



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

Answer Key for 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.





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Application 1: Steps 1-4

STEP 1 List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. 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.	4	X	<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"/>

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)

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: \$
 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	Public Assistance/ Child Support/Alimony	Pensions/Retirement, SS, SSI, VA benefits, All other income	
				Weekly
Parent A	\$ 3 2 5 5 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/> <input type="radio"/> <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	\$ 2 5 3 5 0 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
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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 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?** The USDA’s income eligibility guidelines for a household size of 4 indicate that annual income limit is \$39,000 for free meals and \$55,500 for reduced meals. This household's annual income is \$57,905, which exceeds the annual income limit for reduced eligibility by \$2,405

Income Guidelines for Child Nutrition Programs: July 1, 2023, to June 30, 2024*											
Free meals						Reduced-price meals					
Household size	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income	Household Size	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135	1,068



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"/>

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	\$ 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"/>

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	<i>A Parent</i> Signature of Adult	August 25, 2023 Today's Date
111 XYZ Street Mailing Address (if available)	Lyme Town or City	860-123-4567 Daytime Phone and Email (optional)
CT State	06371 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 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?** This application is incomplete because the parent did not list a social security number (SSN) SSN listed or check the “no SSN” box. In addition to approving an incomplete application, the determining official made two other errors (refer to next page).



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 income calculation is incorrect. The determining official converted the total income to annual even though only one frequency of income was listed. This led to the application being determined as reduced; however, with no conversion this application would have been eligible for free meals.

Income Guidelines for Child Nutrition Programs: July 1, 2023, to June 30, 2024*											
Free meals						Reduced-price meals					
Household size	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income	Household Size	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885

- The approval date does not comply with the required deadline to review and approve an application within 10 operating days of receipt. The adult signed the application on August 25, 2023, but the determining official approved the application on September 30, 2023. As a reminder, the determining official should date stamp each application upon receipt to ensure it is reviewed and approved timely, and the date of receipt is documented.



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"/>

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"/>	<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)

4

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

X X X X X X

Check if no social security number

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

"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	<i>A Parent</i>	August 30, 2023
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date
334 ABC Drive	Granby	860-123-4567
Mailing Address (if available)	Town or City	Daytime Phone and Email (optional)
Apt #	State Zip	



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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**.

- Is this application approved correctly? Yes No
- Why?** This application does not indicate that the determining official validated the case number written by the parent/guardian on the application. The determining official must validate the case number by either checking the direct certification list or contacting the household to obtain proof of SNAP or TFA eligibility, i.e., a letter from the Department of Social Services (DSS). If the child’s name does not appear on the direct certification list, the determining official must contact the household to obtain a DSS letter with proof of SNAP or TFA eligibility.

We do not know what the actual determination of eligibility should be for this application because there are two possibilities. The first possibility is that the determining official validated the case number or child on the direct certification list but forgot to document this information. In this case, the household would be directly certified and all children would be eligible for free meals or milk. The determining official must correct the “School Use Only” Section of the application to reflect the appropriate validation method used. The second possibility is that the determining official did not validate the case number or child on the direct certification list and the household did not provide proof of direct certification. In this case, the application’s total weekly income of \$1,050 and household size of four would make the children eligible for reduced-price meals.



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"/>	<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: \$

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	\$ 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"/>	<input type="radio"/>	<input type="radio"/>	<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 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?** This application is incomplete. If you look at step 4 of this application, you can see that the parent signed it on June 15, 2023. As we discussed in module 2, applications cannot be processed before the beginning of the federally defined school year, which is July 1 through June 30. The household application must represent information for the current school year as of July 1. This means that the determining official cannot process any applications signed prior to July 1. Applications completed prior to July 1 are considered incomplete and must be returned to the household by the determining official.



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**.

- Is this application approved correctly? Yes No
- Why?** This application is missing two required areas and is incomplete. Step 3 is missing the social security information and the adult’s signature is missing in step 4. Remember that for an application to be complete, the parent must provide either the last four digits of their social security number or check the box that says, “no SSN,” and must also sign the application. Applications that are missing required information cannot be processed.



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
	A			Child	ABC Elem.	4	X	<input type="checkbox"/>	<input type="checkbox"/>
B			Child	XYZ High	9	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C			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"/>

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	
Parent A	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 750	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent B	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 200	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<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."

A Parent *A Parent* **August 15, 2023**

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 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: 5 **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?** The determining official checked the direct certification list on August 24, 2023, and found one of the children listed as FM (free Medicaid). This means that all children in the household are eligible for free meals based on the child who is directly certified for free Medicaid.

Note that the guardian did not provide their address or phone number for this application. These are not required data elements are not needed for the determining official to approve the application. Keep in mind that the determining official cannot delay approval of an application if the household fails to provide any information that is not required.



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?** This household is a mixed household because Child B is a foster child but there is no indication that the DO processed this application as a mixed household. As a reminder, mixed households are households that include children designated as Other Source Categorically Eligible (such as foster children and Head Start children) and children who are not. Refer to information Module 4: Direct Certification for more information.

For this mixed household, Child A is eligible for reduced-price meals based on the total household income and size. Child B, the foster child, is eligible for free meals based on the checked box for foster child. As a reminder, the determining official should not confirm a foster child’s status prior to approving the foster child for free meals.

For this type of application, the determining official should have contacted the adult signing the application for clarification.

Note that this application could be verified if it is randomly selected as part of the formal verification process that begins on October 1.



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.

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

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