Camp Sponsors Only*): _____

Total Enrollment: _____

Number of children who qualify for free or reduced-price meals: _____

Number of children whose family size and income exceeds the guidelines for free or reduced-price meals _____

I certify that the above information is true and correct and that this information is being given in connection with the receipt of federal funds. Deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature

Title (PRINT)

Date Signed

Return this form to: Caroline Cooke, Summer Meals Coordinator, at caroline.cooke@ct.gov or by fax to 860-807-2127, Connecticut State Department of Education, Child Nutrition Programs, 25 Industrial Park Road, Middletown, CT 06457-1543.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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