

Determining Eligibility in the School Nutrition Programs and Summer Food Service Program

Module 4: Test Your Knowledge About Processing Applications

Connecticut State Department of Education
 Bureau of Child Nutrition Programs
 September 2023

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Training Modules

- Module 1 Introduction to Application Certification and Verification
- Module 2 Processing Applications
- Module 3 Direct Certification
- Module 4 Test Your Knowledge About Processing Applications
- Module 5 Confidentiality and Disclosure
- Module 6 Verification
- Module 7 Completing the FNS 742 Verification Summary Report

<https://portal.ct.gov/SDE/Nutrition/Eligibility-for-Free-and-Reduced-price-Meals-and-Free-Milk-in-School-Nutrition-Programs/Related-Resources>

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Introduction to Activity

- Review of seven completed samples of the Application for Free and Reduced-price School Meals or Free Milk

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Getting Ready

Watch

Modules 1-3

Download

Worksheet for Module 4

https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Training/ProcessingFR/Worksheet_Module_4_Processing_Applications.pdf

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Getting Ready

Watch

Modules 1-3

Download

Worksheet for Module 4

Download

USDA's income eligibility guidelines

https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Income_Guidelines_SNP.pdf

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Getting Ready

Watch

Modules 1-3

Download

Worksheet for Module 4

Download

USDA's income eligibility guidelines

Have

a calculator and pencil available

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Worksheet Instructions

1. Review steps 1-4 of sample application

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Worksheet Instructions

2. Review "School Use Only" section

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Module Instructions

Press *pause* to stop the module and review the application

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Module Instructions

Press *play* to resume the module when your review is complete

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Application 1

Press pause now

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Application 1: Steps 1-4

STEP 1 *Use ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.*

Child's First Name	SE	Child's Last Name	School	Grade	Enrolled	Enrolled	Enrolled	Enrolled
A		Child	ABC Elem.	4	X			
B		Child	XYZ High	9	X			

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Application 1: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Status
A		Child	ABC Elem.	4	X		<input type="checkbox"/>
B		Child	XYZ High	9	X		<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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income

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

Name	SSN	DOB	Income	Expenses	Net Income
Parent A	32555				
Parent B	25350				

Total Household Members: 4. Last Four Digits of Social Security Number of Primary Wage Earner or other Adult Household Member: 2323

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Application 1: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Status
A		Child	ABC Elem.	4	X		<input type="checkbox"/>
B		Child	XYZ High	9	X		<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 (Medicaid) benefits).

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Name	SSN	DOB	Income	Expenses	Net Income
Parent A	32555				
Parent B	25350				

Total Household Members: 4. Last Four Digits of Social Security Number of Primary Wage Earner or other Adult Household Member: 2323

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Application 1: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Status
A		Child	ABC Elem.	4	X		<input type="checkbox"/>
B		Child	XYZ High	9	X		<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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

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

Name	SSN	DOB	Income	Expenses	Net Income
Parent A	32555				
Parent B	25350				

Total Household Members: 4. Last Four Digits of Social Security Number of Primary Wage Earner or other Adult Household Member: 2323

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Application 1: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Status
A		Child	ABC Elem.	4	X		<input type="checkbox"/>
B		Child	XYZ High	9	X		<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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income

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

Name	SSN	DOB	Income	Expenses	Net Income
Parent A	32555				
Parent B	25350				

Total Household Members: 4. Last Four Digits of Social Security Number of Primary Wage Earner or other Adult Household Member: 2323

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Application 1: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Status
A		Child	ABC Elem.	4	X		<input type="checkbox"/>
B		Child	XYZ High	9	X		<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 (Medicaid) benefits).

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Name	SSN	DOB	Income	Expenses	Net Income
Parent A	32555				
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Total Household Members: 4. Last Four Digits of Social Security Number of Primary Wage Earner or other Adult Household Member: 2323

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Application 1: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Status
A		Child	ABC Elem.	4	X		<input type="checkbox"/>
B		Child	XYZ High	9	X		<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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

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

Name	SSN	DOB	Income	Expenses	Net Income
Parent A	32555				
Parent B	25350				

Total Household Members: 4. Last Four Digits of Social Security Number of Primary Wage Earner or other Adult Household Member: 2323

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Application 1: Steps 1-4

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.

Child's First Name: A B
 Child's Last Name: Child Child
 School: ABC Elem. XYZ High
 Grade: 4 9
 Report? Yes X No
 Other? Yes No

STEP 2 Report income for ALL Household Members (including your current spouse) in one or more of the following Assistance Programs - SNAP or TFA (This does NOT include medical (MediCal) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Taxable income in the household was income. Please include the 1099-K gross income (before tax and deductions) earned by all Child Household Members listed in STEP 1 from:

Parent A: 32555
 Parent B: 25350

STEP 4 Contact Information and Adult Signatures. Return completed form to your child's school.

A Parent: A Parent
 123 ABC Street, Preston, CT 06365
 August 12, 2023
 860-222-2223

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Application 1: Steps 1-4

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.

Child's First Name: A B
 Child's Last Name: Child Child
 School: ABC Elem. XYZ High
 Grade: 4 9
 Report? Yes X No
 Other? Yes No

STEP 2 Report income for ALL Household Members (including your current spouse) in one or more of the following Assistance Programs - SNAP or TFA (This does NOT include medical (MediCal) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Taxable income in the household was income. Please include the 1099-K gross income (before tax and deductions) earned by all Child Household Members listed in STEP 1 from:

Parent A: 32555
 Parent B: 25350

STEP 4 Contact Information and Adult Signatures. Return completed form to your child's school.

A Parent: A Parent
 123 ABC Street, Preston, CT 06365
 August 12, 2023
 860-222-2223

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Application 1: "School Use Only" Section

The Determining Official (DO) for the school/district MUST complete this section. (Only report an annual income if there are different frequencies of income listed in Step 3.)

Directly Certified (DC) based on the State DC List as eligible for: SNAP TFA CTF FM (Free Medicaid) Reduced Medicaid State Certified on DC List

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

Income Household: Total household \$57,905 per annually Household Size: 4 ERROR PRONE? Yes No

Application approved for: Free Meals Reduced-price Meals

Date Notice Sent: August 21, 2023 Signature of DO: A. Official Application Denied Date: August 21, 2023

Denied

Is this determination correct?
 Yes No

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Application 1: Eligibility Based on Income

Income Guidelines for Child Nutrition Programs: July 1, 2023, to June 30, 2024*

Free meals					Reduced-price meals						
Household size	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income	Household Size	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income
1	18,954	1,580	790	720	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135	1,068

\$57,905 annually

https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Income_Guidelines_SNP.pdf

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Application 2

Press pause now

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Application 2: Steps 1-4

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.

Child's First Name: A
 Child's Last Name: Child
 School: XYZ Elem.
 Grade: 1
 Report? Yes X No
 Other? Yes No

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Application 2: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?	Enrolled in Day Care?
A		Child	XYZ Elem.	1	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine whether the household was income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members during STEP 1 time.

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 who take a STEP 1 (Include grandchild if they do not receive SNAP). If they do not receive SNAP, report their gross income (before taxes and deductions) for each month in the table below (do not include any income from a spouse who is not living with you). If you were a spouse in the past year, you are an eligible grandchild that lives in a separate home.

Household Member	First Name	MI	Last Name	DOB	Relationship	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income
Parent A				6	2	2													
Parent B				0															

Total Household Members (Children and Adults) = 3. Last Four Digits of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X | X | X | X. Check if you receive medical benefits.

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Application 2: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?	Enrolled in Day Care?
A		Child	XYZ Elem.	1	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

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Household Member	First Name	MI	Last Name	DOB	Relationship	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income
Parent A				6	2	2													
Parent B				0															

Total Household Members (Children and Adults) = 3. Last Four Digits of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X | X | X | X. Check if you receive medical benefits.

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Application 2: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?	Enrolled in Day Care?
A		Child	XYZ Elem.	1	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine whether the household was income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members during STEP 1 time.

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 List all Household Members who take a STEP 1 (Include grandchild if they do not receive SNAP). If they do not receive SNAP, report their gross income (before taxes and deductions) for each month in the table below (do not include any income from a spouse who is not living with you). If you were a spouse in the past year, you are an eligible grandchild that lives in a separate home.

Household Member	First Name	MI	Last Name	DOB	Relationship	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income
Parent A				6	2	2													
Parent B				0															

Total Household Members (Children and Adults) = 3. Last Four Digits of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X | X | X | X. Check if you receive medical benefits.

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Application 2: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?	Enrolled in Day Care?
A		Child	XYZ Elem.	1	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

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 Determine whether the household was income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members during STEP 1 time.

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 who take a STEP 1 (Include grandchild if they do not receive SNAP). If they do not receive SNAP, report their gross income (before taxes and deductions) for each month in the table below (do not include any income from a spouse who is not living with you). If you were a spouse in the past year, you are an eligible grandchild that lives in a separate home.

Household Member	First Name	MI	Last Name	DOB	Relationship	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income
Parent A				6	2	2													
Parent B				0															

Total Household Members (Children and Adults) = 3. Last Four Digits of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X | X | X | X. Check if you receive medical benefits.

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Application 2: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?	Enrolled in Day Care?
A		Child	XYZ Elem.	1	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine whether the household was income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members during STEP 1 time.

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 List all Household Members who take a STEP 1 (Include grandchild if they do not receive SNAP). If they do not receive SNAP, report their gross income (before taxes and deductions) for each month in the table below (do not include any income from a spouse who is not living with you). If you were a spouse in the past year, you are an eligible grandchild that lives in a separate home.

Household Member	First Name	MI	Last Name	DOB	Relationship	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income
Parent A				6	2	2													
Parent B				0															

Total Household Members (Children and Adults) = 3. Last Four Digits of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X | X | X | X. Check if you receive medical benefits.

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Application 2: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?	Enrolled in Day Care?
A		Child	XYZ Elem.	1	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine whether the household was income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members during STEP 1 time.

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 who take a STEP 1 (Include grandchild if they do not receive SNAP). If they do not receive SNAP, report their gross income (before taxes and deductions) for each month in the table below (do not include any income from a spouse who is not living with you). If you were a spouse in the past year, you are an eligible grandchild that lives in a separate home.

Household Member	First Name	MI	Last Name	DOB	Relationship	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income
Parent A				6	2	2													
Parent B				0															

Total Household Members (Children and Adults) = 3. Last Four Digits of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X | X | X | X. Check if you receive medical benefits.

STEP 4 Contact Information and Adult Signatures. Return completed form to your child's school.

Contact Information and Adult Signatures:
 A Parent: 111 XYZ Street, Lyme, CT 06371, 860-123-4567
 A Parent: [Signature], [Signature], August 25, 2023

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Application 2: Steps 1-4

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.

Child's First Name: **A** Child's Last Name: **Child** School: **XYZ Elem.** Grade: **1**

STEP 2 Select household members (including your current participants in one or more of the following Assistance Programs: SNAP or TFA) (The ones NOT include medical (Medi-Cal) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Income earned in the household over income. Please include the TOTAL gross income before taxes and deductions earned by ALL Household Members listed in STEP 1.

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 your gross income (before taxes and deductions) for each month in which they are eligible. If you enter "0" to mean you have no income, you are certifying (penalty-free) that there is no income to report.

Parent A: 622
 Parent B: 0

STEP 4 Contact Information and Adult Signatures. Return completed form to your child's school.

A Parent: **A Parent**
 111 XYZ Street, Lyme, CT 06371, 860-123-4567

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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 \$ 12 • Every 2 weeks \$ 24 • Twice a Month \$ 24 • Monthly \$ 12

Directly Certified (DC) based on the State DC List is eligible for: SNAP TFA CT FM (Free Medicaid) RM (Reduced Medicaid). Date Certified on DC List: _____

Child/TA 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: **\$32,344** per **annually** Household Size: **3** ERROR PRONE? YES NO

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

Date Notice Sent: **September 30, 2023** Signature of DO: **A. Official** Date: **September 30, 2023**

Approved: Reduced

Is this determination correct?
 Yes No

Issues

- Incomplete
- Wrong income frequency to calculate eligibility
- Not meeting required deadline for processing application

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Application 2 Issues: Incomplete

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

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 Income earned in the household over income. Please include the TOTAL gross income before taxes and deductions earned by ALL Household Members listed in STEP 1.

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 your gross income (before taxes and deductions) for each month in which they are eligible. If you enter "0" to mean you have no income, you are certifying (penalty-free) that there is no income to report.

Parent A: 622
 Parent B: 0

Total Household Members (Children and Adults - Step 3 & Step 2): **3** 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:

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Application 2 Issues: Income Conversion

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Income earned in the household over income. Please include the TOTAL gross income before taxes and deductions earned by ALL Household Members listed in STEP 1.

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Parent A: 622
 Parent B: 0

Total Household Members (Children and Adults - Step 3 & Step 2): **3** 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:

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 \$ 12 • Every 2 weeks \$ 24 • Twice a Month \$ 24 • Monthly \$ 12

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

Date Notice Sent: **September 30, 2023** Signature of DO: **A. Official** Date: **September 30, 2023**

Correct Application \$622 weekly
Incorrect Determining official's conversion \$32,344 annually

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Application 2 Issues: Income Conversion

Income Guidelines for Child Nutrition Programs: July 1, 2023, to June 30, 2024*

Free meals					Reduced-price meals						
Household size	Annual gross income	Monthly gross income	Twice per month gross income	Every two weeks gross income	Weekly gross income	Household size	Annual gross income	Monthly gross income	Twice per month gross income	Every two weeks gross income	Weekly gross income
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885

↑ **\$32,344 annually (incorrect)**

https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Income_Guidelines_SNP.pdf

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Application 2 Issues: Income Conversion

Income Guidelines for Child Nutrition Programs: July 1, 2023, to June 30, 2024*

Free meals					Reduced-price meals						
Household size	Annual gross income	Monthly gross income	Twice per month gross income	Every two weeks gross income	Weekly gross income	Household size	Annual gross income	Monthly gross income	Twice per month gross income	Every two weeks gross income	Weekly gross income
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885

↑ **\$622 weekly (correct)**

https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Income_Guidelines_SNP.pdf

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Application 2 Issues: Missed Processing Deadline

STEP 4 Contact information and Adult Signature. Return completed form to your child's school.

A Parent *A Parent* **August 25, 2023**
 Signature of Adult

111 XYZ Street **Lyme** CT 06371 **860-123-4567**
 Mailing Address of Applicant Town or City State ZIP Daytime Phone and Email (optional)

School (This info. is the basis for this form)

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 the State DC List is eligible for SNAP TFA or FFA (Free Medication) RM (Reduced Medication). Date Certified on DC List: _____

SMARTFA Household providing proof (must be confirmed by DO) of a household case number Foster Child Confirmed Head Start Confirmed Homeless or Runaway

Income Household: Total household income: **\$32,344** per **annually** Household Size: **3** ERROR PRONE? YES NO

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

Date Received: **September 30, 2023** Signature of DO: *A Official* Date: **September 30, 2023**

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Application 2 Issues: Missed Processing Deadline

- Must process within **10 operating days** of receipt of application

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Application 3

Press pause now

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Application 3: Steps 1-4

STEP 1 LIVE ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

Child's First Name	MI	Child's Last Name	School	Grade	Resident	Free	Reduced	Other
A		Child	ABC Elem.	5	X			
B		Child	XYZ High	10	X			

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Application 3: Steps 1-4

STEP 1 LIVE ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

Child's First Name	MI	Child's Last Name	School	Grade	Resident	Free	Reduced	Other
A		Child	ABC Elem.	5	X			
B		Child	XYZ High	10	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 Medicaid/Medicaid) (SNAP/TFA)

SNAP - Yes or No? YES NO **123456**

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Application 3: Steps 1-4

STEP 1 LIVE ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

Child's First Name	MI	Child's Last Name	School	Grade	Resident	Free	Reduced	Other
A		Child	ABC Elem.	5	X			
B		Child	XYZ High	10	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 Medicaid/Medicaid) (SNAP/TFA)

SNAP - Yes or No? YES NO **123456**

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

A. Child Income

Children's income is the household each income. Please include the TOTAL gross income (before taxes and deductions) earned by all CHS household members during a 12-Month period.

B. All Adult Household Members (Include you)

Report the total gross income (before taxes and deductions) earned by you and all other adult household members during a 12-Month period. If you are not sure, report your best estimate and indicate the source of the information. If you are not sure, report your best estimate and indicate the source of the information. If you are not sure, report your best estimate and indicate the source of the information.

Adult Household Member	First Name	Last Name	MI	Grade	Resident	Free	Reduced	Other
Parent A								
Parent B								

Total Household Member Income was Adult: **350** Child: **700**

4. List the date of filing (month/year) of any SNAP/TFA or other public benefits received during the 12-Month period. YES NO

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Application 3: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Female?	Hispanic or Latino?	Other?
A		Child	ABC Elem	5	X			
B		Child	XYZ High	10	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 (Medicaid) benefits).

SNAP - Go to STEP 3 If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (do not complete STEP 3). If you are unsure if you are eligible for SNAP or TFA, write "I am unsure" in this space. It is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

123456

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine whether the household was income. Please include the TOTAL gross income (before taxes and deductions) earned by ALL household members based on STEP 1 items.

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 who have a STEP 1 (including yourself) and flag to not receive space. For each household member listed, flag to receive space (before taxes and deductions) for each source of income (do not only flag if they do not receive more than any source, only if you wish to receive more than any source, you are willing to provide that there is no more to report).

Parent A	Parent B
350	700

Total Household Members (Step 1 & Step 2): 4

Last First Middle Initial of Adult Household Member (Signatures) [X] [X] [X] [X] Check if no social security number: X

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Application 3: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Female?	Hispanic or Latino?	Other?
A		Child	ABC Elem	5	X			
B		Child	XYZ High	10	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 (Medicaid) benefits).

SNAP - Go to STEP 3 If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (do not complete STEP 3). If you are unsure if you are eligible for SNAP or TFA, write "I am unsure" in this space. It is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

123456

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine whether the household was income. Please include the TOTAL gross income (before taxes and deductions) earned by ALL household members based on STEP 1 items.

B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you)
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Parent A	Parent B
350	700

Total Household Members (Step 1 & Step 2): 4

Last First Middle Initial of Adult Household Member (Signatures) [X] [X] [X] [X] Check if no social security number: X

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Application 3: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Female?	Hispanic or Latino?	Other?
A		Child	ABC Elem	5	X			
B		Child	XYZ High	10	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 (Medicaid) benefits).

SNAP - Go to STEP 3 If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (do not complete STEP 3). If you are unsure if you are eligible for SNAP or TFA, write "I am unsure" in this space. It is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

123456

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A. Child Income
 Determine whether the household was income. Please include the TOTAL gross income (before taxes and deductions) earned by ALL household members based on STEP 1 items.

B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you)
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Parent A	Parent B
350	700

Total Household Members (Step 1 & Step 2): 4

Last First Middle Initial of Adult Household Member (Signatures) [X] [X] [X] [X] Check if no social security number: X

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Application 3: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Female?	Hispanic or Latino?	Other?
A		Child	ABC Elem	5	X			
B		Child	XYZ High	10	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 (Medicaid) benefits).

SNAP - Go to STEP 3 If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (do not complete STEP 3). If you are unsure if you are eligible for SNAP or TFA, write "I am unsure" in this space. It is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

123456

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine whether the household was income. Please include the TOTAL gross income (before taxes and deductions) earned by ALL household members based on STEP 1 items.

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Parent A	Parent B
350	700

Total Household Members (Step 1 & Step 2): 4

Last First Middle Initial of Adult Household Member (Signatures) [X] [X] [X] [X] Check if no social security number: X

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Application 3: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Female?	Hispanic or Latino?	Other?
A		Child	ABC Elem	5	X			
B		Child	XYZ High	10	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 (Medicaid) benefits).

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123456

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Parent A	Parent B
350	700

Total Household Members (Step 1 & Step 2): 4

Last First Middle Initial of Adult Household Member (Signatures) [X] [X] [X] [X] Check if no social security number: X

STEP 4 Contact Information and Adult Signatures. Return completed form to your child's school.

A Parent August 30, 2023
 334 ABC Drive
 Granby CT 06035 860-123-4567

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Application 3: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Female?	Hispanic or Latino?	Other?
A		Child	ABC Elem	5	X			
B		Child	XYZ High	10	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 (Medicaid) benefits).

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Parent A	Parent B
350	700

Total Household Members (Step 1 & Step 2): 4

Last First Middle Initial of Adult Household Member (Signatures) [X] [X] [X] [X] Check if no social security number: X

STEP 4 Contact Information and Adult Signatures. Return completed form to your child's school.

A Parent August 30, 2023
 334 ABC Drive
 Granby CT 06035 860-123-4567

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Application 3: "School Use Only" Section

Approved: Free

Is this determination correct?
 Yes No

Issues

- Case number not validated

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Application 3: "School Use Only" Section

Approved: Free

Is this determination correct?
 Yes No

Issues

- No proof of SNAP or TFA number

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Application 3: Possible Eligibility Determinations

1 Case number or child validated but forgot to document

↓

Free meals/milk

2 Case number or child not validated but use income on application

↓

Reduced-price meals

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Application 3: Eligibility Based on Income

Income Guidelines for Child Nutrition Programs: July 1, 2023, to June 30, 2024*										
Free meals						Reduced-price meals				
Household size	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income	Household Size	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135

\$1,050 weekly ↑

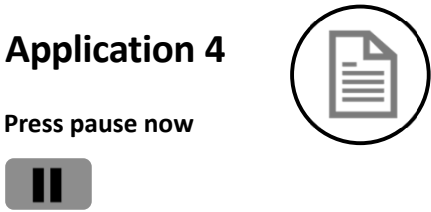
https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Income_Guidelines_SNP.pdf

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Application 4

Press pause now



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Application 4: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Number of Children	Free	Reduced	Other
A		Child	XYZ Elem.	K	X			

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Application 4: Steps 1-4

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 (child of parent).

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Parent	Household
A		Child	XYZ Elem.	K	X		

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs - SNAP or FTA? (This does NOT include medical (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine whether the household has income. Please include the TOTAL gross income (before taxes and deductions) earned by all CHILD household members listed in STEP 1.

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 who share a STEP 1 (including yourself) and share income. For each household member listed (if you do not receive SNAP or FTA benefits, report that you are before taxes and deductions) in the column on the right (circle only). If they do not receive more than any other member, circle "X". If you wish to report more than one member, you are entering information that there is more than one.

Member	SNAP	FTA	Other
Parent A	280	100	X

Total Household Members (Child and Adult): 2
 Last First Digit of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X X X X X X
 Check if no social security number: X

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Application 4: Steps 1-4

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 (child of parent).

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Parent	Household
A		Child	XYZ Elem.	K	X		

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs - SNAP or FTA? (This does NOT include medical (Medicaid) benefits).

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Member	SNAP	FTA	Other
Parent A	280	100	X

Total Household Members (Child and Adult): 2
 Last First Digit of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X X X X X X
 Check if no social security number: X

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Application 4: Steps 1-4

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 (child of parent).

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Parent	Household
A		Child	XYZ Elem.	K	X		

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs - SNAP or FTA? (This does NOT include medical (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine whether the household has income. Please include the TOTAL gross income (before taxes and deductions) earned by all CHILD household members listed in STEP 1.

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Member	SNAP	FTA	Other
Parent A	280	100	X

Total Household Members (Child and Adult): 2
 Last First Digit of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X X X X X X
 Check if no social security number: X

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Application 4: Steps 1-4

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 (child of parent).

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Parent	Household
A		Child	XYZ Elem.	K	X		

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs - SNAP or FTA? (This does NOT include medical (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

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Member	SNAP	FTA	Other
Parent A	280	100	X

Total Household Members (Child and Adult): 2
 Last First Digit of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X X X X X X
 Check if no social security number: X

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Application 4: Steps 1-4

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 (child of parent).

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Parent	Household
A		Child	XYZ Elem.	K	X		

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs - SNAP or FTA? (This does NOT include medical (Medicaid) benefits).

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Member	SNAP	FTA	Other
Parent A	280	100	X

Total Household Members (Child and Adult): 2
 Last First Digit of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X X X X X X
 Check if no social security number: X

STEP 4 Contact Information and Adult Signatures. Return completed form to your child's school.

A Parent
 44 ABC Road
 Somers, CT 06071
 860-123-4567

A Parent
 Signature of ABA
 Somers, CT 06071
 860-123-4567

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Application 4: Steps 1-4

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 (child of parent).

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Parent	Household
A		Child	XYZ Elem.	K	X		

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Member	SNAP	FTA	Other
Parent A	280	100	X

Total Household Members (Child and Adult): 2
 Last First Digit of Social Security Number of Primary SNAP Recipient or Other Adult Household Member: X X X X X X
 Check if no social security number: X

STEP 4 Contact Information and Adult Signatures. Return completed form to your child's school.

A Parent
 44 ABC Road
 Somers, CT 06071
 860-123-4567

A Parent
 Signature of ABA
 Somers, CT 06071
 860-123-4567

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Application 4: "School Use Only" Section

School Use Only - Do Not Write 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

Direct Certified (DC) based on the State DC List as eligible for: SNAP TFA or Free Medicaid RM (Reduced Medicaid) Both Certified DC List

SNAP/TFA Household pending proof must be confirmed by DO's handwritten case number Foster Child Confirmed Head Start Confirmed Homeless or Runaway

Income Household: Total household income: \$15,760 per annually Household Size: 2 **ERROR PRONE** YES NO

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

Date Notice Sent: August 5, 2023 Signatures of DO: A. Official Date: August 5, 2023

Approved: Free

Issues

- Incomplete

Is this determination correct?
 Yes No

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Application 4 Issues: Incomplete

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school.

Parent: A Parent Signature: A Parent Date: June 15, 2023

Address: 44 ABC Road City: Somers State: CT Zip: 06071 Phone: 860-123-4567



Applications cannot be processed before July 1

Connecticut State Department of Education • December 2023

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Application 5

Press pause now

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Application 5: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident	Free	Reduced	Other
A		Child	ABC Middle	6	X			

Connecticut State Department of Education • December 2023

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Application 5: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident	Free	Reduced	Other
A		Child	ABC Middle	6	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 reduced-price meals.)

SNAP - Yes or No? YES NO

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Application 5: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident	Free	Reduced	Other
A		Child	ABC Middle	6	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 reduced-price meals.)

SNAP - Yes or No? YES NO

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

A. Child Income

Child's Name: Parent A SSN: 500

B. All Adult Household Members (Include you)

Adult's Name: Parent A SSN: 500

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Application 5: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Free	Reduced	Eligible
A		Child	ABC Middle	6	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Summarize children in the household seen income. Please include the TOTAL gross income (before taxes and deductions) earned by all CHH household members in STEP 1.

B. All Adult Household Members (Include only those who bring you and share income and expenses, even if not related, including you)
 List all household members who have a STEP 1 (including yourself) and if you do not receive SNAP or TFA, use number here and then go to STEP 4 (SNAP or TFA) to indicate the appropriate process. It is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Parent A: \$ 500

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school.

A Parent
 8971 XYZ Lane
 Hartford, CT 06103
 September 22, 2023
 860-123-4567

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Application 5: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Free	Reduced	Eligible
A		Child	ABC Middle	6	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Summarize children in the household seen income. Please include the TOTAL gross income (before taxes and deductions) earned by all CHH household members in STEP 1.

B. All Adult Household Members (Include only those who bring you and share income and expenses, even if not related, including you)
 List all household members who have a STEP 1 (including yourself) and if you do not receive SNAP or TFA, use number here and then go to STEP 4 (SNAP or TFA) to indicate the appropriate process. It is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Parent A: \$ 500

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school.

A Parent
 8971 XYZ Lane
 Hartford, CT 06103
 September 22, 2023
 860-123-4567

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Application 5: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Free	Reduced	Eligible
A		Child	ABC Middle	6	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Summarize children in the household seen income. Please include the TOTAL gross income (before taxes and deductions) earned by all CHH household members in STEP 1.

B. All Adult Household Members (Include only those who bring you and share income and expenses, even if not related, including you)
 List all household members who have a STEP 1 (including yourself) and if you do not receive SNAP or TFA, use number here and then go to STEP 4 (SNAP or TFA) to indicate the appropriate process. It is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Parent A: \$ 500

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school.

A Parent
 8971 XYZ Lane
 Hartford, CT 06103
 September 22, 2023
 860-123-4567

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Application 5: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Free	Reduced	Eligible
A		Child	ABC Middle	6	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Summarize children in the household seen income. Please include the TOTAL gross income (before taxes and deductions) earned by all CHH household members in STEP 1.

B. All Adult Household Members (Include only those who bring you and share income and expenses, even if not related, including you)
 List all household members who have a STEP 1 (including yourself) and if you do not receive SNAP or TFA, use number here and then go to STEP 4 (SNAP or TFA) to indicate the appropriate process. It is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Parent A: \$ 500

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school.

A Parent
 8971 XYZ Lane
 Hartford, CT 06103
 September 22, 2023
 860-123-4567

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Application 5: "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 2)

Dividly Certified (DC) based on the State DC List as eligible for: SNAP TFA CT FM (Free Medicaid) RM (Reduced Medicaid) Date Certified DC List

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

Income Household Total household income: \$500 per week Household Size: 2 ERROR PRONE? YES NO

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

Title Note Date: September 30, 2023 Signature of DO: A. Official Date: September 30, 2023

Approved: Reduced

Is this determination correct?
 Yes No

Issues
 ■ Incomplete

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Application 5 Issues: Incomplete

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.

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Free	Reduced	Eligible
A		Child	XYZ Elem.	K	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 (Medicaid) benefits).

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Summarize children in the household seen income. Please include the TOTAL gross income (before taxes and deductions) earned by all CHH household members in STEP 1.

B. All Adult Household Members (Include only those who bring you and share income and expenses, even if not related, including you)
 List all household members who have a STEP 1 (including yourself) and if you do not receive SNAP or TFA, use number here and then go to STEP 4 (SNAP or TFA) to indicate the appropriate process. It is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Parent A: \$ 500

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school.

A Parent
 8971 XYZ Lane
 Hartford, CT 06103
 September 22, 2023
 860-123-4567

Issues:
 ■ Missing parent/guardian signature
 ■ Missing social security information

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Application 6

Press pause now

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Application 6: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?
A		Child	ABC Elem.	4	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"/>

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 Medicaid (except) benefits.)

SNAP - Go to STEP 3 If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (do not skip STEP 3). If you answer the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: **345678**

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Application 6: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?
A		Child	ABC Elem.	4	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"/>

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 Medicaid (except) benefits.)

SNAP - Go to STEP 3 If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (do not skip STEP 3). If you answer the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: **345678**

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine children in the household each income. Please include the TOTAL gross income (before taxes and deductions) earned by Child/teen members living in STEP 1 home.

B. All Adult Household Members (Include you)
 List all household members who are 18 or older. If you do not receive money for each household member listed (due to non-response, approval given in one before-tax and deduction), write income in white cells (do not write 0). If you write "0" in any white cell, you are certifying that there is no income to report.

Member	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income
Parent A	750																		
Parent B	200																		

Total Household Members (Childen and Adult): **5** Last Paid Date of Benefit Receipt Number of Primary Support (SNAP or other Adult household member): **0934** Check if no social security number:

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Application 6: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?
A		Child	ABC Elem.	4	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"/>

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 Medicaid (except) benefits.)

SNAP - Go to STEP 3 If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (do not skip STEP 3). If you answer the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: **345678**

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine children in the household each income. Please include the TOTAL gross income (before taxes and deductions) earned by Child/teen members living in STEP 1 home.

B. All Adult Household Members (Include you)
 List all household members who are 18 or older. If you do not receive money for each household member listed (due to non-response, approval given in one before-tax and deduction), write income in white cells (do not write 0). If you write "0" in any white cell, you are certifying that there is no income to report.

Member	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income
Parent A	750																		
Parent B	200																		

Total Household Members (Childen and Adult): **5** Last Paid Date of Benefit Receipt Number of Primary Support (SNAP or other Adult household member): **0934** Check if no social security number:

STEP 4 Contact Information and Adult Signature: Return completed form to your child's school.

Print Name of Adult Signing the Form: _____ Signature of Adult: _____ Today's Date: _____
 Mailing Address of Adult: _____ Apt # _____ State _____ Zip _____ Decline Phone and Email options:

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Application 6: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?
A		Child	ABC Elem.	4	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"/>

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 Medicaid (except) benefits.)

SNAP - Go to STEP 3 If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (do not skip STEP 3). If you answer the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: **345678**

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine children in the household each income. Please include the TOTAL gross income (before taxes and deductions) earned by Child/teen members living in STEP 1 home.

B. All Adult Household Members (Include you)
 List all household members who are 18 or older. If you do not receive money for each household member listed (due to non-response, approval given in one before-tax and deduction), write income in white cells (do not write 0). If you write "0" in any white cell, you are certifying that there is no income to report.

Member	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income
Parent A	750																		
Parent B	200																		

Total Household Members (Childen and Adult): **5** Last Paid Date of Benefit Receipt Number of Primary Support (SNAP or other Adult household member): **0934** Check if no social security number:

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Application 6: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Resident?	Enrolled?	Enrolled in School?
A		Child	ABC Elem.	4	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"/>

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 Medicaid (except) benefits.)

SNAP - Go to STEP 3 If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (do not skip STEP 3). If you answer the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: **345678**

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Determine children in the household each income. Please include the TOTAL gross income (before taxes and deductions) earned by Child/teen members living in STEP 1 home.

B. All Adult Household Members (Include you)
 List all household members who are 18 or older. If you do not receive money for each household member listed (due to non-response, approval given in one before-tax and deduction), write income in white cells (do not write 0). If you write "0" in any white cell, you are certifying that there is no income to report.

Member	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income	Income
Parent A	750																		
Parent B	200																		

Total Household Members (Childen and Adult): **5** Last Paid Date of Benefit Receipt Number of Primary Support (SNAP or other Adult household member): **0934** Check if no social security number:

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Application 6: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Enrolled?	Enrolled?	Enrolled?
A		Child	ABC Elem.	4	X		
B		Child	XYZ High	9	X		
C		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 (Medicaid) benefits).

SNAP or TFA? Yes No **345678**

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Parent A: \$750
 Parent B: \$200

B. All Adult Household Members (Include only those who bring you and share income and expenses, even if not related, including you.)
 Total Household Members: 5
 Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member: 0934

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Application 6: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Enrolled?	Enrolled?	Enrolled?
A		Child	ABC Elem.	4	X		
B		Child	XYZ High	9	X		
C		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 (Medicaid) benefits).

SNAP or TFA? Yes No **345678**

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Parent A: \$750
 Parent B: \$200

B. All Adult Household Members (Include only those who bring you and share income and expenses, even if not related, including you.)
 Total Household Members: 5
 Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member: 0934

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Application 6: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Enrolled?	Enrolled?	Enrolled?
A		Child	ABC Elem.	4	X		
B		Child	XYZ High	9	X		
C		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 (Medicaid) benefits).

SNAP or TFA? Yes No **345678**

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Parent A: \$750
 Parent B: \$200

B. All Adult Household Members (Include only those who bring you and share income and expenses, even if not related, including you.)
 Total Household Members: 5
 Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member: 0934

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school.

A Parent: A Parent, August 15, 2023

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Application 6: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Enrolled?	Enrolled?	Enrolled?
A		Child	ABC Elem.	4	X		
B		Child	XYZ High	9	X		
C		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 (Medicaid) benefits).

SNAP or TFA? Yes No **345678**

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Parent A: \$750
 Parent B: \$200

B. All Adult Household Members (Include only those who bring you and share income and expenses, even if not related, including you.)
 Total Household Members: 5
 Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member: 0934

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school.

A Parent: A Parent, August 15, 2023

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Application 6: "School Use Only" Section

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 2.)

Annually Income Conversion: Weekly \$12 • Every 2 Weeks \$24 • Twice a Month \$24 • Monthly \$12

SNAP TFA FM (Free Medicaid) RM (Reduced Medicaid) Confirmed Homeless or Runaway

Income Household: Total household income: _____ per _____ Household Size: 5 **ERROR PRONE** YES NO

Applicator approved: *A Parent* Date: 8/24/2023

Approved: Free

Is this determination correct?
 Yes No

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Application 6 Reminder: Information Not Required

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school.

A Parent: A Parent, August 15, 2023

Cannot delay application approval if household fails to provide information that is not required

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Application 7

Press pause now

Connecticut State Department of Education • December 2023

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Application 7: Steps 1-4

STEP 1 **LIVE ALL** children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. (Must be typed.)

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Date
A		Child	ABC Elem.	3	X		
B		Child	XYZ High	10	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 Medicaid (except) benefits.)

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2.)

A. Child Income

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

Member	Relationship	Yearly Income	Assets	Other Income	Other Assets
Parent A	775				
Parent B	100				

Total Household Members: 4 Last Four Digits of Social Security Number of Primary Applicant: 1234

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Application 7: Steps 1-4

STEP 1 **LIVE ALL** children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. (Must be typed.)

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Date
A		Child	ABC Elem.	3	X		
B		Child	XYZ High	10	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 Medicaid (except) benefits.)

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2.)

A. Child Income

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

Member	Relationship	Yearly Income	Assets	Other Income	Other Assets
Parent A	775				
Parent B	100				

Total Household Members: 4 Last Four Digits of Social Security Number of Primary Applicant: 1234

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Application 7: Steps 1-4

STEP 1 **LIVE ALL** children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. (Must be typed.)

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Date
A		Child	ABC Elem.	3	X		
B		Child	XYZ High	10	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 Medicaid (except) benefits.)

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2.)

A. Child Income

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

Member	Relationship	Yearly Income	Assets	Other Income	Other Assets
Parent A	775				
Parent B	100				

Total Household Members: 4 Last Four Digits of Social Security Number of Primary Applicant: 1234

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Application 7: Steps 1-4

STEP 1 **LIVE ALL** children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. (Must be typed.)

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Date
A		Child	ABC Elem.	3	X		
B		Child	XYZ High	10	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 Medicaid (except) benefits.)

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2.)

A. Child Income

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

Member	Relationship	Yearly Income	Assets	Other Income	Other Assets
Parent A	775				
Parent B	100				

Total Household Members: 4 Last Four Digits of Social Security Number of Primary Applicant: 1234

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Application 7: Steps 1-4

STEP 1 **LIVE ALL** children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. (Must be typed.)

Child's First Name	MI	Child's Last Name	School	Grade	Referred?	Enrolled?	Enrollment Date
A		Child	ABC Elem.	3	X		
B		Child	XYZ High	10	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 Medicaid (except) benefits.)

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to Step 2.)

A. Child Income

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

Member	Relationship	Yearly Income	Assets	Other Income	Other Assets
Parent A	775				
Parent B	100				

Total Household Members: 4 Last Four Digits of Social Security Number of Primary Applicant: 1234

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Application 7: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Enrolled	Free	Reduced
A		Child	ABC Elem.	3	X		
B		Child	XYZ High	10	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 (MediCal) benefits).

STEP 3 Report income for ALL household members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Summarize children in the household seen income. Please include the TOTAL gross income (before taxes and deductions) earned by all household members listed in STEP 1 over the period of the application.

Child's Name	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income
Parent A	775				
Parent B	100				

B. All Adult Household Members (Include only those who are living with you and share income and expenses, even if not related, including you.)
 List all household members who have a SNAP or TFA case number and enter the SNAP or TFA case number in the designated space. If you are not a SNAP or TFA case number holder, check the "Not a SNAP or TFA case number holder" box.

Household Member	SNAP or TFA Case Number	Not a SNAP or TFA Case Number Holder
Parent A		<input checked="" type="checkbox"/>
Parent B		<input checked="" type="checkbox"/>

Total Household Members: 4

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Application 7: Annual Income Conversion

Parent	Income	Frequency	Multiply by	Annual Income
A	\$775	weekly	52	\$40,300
B	\$100	monthly	12	\$1,200
Total				\$41,500

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Application 7: Eligibility Based on Income

Income Guidelines for Child Nutrition Programs: July 1, 2023, to June 30, 2024*

Household size	Free meals				Reduced-price meals						
	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income		
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135	1,068

↑ \$41,500 annually

https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Income_Guidelines_SNP.pdf

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Application 7: Steps 1-4

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.

Child's First Name	MI	Child's Last Name	School	Grade	Enrolled	Free	Reduced
A		Child	ABC Elem.	3	X		
B		Child	XYZ High	10	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 (MediCal) benefits).

STEP 3 Report income for ALL household members (Skip this step if you answered "Yes" to Step 2).

A. Child Income
 Summarize children in the household seen income. Please include the TOTAL gross income (before taxes and deductions) earned by all household members listed in STEP 1 over the period of the application.

Child's Name	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income
Parent A	775				
Parent B	100				

B. All Adult Household Members (Include only those who are living with you and share income and expenses, even if not related, including you.)
 List all household members who have a SNAP or TFA case number and enter the SNAP or TFA case number in the designated space. If you are not a SNAP or TFA case number holder, check the "Not a SNAP or TFA case number holder" box.

Household Member	SNAP or TFA Case Number	Not a SNAP or TFA Case Number Holder
Parent A		<input checked="" type="checkbox"/>
Parent B		<input checked="" type="checkbox"/>

Total Household Members: 4

STEP 4 Contact Information and Adult Signature (Return completed form to your child's school.)

A Parent
 222 XYZ Circle
 Burlington, CT 06013
 860-123-4567

August 4, 2023

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Application 7: "School Use Only" Section

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 2.)

Annual Income Conversion: Weekly \$12 • Every 2 weeks \$24 • Twice a Month \$24 • Monthly \$12

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

SNAP/ITFA Household: Total household income: \$41,500 per annually Household Size: 4 ERROR PRONE YES NO

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

Date: 8/13/2023

Approved: Reduced

Issues

- Not processed as mixed household

Child	Eligibility	Based on
A	Reduced-price meals	Income
B (foster child)	Free meals	Foster child status

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USDA Resource

USDA's Eligibility Manual for School Meals

Last revision: July 18, 2017

https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/USDA_eligibility_manual.pdf

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Questions?

School Nutrition Programs Staff

County	Consultant
Fairfield County (includes Region 9)	Fionnuala Brown 860-807-2129 fionnuala.brown@ct.gov
Litchfield County (includes Regions 1, 6, 7, 12, and 14)	
New Haven County (includes Regions 5, 15, and 16)	Greg King 860-713-6804 greg.king@ct.gov
Hartford County (includes Region 10)	Teri Dandeneau 860-807-2079 teri.dandeneau@ct.gov
Middlesex County (includes Regions 4, 13, and 17)	
New Haven County (includes Regions 5, 15, and 16)	Susan Alston 860-807-2081 susan.alston@ct.gov
New London County	
Tolland County (includes Regions 8 and 19)	
Windham County (includes Region 11)	

<https://portal.ct.gov/-/media/SDE/Nutrition/CNstaff/countyassign.pdf>

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Thank you for participating
 in module 4!



<https://portal.ct.gov/SDE/Nutrition/Eligibility-for-Free-and-Reduced-price-Meals-and-Free-Milk-in-School-Nutrition-Programs/Related-Resources>

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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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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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