

# 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.







## Application 1: Steps 1-4

STEP1 List <u>ALL</u> 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.)													
	Child's First Name		МІ	Child's Last Name			School	Gra		udent?	Foster	Head	Homeless or
Definition of Household Member: "Anyone who is				Child			ABC Elem.					Start	Runaway
living with you and shares income and expenses,	A							4					
even if not related." Children in <b>Foster care</b>	B		Ц	Child			XYZ High	9		that apply			
and children who meet the definition of <b>Homeless</b> or <b>Runaway</b> are eligible for										<u>a</u>			
free meals. Read How to Apply for Free and										Check			
Reduced-price School Meals for more information.										<sup>o</sup>			
	/ household members (incl al (HUSKY) benefits).	uding you) cur	rently	/ participate in one or mo	ore of the fol	lowing	) Assistance Program	ıs – S	NAP or T	FA? (This	does N	OT inc	lude
If NO, > Go to STEP 3				NAP or TFA, write a SNAP OR ss, it is strongly recommended					Case Nu	mber: (Not an	EBT Numb	er):	
	this application. See instr	ructions.	-	<u></u>	1		ananananan manananan <del>T</del> ananan		<u> </u>	Write only one o	ase number	r in this sp	ace.
STEP 3 Repor	t Income for ALL Househol	ld Members (Sl	cip thi	is step if you answered '	'Yes" to Step	o 2)							
Are you unsure what income to include here?	A. Child Income Sometimes children in the h deductions) earned by all Child			lease include the TOTAL gros in STEP1 here.	s income (befor	e taxes	and Child incor	ne		How oten?		ual	
Flip the page and review the charts titled "Sources of Income" for more information.	List all Household Members not I	listed in STEP 1 (inclu	ding you	is living with you and shares urself) even if they do not receive in receive income from any source, wi	come. For each H	ousehold	Member listed, if they do rece ave any fields blank, you are co	ive incon ertifying (	ne, report tota promising) th	at there is no i	ncome to re	eport.	
The "Sources of	Name of Adult Household Members (First & Last Name)	Earnings from W	od. Dec	How often received? eekly Bi-Weekly 2x Month Monthly Annual	Public Assista Child Support/		How often received? Weekly Bi-Weekly 2x Month Month!			ement, SS, SSI, I other income		n received?	nti Monthly Annual
Income for Children" chart will help you with the Child Income	Parent A	3255									00		00
section. The "Sources of	Parent B	25350			\$		0000				0 0		00
Income for Adults" chart will help	\$			00000	\$		0000				00		00
you with the All Adult Household Members section.	4	6		00000	\$		0000				O		00
Note: Biweekly is Every	4			00000	6		0000				$\bigcirc$		00
2 Weeks	Total Household Members (Children and Adults – Step 1 & Step 3)	4	Last Fo Wage Ea	ur Digits of Social Security Numb arner or Other Adult Household I	er of Primary Aember	x	x x x x 2 3	23	Checki	if no social se	curity num	ber 🗌	]
STEP 4 Conta	act Information and Adult	Signature. Re	turn	completed form to you	r child's sch	100l.							
	formation on this application is true and th nildren may lose meal benefits, and I may b				connection with the	receipt of	Federal funds, and that school c	fficials ma	y verify (cheo	ck) the informati	on. I am awa	are that if	purposely
A Parent			A 7	Parent			Α	ugu	st 12,	, 2023			
Printed Name of Adult Sign	ing the Form	s	ignature	e of Adult			Today's	Date					
<b>123 ABC</b> Mailing Address (if availab			Pre	ston	State	<b>06</b>			22-2				



### 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										
A Income Household: Total household income: \$57,905 per annually Household Size: 4 ERROR PRONE? Star YES A NO										
Application approved for: There Meals Reduced-price Meals Application Denied										
Date Notice Sent: August 21, 2023 Signature of DO: <u>A. Official</u> 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.

- a. Is this application approved correctly?  $\Box$  Yes  $\Box$  No
- b. Why?



#### Application 2: Steps 1-4

	<u>LL</u> children who are infants and sti of paper.)	udents up to a	and including grade 12.	If more spaces are	required for addition	al names,	attach anoth	er page.			
Definition of Household	Child's First Name	МІ	Child's Last Name		School	Grade	Student? Yes No	Foster	Head	Homeless or	
Member: "Anyone who is living with you and shares			Child		XYZ Elem.	1	X		Start	Runaway	
income and expenses, even if not related."											
Children in Foster care and children who meet the definition of Homeless or						Ħ	that				
Runaway are eligible for free meals. Read How to Apply for Free and							Check all				
Reduced-price School Meals for more information	.   [						Ğ				
STEP 2 Do an	y household members (including y	ou) currently	participate in one or mo	ore of the following	Assistance Program	s – SNAP	or TFA? (This	does N	IOT inc	lude	
STEP 2 medic	al (HUSKY) benefits).										
If NO, > Go to STEP 3	complete STEP 3.) To quicken the					a substant	se Number: (Not an	EBT Numb	en:		
	this application. See instructions.	S.S.S. 6. 410	1004 (Co.4)				Write only one	case numbe	r in this spa	ace.	
STEP 3 Repo	rt Income for ALL Household Memi	bers (Skip thi	s step if you answered	"Yes" to Step 2)							
Are you unsure what income to include here?	A. Child Income Sometimes children in the household deductions) earned by all Child Househol			s income (before taxes	and Child income		How oten?	h Monthly Anr	nual		
Flip the page and review the charts titled "Sources of Income" for more information.	B. All Adult Household Members List all Household Members not listed in ST for each source in whole dollars (no cents)	EP 1 (including you	urself) even if they do not receive in receive income from any source, w	come. For each Household	Member listed, if they do receiv	e income, rep	ort total gross incom			leductions)	
The "Sources of Income for Children"	Name of Adult Household Members (First & Last Name) Earni	ings from Work we	How often received? ekly Bi-Weekly 2x Month Monthly Annual	Public Assistance/ Child Support/Alimony	Howoften received? Weekly Bi-Weekly 2x Month Monthly.		ns/Retirement, SS, SSI, efits, All other income		rn received? eekhi: 2x Mor	nth Monthly Annual	
chart will help you with the Child Income	Parent A s	622	$\bigcirc \bigcirc $	\$	0 $0$ $0$ $0$	\$		00	) 0	00	
section. The "Sources of	Parent B <sup>\$</sup>	0	00000	\$	0 $0$ $0$ $0$	∫\$		00	$) \bigcirc$	00	
Income for Adults" chart will help you with the All Adult	\$		00000	\$	0000	ୗଃ		0 (	$) \circ$	00	
Household Members section.	\$		00000	\$	0 0 0 0	<b>\$</b>		$\bigcirc$	$) \bigcirc$	00	
Note: Biweekly is Every	\$		00000	\$	0000	<b>\$</b>		$\bigcirc$	$) \circ$	00	
2 Weeks	Total Household Members (Children and Adults – Step 1 & Step 3)	3 Last Fou Wage Ea	ur Digits of Social Security Numb amer or Other Adult Household I	per of Primary X Member	x x x x	c	heck if no social se	curity num	ber 🗌		
STEP 4 Cont	act Information and Adult Signat	ure. Return o	completed form to you	r child's scho <u>ol.</u>							
	nformation on this application is true and that all incom children may lose meal benefits, and I may be prosecute			connection with the receipt of	Federal funds, and that school off	cials may verify	(check) the informati	on. I am awa	are that if I	purposely	
A Paren	t	A	Parent		Α	ugust	25, 2023	3			
Printed Name of Adult Sig		Signature	e of Adult		Today's [	Today's Date					
111 XYZ Mailing Address (if availa		Town or C		CTO			<b>3-4567</b> nail (optional)				



## Application 2: "School Use Only" Section

School Use Only – Do Not Write Below This Line										
The Determining Official (DO) for the school/district MUST complete this section. (Only convert to annual income if there are different frequencies of income listed in Step 3.) Annual Income Conversion: Weekly X 52   Every 2 weeks X 26   Twice a Month X 24   Monthly X 12										
Directly Certified (DC) based on 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: Tree Meals Reduced-price Meals Application Denied										
Date Notice Sent: September 30, 2023 Signature of DO: <u>Anne Official</u> Date: September 30, 2023										

## **Application 2: Answer**

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

- a. Is this application approved correctly?  $\Box$  Yes  $\Box$  No
- b. Why?



#### Application 3: Steps 1-4

STEP1 List <u>ALL</u> 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.)											
	Childle First Name		5.41	Child's Lost Name				Student?	Frains	1. Local	Transferration
Definition of Household	Child's First Name		MI	Child's Last Name		School	Grade	Yes No	Foster	Head Start	Homeless or Runaway
Member: "Anyone who is living with you and shares income and expenses,	A			Child		ABC Elem.	5				
even if not related." Children in Foster care and children who meet the	\ <b>A</b>		Ц	Child		XYZ High	10	that apply			
definition of Homeless or Runaway are eligible for			Ц								
free meals. Read How to Apply for Free and Reduced-price School			Ц					Check			
Meals for more information.				-	]						
	y household members (in al (HUSKY) benefits).	cluding you) cur	rently	/ participate in one or moi	re of the followi	ng Assistance Program	s – SNAF	or TFA? (This	does N	OT inc	lude
If NO, > Go to STEP 3				NAP or TFA, write a SNAP OR 1 ss, it is strongly recommended			a salata kata	ase Number: (Not an	EBT Numb	<sup>en):</sup> 1234	
	this application. See in		proce	ss, it is strongly recommended	mat you submit pr	oor or SNAP or TPA eligibility		Write only one			
STEP 3 Repo	rt Income for ALL House	old Members (S	kip th	is step if you answered "भ	Yes" to Step 2)			,			
	A. Child Income							How often?			
Are you unsure what income to include here?				lease include the TOTAL gross in STEP1 here.	income (before tax	es and Child income		/eekiy Bi-Weekiy 2x Mont	h Monthly Ann	ual	
Flip the page and review the charts titled "Sources of Income" for more information.	List all Household Members n	ot listed in STEP 1 (inclu	iding you	is living with you and shares urself) even if they do not receive inco receive income from any source, writ	ome. For each Househ	old Member listed, if they do receiv	e income, rep	ort total gross incom	income to re	port.	leductions)
The "Sources of	Name of Adult Household Members			How often received?	Public Assistance/	How often received?	1/0	ns/Retirement, SS, SSI, hefits, All other income		n received?	- I
Income for Children"	(First & Last Name)	Earnings from V		eekiy Bi-Weekiy 2x Month Monthly Annual	Child Support/Alimon	y Weekly Bi-Weekly 2x Month Monthly	Annual VADer		Weekly BHWe	ekn 2x Mol	hti Monthly Annual
chart will help you with the Child Income section.	Parent A	\$ 35	0 (							) 0	00
The "Sources of Income for Adults"	Parent B	\$						700			
chart will help you with the All Adult		\$		$\overline{0000}$		$\underline{ 0000 }$			O(		
Household Members section.		\$	(	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $		$\underline{ 0000 }$			00	) 0	00
Note: Biweekly is Every		\$	(	$\underline{) \ 0 \ 0 \ 0 \ 0}$		0000			O	$) \bigcirc$	00
2 Weeks	Total Household Members (Children and Adults – Step 1 & Step 3)			ur Digits of Social Security Numbe arner or Other Adult Household M		x x x x		Check if no social se	curity num	ber 🔀	]
STEP 4 Cont	act Information and Adu	ult Signature. Re	turn	completed form to your	child's school.						
	nformation on this application is true and hildren may lose meal benefits, and I ma			rstand that this information is given in co State and Federal laws."	onnection with the receipt	of Federal funds, and that school off	icials may veri	fy (check) the informati	on. I am awa	re that if I	purposely
A Paren	t		A	Parent		Α	ugust	30, 2023	3		
Printed Name of Adult Sign	ning the Form	l L	Signatur	e of Adult		Today's E	Date	-			
334 ABC	Drive		Gr	anby	СТО	6035 8	<u>60-12</u>	3-4567			
Mailing Address (if availa	-	Apt# T	own or		State Zip			mail (optional)			



### 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 I	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: <b>ERROR PRONE?</b>	s 🚺 NO										
Application approved for: D 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?  $\Box$  Yes  $\Box$  No
- b. Why?



#### Application 4: Steps 1-4

	<u>LL</u> children who are infants a of paper.)	and students	up to	and including grade 12.	If more spa	aces ar	e required for ad	Iditional	Inames	, attacl	h anothe	er page.	4	
				Child's Last Name						Stude	ent?			Warner Provinces
Definition of Household	Child's First Name		MI	Child's Last Name			School		Grade	Yes	No	Foster	Head Start	Homeless or Runaway
Member: "Anyone who is living with you and shares income and expenses,	<b>A</b>			Child			XYZ Elei	<b>m.</b>	K	X	≥			
even if not related." Children in <b>Foster care</b> and children who meet the			Ш								that apply			
definition of Homeless or Runaway are eligible for											<u>a</u>			
free meals. Read How to Apply for Free and Reduced-price School											Check			
Meals for more information.														
	y household members (inclu al (HUSKY) benefits).	ding you) cur	rently	v participate in one or mo	ore of the fo	ollowin	g Assistance Pro	ograms	– SNAF	or TF.	A? (This	does N	IOT ind	lude
If NO, > Go to STEP 3	a second s	le statistical ferrences and statistic		NAP or TFA, write a SNAP OR ss, it is strongly recommended						ase Numb	er: (Not an	EBT Numb	per):	
	this application. See instru	ctions.							<u> </u>	Write only one case number in this space.				
STEP 3 Report	t Income for ALL Household	l Members (Sl	kip th	is step if you answered '	"Yes" to Ste	ep 2)								
	A. Child Income										How otten?			
Are you unsure what income to include here?				lease include the TOTAL gros in STEP 1 here.	s income (bef	ore taxe	sand Sand	Thild income		Veekty Bi-W	reekty 2x Montl	Monthly Ani	nual	
Flip the page and review the charts titled "Sources of Income" for more information.	List all Household Members not lis	ted in STEP 1 (inclu	iding you	is living with you and shares urself) even if they do not receive in receive income from any source, w	come. For each	Househol	d Member listed, if they ave any fields blank, yo	do receive u are certif	income, re	oort total g				deductions)
The "Sources of Income for Children"	Name of Adult Household Members (First & Last Name)	Earnings from W	/ork w	How often received? sekly Bi-Weekly 2x Month Monthly Annual	Public Assis Child Suppo		Howoften Weekty Bi-Weekty 2x Mont		1/0	ns/Retirem nefits, All otl	ent, SS, SSI, ner income		en received eekh 2x Mc	nt <mark>i Monthly</mark> Annual
chart will help you with the Child Income section.	Parent A s	28	0 (	$\underline{000}$	\$ <b>1</b>	00	$\underline{000}$	$\bigcirc \bigcirc$	\$			00		00
The "Sources of Income for Adults"	\$			$\underline{0000}$	\$		$\underline{000}$	00	\$			O(		
chart will help you with the All Adult	\$		(	$\underline{00000}$	\$		000	00				00		
Household Members section.	\$				\$			00				00		
Note: Biweekly is Every 2 Weeks	\$_		(	$\underline{)} 0 0 0 0 0$	\$			00	) <b>\$</b>			$\bigcirc$ (		000
	Total Household Members (Children and Adults – Step 1 & Step 3)			ur Digits of Social Security Numb arner or Other Adult Household I		X	xxxx			Check if n	o social se	curity num	ıber 🚺	[
STEP 4 Cont	act Information and Adult \$	Signature. Re	turn	completed form to you	r child's so	:hool.								
	nformation on this application is true and that hildren may lose meal benefits, and I may be				connection with th	ne receipt o	of Federal funds, and that s	school offici	als may veri	fy (check)	the informati	on. I am awa	are that if	l purposely
A Paren				Parent					ne 1	5, 20	)23			
Printed Name of Adult Sigr		s	Signature of Adult Today's Date						1					
44 ABC Mailing Address (if availal			So	mers	State	Zip	6 <b>071</b>		0-12					



## 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 er 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**.

- a. Is this application approved correctly?  $\Box$  Yes  $\Box$  No
- b. Why?



#### Application 5: Steps 1-4

STEP1 List <u>ALL</u> 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.)											
-	-						Stud	ent?	and the second		
Definition of Household	Child's First Name	MI	Child's Last Name		School	Grade	Yes	No	Foster	Head Start	Homeless or Runaway
Member: "Anyone who is living with you and shares income and expenses,	A		Child		ABC Middle	2 6	X				
even if not related." Children in <b>Foster care</b>								at apply			
and children who meet the definition of Homeless or Runaway are eligible for								all that			
free meals. Read How to Apply for Free and Reduced-price School								Check			
Meals for more information.											
	/ household members (including you) al (HUSKY) benefits).	currenti	y participate in one or m	ore of the fo	llowing Assistance Progr	ams – SNA	P or TF	A? (This	does N	IOT inc	lude
If NO, > Go to STEP 3	If YES, a household member does partie complete STEP 3.) To quicken the appre		and the second se		~ 그는 것 같아요. 그는 것 같아요. 것 같아? 것 같은 것은 것 같이 가지? 것 같아요. 이가 정말했다. 것	Contraction of the Contraction of the	Case Num	ber: (Not an	EBT Numb	er):	
	this application. See instructions.				and a construction of the second s		W	rite only one o	case numbe	r in this sp	ace.
STEP 3 Repor	t Income for ALL Household Members	(Skip th	nis step if you answered	"Yes" to Ste	p 2)						
	A. Child Income							How otten?			
Are you unsure what income to include here?	Sometimes children in the household earn deductions) earned by all Child Household Mer			ss income (befo	re taxes and Child in \$	come	Weekty Bi-V	Veekly 2x Mont	h Monthly An	nual	
Flip the page and review the charts titled "Sources of Income" for more information.	B. All Adult Household Members (An List all Household Members not listed in STEP 1 ( for each source in whole dollars (no cents) only. It	including yo	ourself) even if they do not receive i t receive income from any source, v	ncome. For each H	Household Member listed, if they do re r '0' or leave any fields blank, you are	ceive income, r certifying (pron	eport total		income to r	eport.	
The "Sources of Income for Children"	Name of Adult Household Members (First & Last Name) Earnings fro	m Work	How often received? Veekly Bi-Weekly 2x Month Monthly Annual	Public Assist Child Suppor		1/0/10	ions/Retirem enefits, All o	nent, SS, SSI, ther income		eekt <mark>e</mark> 2x Mo	nti Monthly Annual
chart will help you with the Child Income section.	Parent A \$ 5	00	$\bigcirc \bigcirc $	\$	0000				00	) 0	00
The "Sources of Income for Adults"	\$		00000	\$	0000				00	) 0	00
chart will help you with the All Adult	\$		00000	\$					00		00
Household Members section.	\$		$\underline{00000}$	\$					00		
Note: Biweekly is Every 2 Weeks	\$		$\underline{00000}$	\$					$\bigcirc$ (		00
	Total Household Members (Children and Adults – Step 1 & Step 3)		our Digits of Social Security Num Earner or Other Adult Household		X X X X X		Check if I	no social se	curity num	ber 🗌	]
STEP 4 Cont	act Information and Adult Signature.	Return	completed form to you	r child's sc	hool.						
	nformation on this application is true and that all income is rep hildren may lose meal benefits, and I may be prosecuted unde			connection with the	e receipt of Federal funds, and that scho	I officials may ve	rify (check)	the informati	on. I am aw	are that if I	purposely
A Parent						-	teml	oer 2	2, 20	23	
Printed Name of Adult Sign			re of Adult			y's Date					1
8971 XY Mailing Address (if availab			artford	State		860-12					



### 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: There Meals Reduced-price Meals Application Denied										
Date Notice Sent: September 30, 2023 Signature of DO: <u>A. Official</u> Date: September 30, 2023										

## **Application 5: Answer**

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

- a. Is this application approved correctly?  $\Box$  Yes  $\Box$  No
- b. Why?



#### Application 6: Steps 1-4

STEP1 List <u>ALL</u> 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.)												
			Ob II II - I 4 Norma				Student?	-	a Thursday			
Definition of Household	Child's First Name	MI	Child's Last Name		School	Grade	Yes No	Foster He Sta				
Member: "Anyone who is living with you and shares income and expenses,	Α		Child		ABC Elem.	4	X ≥					
even if not related." Children in <b>Foster care</b> and children who meet the	B		Child		XYZ High	9	at apply					
definition of Homeless or Runaway are eligible for	C		Child		XYZ High	9	x all that					
free meals. Read How to Apply for Free and Reduced-price School							Check					
Meals for more information.												
	y household members (includin al (HUSKY) benefits).	g you) currently	y participate in one or mo	re of the followi	ng Assistance Program	s – SNAF	or TFA? (This	does NOT	include			
If NO, > Go to STEP 3	and the second sec		SNAP or TFA, write a SNAP OR			a sector sector	ase Number: (Not an I	EBT Number):	FCTO			
and the second s	complete STEP 3.) To quicken		al process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with					345678				
	this application. See instruction	ns.					Write only one o	ase number in th	s space.			
STEP 3 Repor	t Income for ALL Household Me	embers (Skip th	nis step if you answered "	Yes" to Step 2)								
Are you unsure what	A. Child Income				Child income	-	How otten?					
income to include here?	Sometimes children in the househ deductions) earned by all Child Hous			income (before tax	es and \$		Veekly Bi-Weekly 2x Montr	Monthly Annual				
Flip the page and review the charts titled "Sources of Income" for	B. All Adult Household Memb List all Household Members not listed in for each source in whole dollars (no cer	n STEP 1 (including yo	ourself) even if they do not receive inc	ome. For each Househ	old Member listed, if they do receiv	e income, rep	port total gross incom	e (before taxes a	nd deductions)			
more information.		,,,,	How often received?		How often received?	10.000	ns/Retirement, SS, SSI,	How often rece	ved?			
The "Sources of Income for Children"	Name of Adult Household Members (First & Last Name)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly Annual	Public Assistance/ Child Support/Alimon	y Weekly Bi-Weekly 2x Month Monthly	1/0		Weekh BI-Weekh 2	x Month Monthly Annual			
chart will help you with the Child Income section.	Parent A \$	750			0000	\$		00	000			
The "Sources of	Parent B \$	200			0000	∫\$		00	000			
Income for Adults" chart will help you with the All Adult	\$		00000		0000	_\$		00	000			
Household Members section.	\$		<u> </u>		0000			00	000			
Note: Biweekly is Every 2 Weeks	\$		<u>00000</u> \$		$\bigcirc \bigcirc $			$\bigcirc \bigcirc$	000			
2 Weeks	Total Household Members (Children and Adults – Step 1 & Step 3)		our Digits of Social Security Numbo Eamer or Other Adult Household N		x x x x 09	<b>3</b> 4 a	Check if no social se	curity number				
STEP 4 Cont	act Information and Adult Sig	nature. Return	completed form to your	child's school.								
1 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 Paren	t	A	Parent		Α	ugust	15, 2023					
Printed Name of Adult Signing the Form			Signature of Adult Today's Date									
				State Zip		)han a an d E						
Mailing Address (if availal	ble) Apt#	Town or	r Uity	State Zip	Daytime F	mone and Er	mail (optional)					

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

	School Use Only – Do Not V	Vrite 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: <u>8/22/2023</u>											
SNAP/TFA Household providing proof (must be confirmed b	SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number Defense Child Defense Child Defense Head Start Defense Homeless or Runaway										
🞽 Income Household: Total household income:	per	Household Size: _	2	_ ERROR PRONE? 🗖 YES 🛛 NO							
Application approved for: 🖾 Free Meals	Reduced-price Meals	Applicat									
Date Notice Sent: 8/24/2023	_ Signature of DO: <del>A. Official</del>		Date: <b>8/24</b>	/2023							

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

- a. Is this application approved correctly?  $\Box$  Yes  $\Box$  No
- b. Why?



### Application 7: Steps 1-4

	<u>_L</u> children who are infai of paper.)	nts and students	up to a	nd including grade 12	If more space	ces ar	e required for add	ditional	Inames	s, attacl	h anothe	er page.	i.	
Definition of Household	Child's First Name		мі	Child's Last Name			School		Grade	Stude Yes	ent? No	Foster	Head Start	Homeless or Runaway
Member: "Anyone who is living with you and shares income and expenses.	Α		Child			<b>ABC Elem</b>	<b>.</b>	3	X	<u>ح</u>				
even if not related." Children in <b>Foster care</b>	В			Child			XYZ Hig	h	10	X	all that apply	X		
and children who meet the definition of <b>Homeless</b> or <b>Runaway</b> are eligible for														
free meals. Read How to Apply for Free and Reduced-price School											Check			
Meals for more information.														
STEP2 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		and a first of the state of the second s		AP or TFA, write a SNAP OF s, it is strongly recommende				rest in the second s	and the second	ase Numb	er: (Notan	EBT Numb	oer):	
	this application. See instructions.			# process, it is subligly recommended and you submit pr						Write only one case number in this space.				
STEP 3 Repor	t Income for ALL House	hold Members (S	Skip this	s step if you answered	"Yes" to Ste	p 2)								
Are you unsure what income to include here?	A. Child Income Sometimes children in th deductions) earned by all C		ome. Please include the TOTAL gross income (before taxes and states in STEP 1 here.						How oten?           Weekly         Bi-Weekly         2x Month         Monthly         Annual					
Flip the page and review the charts titled "Sources of Income" for more information.	List all Household Members	not listed in STEP 1 (inc	luding your ey do not re	s living with you and share self) even if they do not receive i ceive income from any source, w How often received?	ncome. For each H	lousehol	d Member listed, if they d ave any fields blank, you	do receive u are certify	income, re ving (promi	port total g sing) that	there is no i	ncome to re	eport.	
The "Sources of Income for Children"	Name of Adult Household Members (First & Last Name)	Earnings from '			Public Assista Child Support		Howoften r Weekly Bi-Weekly 2x Month				ent, SS, SSI, her income		en received eekhi 2x Mo	/ onthe Monthly Annual
chart will help you with the Child Income section.	Parent A	\$ <b>7</b> 7	/ 5	0000	\$		000	$\bigcirc$	)\$			$\bigcirc$	) С	$\circ \circ \circ$
The "Sources of	Parent B	\$ <b>1</b> C	) 0 (	) 0 0 0 0 0	\$		000	00	⊇\$			00	) (	$) \bigcirc \bigcirc$
Income for Adults" chart will help you with the All Adult		\$		) 0 0 0 0	\$		000	00	<b>\$</b>			0 (		) 0 0
Household Members section.		\$		$\underline{) 0 0 0 0}$	\$		000	00	_\$			00		) 00
Note: Biweekly is Every 2 Weeks		\$		) 0 0 0 0 0	\$		000	00	) <b>\$</b>			00	) (	) 0 0
	Total Household Member (Children and Adults – Step 1 & Step 3)	s 4		r Digits of Social Security Num mer or Other Adult Household		X	x x x x	12	34	Check if n	o social se	curity num	nber 🗌	]
STEP 4 Cont	act Information and Ad	ult Signature. R	eturn c	ompleted form to you	r child's scl	nool.								
give false information, my c	nformation on this application is true ar hildren may lose meal benefits, and I m				connection with the	receipt o	f Federal funds, and that s		and the second second			on. I am awa	are that if	l purposely
A Parent				A Parent Augus						it 4, 2023				
Printed Name of Adult Signing the Form			Signature of Adult Today's Da					te	3					
222 XYZ Circle			Burlington CT 060				5 <b>013</b>	860-123-4567						
Mailing Address (if available) Apt #				ity	State	Zip	D	aytime Ph	ione and E	mail (optio	onal)		-	

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#### 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: ERROR PRONE? 🗖 YES 💆 NO
Application approved for: There 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**.

- a. Is this application approved correctly?  $\Box$  Yes  $\Box$  No
- b. Why?



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, audiotape, 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:

- 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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