



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

### Module 4 Worksheet: Test Your Knowledge About Processing Applications

#### Getting Ready

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

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

#### Worksheet Instructions

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

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

#### Module Instructions

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

- When you hear the instructions to “press pause now,” press the **pause** button and begin review of the application. The pause button is the two vertical lines in the blue box at the left of the toolbar. You can find the toolbar by moving your mouse at the bottom of the screen.
- When you are done reviewing the application and have your answer, press the **play** button. The play button is the right-facing triangle in the blue box at the left of the toolbar.





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

## Module 4 Worksheet: Test Your Knowledge About Processing Applications

### 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. sheet of paper.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.	Child's First Name	MI	Child's Last Name	School	Grade	Student?		Foster	Head Start	Homeless or Runaway
	Yes	No	Check all that apply							
	A		Child	ABC Elem.	4	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B		Child	XYZ High	9	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

If NO, > Go to STEP 3

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

Case Number: (Not an EBT Number): \_\_\_\_\_  
Write only one case number in this space.

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

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

Child income: \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  2x Month  Monthly  Annual

**B. All Adult Household Members** (Anyone who is living with you and shares income and expenses, even if not related including you.)  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received?				Public Assistance/Child Support/Alimony	How often received?				Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received?						
		Weekly	Bi-Weekly	2x Month	Monthly		Annual	Weekly	Bi-Weekly	2x Month		Monthly	Annual	Weekly	Bi-Weekly	2x Month	Monthly	Annual
Parent A	\$ 32555	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent B	\$ 25350	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults – Step 1 & Step 3)  Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member  Check if no social security number

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

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

<input type="text" value="A Parent"/>	<input type="text" value="A Parent"/>	<input type="text" value="August 12, 2023"/>
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text" value="123 ABC Street"/>	<input type="text" value="Preston"/>	<input type="text" value="860-222-2223"/>
Mailing Address (if available)	Town or City	Daytime Phone and Email (optional)
<input type="text"/>	<input type="text" value="CT"/>	
Apt #	State	
	Zip	
	<input type="text" value="06365"/>	



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

### Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

#### Application 1: “School Use Only” Section

School Use Only – Do Not Write Below This Line

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

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

Directly Certified (DC) based on the State DC List as eligible for:  SNAP  TFA  OT  FM (Free Medicaid)  RM (Reduced Medicaid). Date Certified on DC List: \_\_\_\_\_

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

Income Household: Total household income: **\$57,905** per **annually** Household Size: **4** **ERROR PRONE?**  YES  NO

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

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

#### Application 1: Answer

The determining official **denied** this application. Indicate if the determining official’s eligibility determination is correct and why.

- Is this application approved correctly?  Yes  No
- Why?



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

## Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

### 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. sheet of paper.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.	Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster	Head Start	Homeless or Runaway
		A		Child	XYZ Elem.	1	X	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

If NO, > Go to STEP 3

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

Case Number: (Not an EBT Number): \_\_\_\_\_

Write only one case number in this space.

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

Are you unsure what income to include here?  
Flip the page and review the charts titled "Sources of Income" for more information.  
The "Sources of Income for Children" chart will help you with the Child Income section.  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.  
Note: Biweekly is Every 2 Weeks

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

Child income: \$ \_\_\_\_\_

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

**B. All Adult Household Members** (Anyone who is living with you and shares income and expenses, even if not related, including you.)  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received?					Public Assistance/ Child Support/Alimony	How often received?					Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received?					
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual	
Parent A	\$ 622	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent B	\$ 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

Check if no social security number

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

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

**A Parent**  
Printed Name of Adult Signing the Form

*A Parent*  
Signature of Adult

**August 25, 2023**  
Today's Date

**111 XYZ Street**  
Mailing Address (if available)

**Lyme**  
Town or City

**CT**  
State

**06371**  
Zip

**860-123-4567**  
Daytime Phone and Email (optional)



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

### Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

#### Application 2: "School Use Only" Section

School Use Only – Do Not Write Below This Line

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

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

Directly Certified (DC) based on the State DC List as eligible for:  SNAP  TFA  OT  FM (Free Medicaid)  RM (Reduced Medicaid). Date Certified on DC List: \_\_\_\_\_

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

Income Household: Total household income: **\$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: *Anne Official* Date: **September 30, 2023**

#### Application 2: Answer

The determining official **approved** this application for **reduced-price meals**.

- Is this application approved correctly?  Yes  No
- Why?**



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

## Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

### 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. sheet of paper.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.	Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster	Head Start	Homeless or Runaway
		A		Child	ABC Elem.	5	X	<input type="checkbox"/>	<input type="checkbox"/>
	A		Child	XYZ High	10	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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

If NO, > Go to STEP 3      If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (Do not complete STEP 3.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: (Not an EBT Number): **123456**  
Write only one case number in this space.

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

Are you unsure what income to include here?  
Flip the page and review the charts titled "Sources of Income" for more information.  
The "Sources of Income for Children" chart will help you with the Child Income section.  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.  
Note: Biweekly is Every 2 Weeks

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

Child income: \$        
How often?  Weekly  Bi-Weekly  2x Month  Monthly  Annual

**B. All Adult Household Members** (Anyone who is living with you and shares income and expenses, even if not related including you.)  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received?					Public Assistance/ Child Support/Alimony	How often received?					Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received?					
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual	
Parent A	\$ 350	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Parent B		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		\$ 700	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults – Step 1 & Step 3)       Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member            Check if no social security number

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

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Signing the Form: **A Parent**      Signature of Adult: *A Parent*      Today's Date: **August 30, 2023**

Mailing Address (if available): **334 ABC Drive**      Apt #:      Town or City: **Granby**      State: **CT**      Zip: **06035**      Daytime Phone and Email (optional): **860-123-4567**



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

### Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

#### Application 3: “School Use Only” Section

School Use Only – Do Not Write Below This Line

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

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

Directly Certified (DC) based on the State DC List as eligible for:  SNAP  TFA  OT  FM (Free Medicaid)  RM (Reduced Medicaid). Date Certified on DC List: \_\_\_\_\_

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

Income Household: Total household income: \_\_\_\_\_ per \_\_\_\_\_ Household Size: 4 ERROR PRONE?  YES  NO

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

Date Notice Sent: September 6, 2023 Signature of DO: A. Official Date: September 6, 2023

#### Application 3: Answer

The determining official **approved** this application for **free meals**.

a. Is this application approved correctly?  Yes  No

b. Why?



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

## Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

### 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.  
(sheet of paper.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.	Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster	Head Start	Homeless or Runaway
		A		Child	XYZ Elem.	K	X	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

If NO, > Go to STEP 3

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

Case Number: (Not an EBT Number): \_\_\_\_\_

Write only one case number in this space.

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

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

Child income: \$ \_\_\_\_\_

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

**B. All Adult Household Members** (Anyone who is living with you and shares income and expenses, even if not related, including you.)  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received?					Public Assistance/ Child Support/Alimony	How often received?					Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received?				
		Weekly	Bi-Weekly	2x Monthly	Monthly	Annual		Weekly	Bi-Weekly	2x Monthly	Monthly	Annual		Weekly	Bi-Weekly	2x Monthly	Monthly	Annual
Parent A	\$ 280	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 100	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: Biweekly is Every 2 Weeks

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

Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member  Check if no social security number

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

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Signing the Form:

Signature of Adult:

Today's Date:

Mailing Address (if available):  Apt #

Town or City:  State:  Zip:

Daytime Phone and Email (optional):





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

### Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

#### Application 4: “School Use Only” Section

School Use Only – Do Not Write Below This Line

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

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

Directly Certified (DC) based on the State DC List as eligible for:  SNAP  TFA  OT  FM (Free Medicaid)  RM (Reduced Medicaid). Date Certified on DC List: \_\_\_\_\_

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

Income Household: Total household income: **\$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** Signature of DO: *A. Official* Date: **August 5, 2023**

#### Application 4: Answer

The determining official **approved** this application for **free meals**.

- Is this application approved correctly?  Yes  No
- Why?



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

## Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

### 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. sheet of paper.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.	Child's First Name	MI	Child's Last Name	School	Grade	Student?		Foster	Head Start	Homeless or Runaway
	Yes	No	Check all that apply							
	A		Child	ABC Middle	6	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

If NO, > Go to STEP 3

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

Case Number: (Not an EBT Number):

Write only one case number in this space.

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

Are you unsure what income to include here?  
Flip the page and review the charts titled "Sources of Income" for more information.  
The "Sources of Income for Children" chart will help you with the Child Income section.  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.  
Note: Biweekly is Every 2 Weeks

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

Child income: \$          
How often?  Weekly  Bi-Weekly  2x Month  Monthly  Annual

**B. All Adult Household Members** (Anyone who is living with you and shares income and expenses, even if not related, including you.)  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received?					Public Assistance/ Child Support/Alimony	How often received?					Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received?					
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual	
Parent A	\$ 500	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults – Step 1 & Step 3)  Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member  Check if no social security number

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

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Signing the Form Signature of Adult Today's Date

Mailing Address (if available) Apt # Town or City State Zip Daytime Phone and Email (optional)



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

### Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

#### 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 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 as eligible for:  SNAP  TFA  OT  FM (Free Medicaid)  RM (Reduced Medicaid). Date Certified on DC List: \_\_\_\_\_

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

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

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

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

#### Application 5: Answer

The determining official **approved** this application for **reduced-price meals**.

a. Is this application approved correctly?  Yes  No

b. **Why?**



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

## Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

### 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. sheet of paper.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.	Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster	Head Start	Homeless or Runaway
	<b>A</b>			<b>Child</b>	<b>ABC Elem.</b>	<b>4</b>	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b>			<b>Child</b>	<b>XYZ High</b>	<b>9</b>	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>			<b>Child</b>	<b>XYZ High</b>	<b>9</b>	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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

If NO, > Go to STEP 3

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

Case Number: (Not an EBT Number): **345678**

Write only one case number in this space.

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

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Note: Biweekly is Every 2 Weeks

#### A. Child Income

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

Child income: \$

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

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

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received?				Public Assistance/ Child Support/Alimony	How often received?				Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received?						
		Weekly	Bi-Weekly	2x Month	Monthly		Annual	Weekly	Bi-Weekly	2x Month		Monthly	Annual	Weekly	Bi-Weekly	2x Month	Monthly	Annual
<b>Parent A</b>	\$ <b>750</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Parent B</b>	\$ <b>200</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults – Step 1 & Step 3) **5**

Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member **0934**

X X X X X X **0934**

Check if no social security number

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

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<b>A Parent</b>	<i>A Parent</i>	<b>August 15, 2023</b>
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date
Mailing Address (if available)	Town or City	Daytime Phone and Email (optional)
Apt #	State	
	Zip	



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

### Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

#### Application 6: "School Use Only" Section

School Use Only – Do Not Write Below This Line

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

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

Directly Certified (DC) based on the State DC List as eligible for:  SNAP  TFA  OT  FM (Free Medicaid)  RM (Reduced Medicaid). Date Certified on DC List: 8/22/2023

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

Income Household: Total household income: \_\_\_\_\_ per \_\_\_\_\_ Household Size: 2 ERROR PRONE?  YES  NO

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

Date Notice Sent: 8/24/2023 Signature of DO: A. Official Date: 8/24/2023

The determining official **approved** this application for **free meals**.

- Is this application approved correctly?  Yes  No
- Why?



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

## Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

### 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. (sheet of paper.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.	Child's First Name	MI	Child's Last Name	School	Grade	Student?		Foster	Head Start	Homeless or Runaway
	Yes	No								
	A		Child	ABC Elem.	3	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B		Child	XYZ High	10	X		X	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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

If NO, > Go to STEP 3

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

Case Number: (Not an EBT Number): \_\_\_\_\_

Write only one case number in this space.

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

**Are you unsure what income to include here?**  
Flip the page and review the charts titled "Sources of Income" for more information.  
The "Sources of Income for Children" chart will help you with the Child Income section.  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.  
Note: Biweekly is Every 2 Weeks

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

**B. All Adult Household Members** (Anyone who is living with you and shares income and expenses, even if not related including you.)  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received?					Public Assistance/Child Support/Alimony	How often received?					Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received?						
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual		
Parent A	\$ 775	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent B	\$ 100	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults – Step 1 & Step 3) **4**

Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member X X X X **1 2 3 4** Check if no social security number

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

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

**A Parent**      *A Parent*      **August 4, 2023**

Printed Name of Adult Signing the Form      Signature of Adult      Today's Date

**222 XYZ Circle**      **Burlington**      **CT**      **06013**      **860-123-4567**

Mailing Address (if available)      Apt #      Town or City      State      Zip      Daytime Phone and Email (optional)

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

### Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

#### Application 7: “School Use Only” Section

School Use Only – Do Not Write Below This Line

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

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

Directly Certified (DC) based on the State DC List as eligible for:  SNAP  TFA  OT  FM (Free Medicaid)  RM (Reduced Medicaid). Date Certified on DC List: \_\_\_\_\_

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

Income Household: Total household income: **\$41,500** per **annually** Household Size: **4** **ERROR PRONE?**  YES  NO

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

Date Notice Sent: **8/13/2023** Signature of DO: *A. Official* Date: **8/13/2023**

#### Application 7: Answer

The determining official **approved** this application for **reduced-price meals**.

- Is this application approved correctly?  Yes  No
- Why?



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

### Answer Key for Module 4 Worksheet: Test Your Knowledge About Processing Applications

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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