Determining Eligibility in the School Nutrition Programs, Summer Food Service Program, and S-EBT

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

Getting Ready

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

- review modules 1 through 3 (available in the "Determining Eligibility Training" 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 School Meals or Free Milk and S-EBT*; 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 and S-EBT*.

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 (DO) decision regarding the application's eligibility for free or reduced-price meals or free milk. Decide if the DO'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.

- When you are done reviewing the application and have your answer, press the play button.

Application 1: Steps 1-4

Page 1

Application for Free and Reduced-price School Meals or Free Milk and S-EBT
Complete one application per household. Please use a pen (not a pencil).

Apply online at ABCdistrict.org.
Return to ABC District.
Application No: _____ **1** _____

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.

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		☐	☐	☐
B		Child	XYZ High	9	X		☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

(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 client ID 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.

DSS Client Number:

Write only one DSS Client ID 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? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Public Assistance/ Child Support/Alimony	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual
Parent A	$ 3 2 5 5 5	○○○○●	$	○○○○○	$	○○○○○
Parent B	$ 2 6 9 5 0	○○○○●	$	○○○○○	$	○○○○○
	$	○○○○○	$	○○○○○	$	○○○○○
	$	○○○○○	$	○○○○○	$	○○○○○
	$	○○○○○	$	○○○○○	$	○○○○○

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 **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 at 123 Lane, Anytown, CT 06000.

"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 12, 20XX
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date

123 ABC Street		Anytown	CT	06123	860-123-4567
Mailing Address (if available)	Apt #	Town or City	State	Zip	Daytime Phone and Email (optional)

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 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: **$59,505** per **annually** Household Size: **4** Error Prone? ☐ Yes ☒ No

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

Date Notice Sent: **August 21, 20XX** Signature of DO: **A. Official** Date: **August 21, 20XX**

Application 1: Answer

The DO **denied** this application. Indicate if the DO's eligibility determination is correct and why.

a. Is this determination correct? ☑ Yes ☐ No

b. **Why?** The USDA's income eligibility guidelines for a household size of 4 indicate that the annual income limit is $41,795 for free meals and $59,478 for reduced meals. This household's annual income is $59,505, which exceeds these annual income limits.

Income Guidelines for Child Nutrition Programs: July 1, 2025, to June 30, 2026

Free Meals

Number in family	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income
1	20,345	1,696	848	783	392
2	27,495	2,292	1,146	1,058	529
3	34,645	2,888	1,444	1,333	667
4	41,795	3,483	1,742	1,608	804

Income Guidelines for Child Nutrition Programs: July 1, 2025, to June 30, 2026

Reduced-price Meals

Number in family	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144

Application 2: Steps 1-4

Page 1   **Application for Free and Reduced-price School Meals or Free Milk and S-EBT**
Complete one application per household. Please use a pen (not a pencil).

Apply online at ABCdistrict.org.
Return to ABC District.
Application No: _____ **2** _____

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.

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		☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

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 client ID 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.

DSS Client Number:

Write only one DSS Client ID 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? Weekly Bi-Weekly 2x Month Monthly Annual	Public Assistance/ Child Support/Alimony	How often received? Weekly Bi-Weekly 2x Month Monthly Annual	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? Weekly Bi-Weekly 2x Month Monthly Annual
Parent A	$ 667	● ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
Parent B	$ 0	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○

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 X | ☐ Check if no social security number

STEP 4   Contact Information and Adult Signature. Return completed form to your child's school at 123 Lane, Anytown, CT 06000.

"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 12, 20XX
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date

111 XYZ Street	Anytown	CT	06123	860-123-4567
Mailing Address (if available) Apt #	Town or City	State	Zip	Daytime Phone and Email (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 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: **$34,684** per **annually**   Household Size: **3**   Error Prone? ☐ Yes ☒ No

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

Date Notice Sent: **September 30, 20XX**   Signature of DO: **A. Official**   Date: **September 30, 20XX**

Application 2: Answer

The DO **approved** this application for **reduced-price meals**. Indicate if the DO's eligibility determination is correct and why.

a. Is this determination correct?   ☐ Yes   ☒ No

b. **Why?** This application is incomplete because the parent did not list a social security number or check the box that indicates "no social security number." In addition to approving the incomplete application, the DO made two other errors.

1. The income calculation is incorrect. This application listed only one frequency of income ($667 per week). However, the DO mistakenly converted the weekly income to annual income ($34,684). As a result, the wrong income frequency was used to determine this application's eligibility. If this was a complete application and the DO did not make the income conversion error, this application would be eligible for free meals

Income Guidelines for Child Nutrition Programs: July 1, 2025, to June 30, 2026

Free Meals

Number in family	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income
1	20,345	1,696	848	783	392
2	27,495	2,292	1,146	1,058	529
3	34,645	2,888	1,444	1,333	667

Income Guidelines for Child Nutrition Programs: July 1, 2025, to June 30, 2026

Reduced-price Meals

Number in family	Annual gross income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949

2. 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, 20XX, but the DO approved the application on September 30, 20XX. As a reminder, the DO should date stamp each application upon receipt to ensure it is reviewed and approved timely, and the date of receipt is documented.

Application 3: Steps 1-4

Page 1

Application for Free and Reduced-price School Meals or Free Milk and Summer EBT
Complete one application per household. Please use a pen (not a pencil).

Apply online at ABCdistrict.org.
Return to ABC District.
Application No: _____ **3**

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.

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		☐	☐	☐
B		Child	XYZ High	10	X		☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

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 client ID 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.

DSS Client Number: 123456789
Write only one DSS Client ID 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? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Public Assistance/ Child Support/Alimony	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual
Parent A	$ 350	● Weekly	$		$	
Parent B	$		$		$ 700	● Weekly
	$		$		$	
	$		$		$	
	$		$		$	

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

Check if no social security number **X**

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school at 123 Lane, Anytown, CT 06000.

"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 30, 20XX
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date

123 ABC Drive		Anytown	CT	06123	860-123-4567
Mailing Address (if available)	Apt #	Town or City	State	Zip	Daytime Phone and Email (optional)

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 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 5, 20XX**__ Signature of DO: __*A. Official*__ Date: __**September 5, 20XX**__

Application 3: Answer

The DO **approved** this application for **free meals**. Indicate if the DO's eligibility determination is correct and why.

a. Is this determination correct? ☐ Yes ☒ No

b. **Why?** There are two issues with this application.

1. **Case number not validated:** This application does not indicate that the DO validated the case number written by the parent/guardian on the application. The DO must validate the case number by checking the direct certification and S-EBT list. If the child's name does not appear on the direct certification and S-EBT list, the DO must contact the household to obtain a DSS letter with proof of SNAP or TFA eligibility.

2. **No proof of a SNAP or TFA number:** There is no indication that the DO contacted the parent or guardian for proof of a SNAP or TFA number. When the student's name is not on the direct certification and S-EBT list, the DO must contact the adult who signed the application to give the household the opportunity of providing proof of SNAP or TFA eligibility from the Department of Social Services. A copy of the CONNECT EBT card is not acceptable documentation of SNAP or TFA eligibility. This means that this application's actual determination of eligibility is unknown because there are two possibilities:

   - The DO validated the case number or student's name on the direct certification and S-EBT 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 DO must correct the "School Use Only" Section of the application to reflect the appropriate validation method used.

- 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.

Application 4: Steps 1-4

Page 1

Application for Free and Reduced-price School Meals or Free Milk and S-EBT
Complete one application per household. Please use a pen (not a pencil).

Apply online at ABCdistrict.org.
Return to ABC District.
Application No: _____**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.

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		☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

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 client ID 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.

DSS Client Number:
_____
Write only one DSS Client ID 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	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Public Assistance/ Child Support/Alimony	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Pensions/Retirement, SS, SSI, VA benefits, All other income	Weekly	Bi-Weekly	2x Month	Monthly	Annual
Parent A	$ 280	●	○	○	○	○	$ 100	○	○	○	●	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○

Total Household Members (Children and Adults – Step 1 & Step 3): **2**

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

Check if no social security number **X**

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school at 123 Lane, Anytown, CT 06000.

"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*	**June 15, 20XX**
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date

44 XYZ Road		**Anytown**	**CT**	**06123**	**860-123-4567**
Mailing Address (if available)	Apt #	Town or City	State	Zip	Daytime Phone and Email (optional)

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 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: _____**2**_____ Error Prone? ☐ Yes ☒ No

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

Date Notice Sent: __**September 5, 20XX**__ Signature of DO: __*A. Official*_____ Date: __**September 5, 20XX**__

Application 4: Answer

The DO **approved** this application for **free meals**. Indicate if the DO's eligibility determination is correct and why.

a. Is this determination correct?   ☐ Yes   ☒ No

b. **Why?** This application is incomplete. The parent signed the application on June 15, 20XX (refer to step 4 of the application). Applications cannot be processed before the beginning of the federally defined school year (July 1 through June 30). The household application must represent information for the current school year as of July 1. This means that the DO 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 DO.

In addition, the determining official did not fully complete the "For School Use Only" section. While the income box was checked, the "Total household income" was not listed. The determining official must indicate how they calculated income based on information from the application. For this application, the total household income should be listed as $15,760 per year.

Application 5: Steps 1-4

Page 1   **Application for Free and Reduced-price School Meals or Free Milk and S-EBT**
Complete one application per household. Please use a pen (not a pencil).

Apply online at ABCdistrict.org.
Return to ABC District.
Application No: **5**

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.

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 MIddle	6	X		☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

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 client ID 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.

DSS Client Number:

Write only one DSS Client ID 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? Weekly/Bi-Weekly/2x Month/Monthly/Annual	Public Assistance/Child Support/Alimony	How often received? Weekly/Bi-Weekly/2x Month/Monthly/Annual	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? Weekly/Bi-Weekly/2x Month/Monthly/Annual
Parent A	$ 500	● ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○

Total Household Members (Children and Adults – Step 1 & Step 3): **2**

Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member: 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 at 123 Lane, Anytown, CT 06000.

"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		September 22, 20XX
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date

8971 XYZ Lane		Anytown	CT	06123	860-123-4567
Mailing Address (if available)	Apt #	Town or City	State	Zip	Daytime Phone and Email (optional)

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 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, 20XX** Signature of DO: *A. Official* Date: **September 30, 20XX**

Application 5: Answer

The DO **approved** this application for **reduced-price meals**. Indicate if the DO's eligibility determination is correct and why.

a. Is this determination correct? ☐ Yes ☒ No

b. **Why?** This application is missing two required areas and is incomplete.

- Step 3 is missing the social security information.
- Step 4 is the adult's signature.

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.

Application 6: Steps 1-4

Page 1

Application for Free and Reduced-price School Meals or Free Milk and S-EBT
Complete one application per household. Please use a pen (not a pencil).

Apply online at ABCdistrict.org.
Return to ABC District.
Application No: _____**6**_____

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.

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.	3	X			☐	☐	☐
B		Child	XYZ High	9	X			☐	☐	☐
C		Child	XYZ High	9	X		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 client ID 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.

DSS Client Number: 123456789
Write only one DSS Client ID 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? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Public Assistance/ Child Support/Alimony	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual
Parent A	$ 7 5 0	● Weekly	$	○○○○○	$	○○○○○
Parent B	$ 2 0 0	● Weekly	$	○○○○○	$	○○○○○
	$	○○○○○	$	○○○○○	$	○○○○○
	$	○○○○○	$	○○○○○	$	○○○○○
	$	○○○○○	$	○○○○○	$	○○○○○

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
X 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 at 123 Lane, Anytown, CT 06000.

"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 15, 20XX
Today's Date

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

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 State DC List** as eligible for: ☐ SNAP ☐ TFA ☐ OT ☒ **FM** (Free Medicaid) ☐ **RM** (Reduced Medicaid) Date Certified on DC List: **8/22/20XX**

☐ 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: **8/22/20XX** _____   Signature of DO: _____ *A. Official* _____   Date: **8/22/20XX**

Application 6: Answer

The DO **approved** this application for **free meals**. Indicate if the DO's eligibility determination is correct and why.

a. Is this determination correct?   ☑ Yes   ☐ No

b. **Why?** The DO checked the direct certification and S-EBT list on August 22, 20XX, 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 and are not needed for the DO to approve the application. The DO cannot delay approval of an application if the household fails to provide any information that is not required.

Application 7: Steps 1-4

Page 1 **Application for Free and Reduced-price School Meals or Free Milk and S-EBT**
Complete one application per household. Please use a pen (not a pencil).

Apply online at ABCdistrict.org.
Return to ABC District.
Application No: **7**

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.

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.	3	X		☐	☐	☐
B		Child	XYZ High	10	X		X	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

(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 client ID 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.

DSS Client Number:
Write only one DSS Client ID 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? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Public Assistance/ Child Support/Alimony	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual
Parent A	$ 775	● Weekly	$		$	
Parent B	$ 125	● Monthly	$		$	
	$		$		$	
	$		$		$	
	$		$		$	

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 **1234** Check if no social security number ☐

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school at 123 Lane, Anytown, CT 06000.

"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, 20XX
Printed Name of Adult Signing the Form	Signature of Adult	Today's Date

222 XYZ Circle		Anytown	CT	061234	860-123-4567
Mailing Address (if available)	Apt #	Town or City	State	Zip	Daytime Phone and Email (optional)

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 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: **$41,800** per **annually** Household Size: **4** Error Prone? ❑ Yes ☒ No

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

Date Notice Sent: **August 13, 20XX** Signature of DO: **A. Official** Date: **August 13, 20XX**

Application 7: Answer

The DO **approved** this application for **reduced-price meals**. Indicate if the DO's eligibility determination is correct and why.

a. Is this application approved correctly? ☐ Yes ☑ No

b. **Why?** This household is a mixed household because Child B is a foster child, but the application does not indicate that the DO processed this application as a mixed household. The DO should have contacted the adult signing the application for clarification. **Note:** 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. For more information, refer to Module 3: Direct Certification.

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. The DO should not confirm a foster child's status prior to approving the foster child for free meals.

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

The CSDE's Determining Eligibility in the School Nutrition Programs, Summer Food Service Program, and S-EBT training program consists of five 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, eligibility for free meals in the Summer Food Service Program (SFSP), and eligibility for the S-EBT. This training program is intended for the staff responsible for approving applications and conducting direct certification.