

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.





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

Application 1: Steps 1-4

STEP1 List <u>ALL</u> children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. sheet of paper.)												
				ALTERNATION CONTRACTOR				Stud	ent?			
Definition of Household	Child's First Name		MI	Child's Last Name		School	Grade	Yes	No	Foster	Head Start	Homeless or Runaway
Member: "Anyone who is living with you and shares income and expenses,				Child		ABC Elem.	4	X				
even if not related." Children in Foster care	В			Child		XYZ High	9	X	t apply			
and children who meet the definition of Homeless or Runaway are eligible for									all that			
free meals. Read How to Apply for Free and									heck			
Reduced-price School Meals for more information.									ర్			
STEP2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).												
If NO, > Go to STEP 3				NAP or TFA, write a SNAP OR 1 ss, it is strongly recommended		"스타일 ("이번 1911년 1일	The second secon	ase Num	ber: (Not an	EBT Numb	er):	
	this application. See inst	tructions.						Wi	ite only one	ase numbe	r in this sp	ace.
STEP3 Repo	rt Income for ALL Househo	old Members (Sk	ip thi	is step if you answered "	res" to Step 2)							
	A. Child Income					///Sam250x.020	10000		How often?			
Are you unsure what income to include		household earn inco	me. Pl	lease include the TOTAL gross	income (before taxe	S and Childin∞	ne v	Veekly Bi-V	Veekly 2x Mont	n Monthly Ann	nual	
here?	deductions) earned by all Chil					\$		\bigcap	$\overline{)}$	00	$\overline{}$	
Flip the page and review the charts titled "Sources of Income" for more information.	List all Household Members not	listed in STEP 1 (inclu	ding you	is living with you and shares urself) even if they do not receive inco receive income from any source, writ	ome. For each Househo	old Member listed, if they do rece eave any fields blank, you are c	eive income, rep ertifying (promi	oort total sing) that	there is no	ncome to re	eport.	
The "Sources of	Name of Adult Household Members			How often received?	Public Assistance/	How often received	1 61 1510		ent, SS, SSI,	100000000	n received	
Income for Children"	(First & Last Name)	Earnings from Wo	ork We	eekly Bi-Weekly 2x Month Monthly Annual	Child Support/Alimony	Weekly Bi-Weekly 2x Month Month	y Annual VA Del	Tellts, All o	ther income	Weekly Bi-We	eekly 2x Mc	nth Monthly Annual
chart will help you with the Child Income section.	Parent A	s 3 2 5 5 5		0000\$		0000	\$			0 0) <u>C</u>	00
The "Sources of	Parent B	\$ 2 5 3 5 C		0000		0000	\$			0 () C	00
Income for Adults" chart will help you with the All Adult		\$		0000		0000			Щ	0 () <u>C</u>	00
Household Members section.		\$		0000		0000	\$			0 () C	00
Note: Biweekly is Every 2 Weeks		\$		0000			\$			0 () C	
2 996642	Total Household Members (Children and Adults – Step 1 & Step 3)			ur Digits of Social Security Numbe arner or Other Adult Household M		x x x 2 3	23	Check if I	no social se	curity num	ber]
STEP 4 Cont	act Information and Adul	t Signature. Re	turn	completed form to your	child's school.							
	nformation on this application is true and t hildren may lose meal benefits, and I may				nnection with the receipt	of Federal funds, and that school o	officials may veri	fy (check)	the informati	on. I am awa	are that if	l purposely
A Parent			47	Parent		A	ugust	12,	2023			
Printed Name of Adult Signing the Form Signature of Adult						Today's	Date					
123 ABC	Street		Pre	ston	CT 06	365 8	60-222	2-22	23			
Mailing Address (if availal	1. 1		own or (State Zip		Phone and E			_		



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										
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.

- a. Is this application approved correctly?

 ✓ Yes □ No
- b. **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

Free mea	ls	·	8 9			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		



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

Application 2: Steps 1-4

STEP1 List <u>ALL</u> children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. sheet of paper.)												
	Object No.			Childle Leat Name				Student?				The same is a second
Definition of Household	Child's First Name		MI	Child's Last Name		School	Grade	Yes No	100	Foster	Head Start	Homeless or Runaway
Member: "Anyone who is living with you and shares income and expenses,	A			Child		XYZ Elem.	1	X	<u> </u>			
even if not related." Children in Foster care and children who meet the			Ц						that apply	П		
definition of Homeless or Runaway are eligible for			Ц						_ <u></u> _			
free meals. Read How to Apply for Free and Reduced-price School			Ш						Check			
Meals for more information.			Ш									
	STEP2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).											
If NO, > Go to STEP 3 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 in:	structions.						Write only	y one case	e number i	in this sp	ace.
STEP3 Repor	t Income for ALL Househ	old Members (Sk	ip thi	s step if you answered "	Yes" to Step 2)							
[4	A. Child Income					Child incom		How o	2009/3785			
Are you unsure what income to include				ease include the TOTAL gross	income (before taxe	s and		eekty Bi-Weekty 2	2x Month M	onthly Annu	al	
here?	deductions) earned by all Ch	ild Household Member	s listed	in STEP 1 here.		\$		$\circ \circ$	\bigcirc (\circ)	
Flip the page and review the charts titled "Sources of Income" for more information.	List all Household Members no	ot listed in STEP 1 (inclu	ding you	is living with you and shares urself) even if they do not receive inc receive income from any source, wri	ome. For each Househo	ld Member listed, if they do recei	ve income, rep	ort total gross i				leductions)
The "Sources of	Name of Adult Household Members			How often received?	Public Assistance/	How often received?		ns/Retirement, SS		How often		
Income for Children"	(First & Last Name)	Earnings from W	ork We	eekly Bi-Weekly 2x Month Monthly Annual	Child Support/Alimony	Weekly Bi-Weekly 2x Month Monthly	Annual VA ber	nefits, All other inco	ome Wee	ekly Bi-Wee	kN 2x Mor	nth Monthly Annual
chart will help you with the Child Income section.	Parent A	\$ 62	2 (0000	<u> </u>) ()) ()	00
The "Sources of Income for Adults"	Parent B	\$	0	0000		0000	S) () ()	00
chart will help you with the All Adult		\$		0000		0000						00
Household Members section.		\$				0000						00
Note: Biweekly is Every 2 Weeks		\$		<u> </u>								
	Total Household Members (Children and Adults – Step 1 & Step 3)		.ast Fo Vage E	ur Digits of Social Security Numbe arner or Other Adult Household M	er of Primary lember	x x x x	C	theck if no soc	cial secur	rity numb	er]
STEP 4 Cont	act Information and Adu	ılt Signature. Re	turn	completed form to your	child's school.							
	nformation on this application is true and hildren may lose meal benefits, and I ma				onnection with the receipt	of Federal funds, and that school of	ficials may verit	y (check) the inf	ormation.	I am awar	e that if I	purposely
A Paren				Parent				25, 20)23			
Printed Name of Adult Sign	and the state of t	S	gnature	e of Adult		Today's						
111 XYZ Mailing Address (if availal				me 	State Zip			3-4567	7			
maning Address (if availal	ue) L	\nt# (0	wn or	DILY	Jule LIP	⊔aytime	riione and Er	nan (optional)				



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: Aune Official Date: September 30, 2023										

Application 2: Answer

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

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



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

1. 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 mea	ls					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		

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, 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.



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

Application 3: Steps 1-4

	<u>LL</u> children who are infants and of paper.)	students up to	and including grade 12.	If more spaces a	re required for additiona	al names	, attach anoth	er page.		
Definition of Household Member: "Anyone who is	Child's First Name	MI	Child's Last Name		School	Grade	Student? Yes No	Foster	Head Start	Homeless or Runaway
living with you and shares income and expenses,			Child		ABC Elem.	5	X	, 🗀		
even if not related." Children in Foster care	A		Child		XYZ High	10	X			
and children who meet the definition of Homeless or							T test			
Runaway are eligible for free meals. Read How to Apply for Free and							S S S S S S S S S S S S S S S S S S S			
Reduced-price School Meals for more information.							5			
	y household members (includin al (HUSKY) benefits).	g you) currently	participate in one or mo	ore of the followi	ng Assistance Programs	s – SNAF	or TFA? (This	s does N	OT inc	lude
If NO, > Go to STEP 3	If YES, a household member de complete STEP 3.) To quicken		HE CONTROL : [1] 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12			1.000	ase Number: (Not ar	EBT Numb	en: 123 4	156
	this application. See instruction		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		Write only one			
STEP3 Repo	rt Income for ALL Household Me	embers (Skip thi	is step if you answered '	'Yes" to Step 2)						
Are you unsure what income to include here?	A. Child Income Sometimes children in the househ deductions) earned by all Child House			s income (before taxe	es and	[v	How often?	nth Monthly Ann	ual	77
Flip the page and review the charts titled "Sources of Income" for more information.	B. All Adult Household Meml List all Household Members not listed in for each source in whole dollars (no ce	n STEP 1 (including you	urself) even if they do not receive in	come. For each Househo	old Member listed, if they do receive leave any fields blank, you are cert	e income, rep ifying (promis	oort total gross incon sing) that there is no	income to re	port.	eductions)
The "Sources of Income for Children"	Name of Adult Household Members (First & Last Name)	Earnings from Work We	eekly Bi-Weekly 2x Month Monthly Annual	Public Assistance/ Child Support/Alimon	How often received? y Weekly Bi-Weekly 2x Month Monthly	170 6	ins/Retirement, SS, SSI, nefits, All other income		n received? eekiv 2x Mor	th Monthly Annual
chart will help you with the Child Income section.	Parent A s	350		B	00000	\$		0 0) ()	00
The "Sources of Income for Adults"	Parent B \$			B	0000		700		0	00
chart will help you with the All Adult	\$		0000	\$	0000	\$		\bigcirc) ()	00
Household Members section.	\$			S	0000	\$			\circ	00
Note: Biweekly is Every	\$	(00000	S	0000	\$		0 (\circ	00
2 Weeks	Total Household Members (Children and Adults – Step 1 & Step 3)		ur Digits of Social Security Numb arner or Other Adult Household R		x x x x x		Check if no social s	ecurity num	ber 🏋	
STEP 4 Conf	act Information and Adult Sig	nature. Return (completed form to you	r child's school.						
	nformation on this application is true and that all in children may lose meal benefits, and I may be prose			connection with the receipt	of Federal funds, and that school office	cials may veri	fy (check) the informat	tion. I am awa	ere that if I	purposely
A Paren	t	A	Parent		A	ugust	30, 202	3		
Printed Name of Adult Sign	ning the Form	Signature	e of Adult		Today's D	ate				
334 ABC			anby				3-4567			
Mailing Address (if availa	ble) Ant#	Town or 0	City	State Zip	Daytime F	hone and Er	mail (optional)			



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

Application 3: "School Use Only" Section

	School Use Only – Do Not V	Write Below This Line			
The Determining Official (DO) for the school/district MUS Annual Incor	T complete this section. <i>(Only conv</i> ne Conversion: Weekly X 52 ◆ Eve				
Directly Certified (DC) based on the State DC List as eligible for	or: 🔲 SNAP 🔲 TFA 🔲 OT 🔲	FM (Free Medicaid)	RI	VI (Reduced Medicaid). Date Certified on DC List:
SNAP/TFA Household providing proof (must be confirmed b	y DO) of a handwritten case number	☐ Foster Child	□ co	nfirmed Head Start	☐ Confirmed Homeless or Runaway
☐ Income Household: Total household income:	per	Household Siz	ze:	4	_ <i>error prone?</i> 🗖 yes 🎽 no
Application approved for: 🔼 Free Meals	☐ Reduced-price Meals	□ Арр	licatio	n Denied	
Date Notice Sent: September 6, 2023	Signature of DO:A. Official	<u>e</u>	- 	Date: Septe	ember 6, 2023

Application 3: Answer

The determining official approved this application for free meals.

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



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

Application 4: Steps 1-4

STEP1 List <u>ALL</u> children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. sheet of paper.)												
	OF HALL ET A M			Children and Name		W125-902-00-04		Stud	ent?			
Definition of Household	Child's First Name		MI	Child's Last Name		School	Grade	Yes	No	Foster	Head Start	Homeless or Runaway
Member: "Anyone who is living with you and shares income and expenses,				Child		XYZ Elem.	K	X				
even if not related." Children in Foster care and children who meet the			Щ						a apple			
definition of Homeless or Runaway are eligible for			Щ									
free meals. Read How to Apply for Free and Reduced-price School			Ш						S S			
Meals for more information.												
STEP2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).												
If NO, > Go to STEP 3				NAP or TFA, write a SNAP OR ss, it is strongly recommended				ase Num	ber: (Not ar	EBT Numb	er):	
	this application. See ins	structions.						W	rite only one	case number	r in this sp	ace.
STEP3 Repo	rt Income for ALL Househ	old Members (SI	kip thi	is step if you answered "	Yes" to Step 2)							Î
Are you unsure what income to include here?	A Child Income Sometimes children in the deductions) earned by all Chi			lease include the TOTAL gross in STEP1 here.	income (before tax	es and \$ Childinoom	e	Veekly Bi-V	How often?	th Monthly Ann	nual	
Flip the page and review the charts titled "Sources of Income" for more information.	List all Household Members no	ot listed in STEP 1 (inclu	iding you	is living with you and shares urself) even if they do not receive inc receive income from any source, wri	ome. For each Househ	old Member listed, if they do recei leave any fields blank, you are ce	ve income, rep rtifying (promi	oort total sing) that	there is no	income to re	eport.	
The "Sources of	Name of Adult Household Members	Earnings from W	forts Dags	eekly Bi-Weekly 2x Month Monthly Annual	Public Assistance/	How often received?	1/04		nent, SS, SSI, ther income		n received?	nth Monthly Annual
Income for Children" chart will help you with the Child Income	(First & Last Name) Parent A	\$ 28		State of the state	Child Support/Alimor	Weekly BI-Weekly 2x Month Monthly	\$					
section. The "Sources of		\$		0000		0000	\$			00		00
Income for Adults" chart will help you with the All Adult		\$		00000		0000	S			0 0		00
Household Members section.		\$				0000	S			0 (
Note: Biweekly is Every		\$	(0000	\$			00) (00
2 Weeks	Total Household Members (Children and Adults – Step 1 & Step 3)			ur Digits of Social Security Number Carner or Other Adult Household M		(x x x x		Check if I	no social s	ecurity num	ber 🚶	1
STEP 4 Cont	act Information and Adu	It Signature. Re	turn	completed form to your	child's school	1						
	nformation on this application is true and children may lose meal benefits, and I may				onnection with the receipt	of Federal funds, and that school of	ficials may veri	fy (check)	the informat	ion. I am awa	are that if	l purposely
A Paren				Parent		Jı	une 1!	5, 20	023			
Printed Name of Adult Signing the Form Signature of Adult						Today's	Date					
44 ABC				mers			60-12					
Mailing Address (if availal	ble) A	.pt# T	own or	City	State Zip	Daytime	Phone and E	mail (opti	onal)			



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	for: SNAP TFA OT FM	(Free Medicaid) 🗖 RM (Reduced Medicaid	d). Date Certified on DC List:							
☐ SNAP/TFA Household providing proof (must be confirmed b	by DO) of a handwritten case number	Foster Child	☐ Confirmed Homeless or Runaway							
Income Household: Total household income:	515,760 per annually	Household Size: 2	_ <i>error prone?</i> 🗖 yes 🎽 no							
Application approved for: Free Meals	☐ Reduced-price Meals	☐ Application Denied								
Date Notice Sent: August 5, 2023	Signature of DO:	Date: Augu	ıst 5, 2023							
100 11 200 12 20 20 20 20 20 20 20 20 20 20 20 20 20										

Application 4: Answer

The determining official approved this application for free meals.

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



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

Application 5: Steps 1-4

STEP1 List <u>ALL</u> children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. sheet of paper.)												
				NAME AND ADDRESS OF THE OWNER, WHEN THE PARTY OF THE OWNER, WHEN THE OWNER, WH				Stude	ent?			
Definition of Household	Child's First Name		MI	Child's Last Name		School	Grade	Yes	No	Foster	Head Start	Homeless or Runaway
Member: "Anyone who is living with you and shares income and expenses,	A			Child		ABC Middle	6	X				
even if not related." Children in Foster care									t apply			
and children who meet the definition of Homeless or Runaway are eligible for									all that			
free meals. Read How to Apply for Free and									Check			
Reduced-price School Meals for more information.												
	y household members (inc al (HUSKY) benefits).	luding you) cur	rently	participate in one or mo	ore of the follow	ving Assistance Progra	ms – SNA	P or TF	A? (This	s does N	OT inc	lude
If NO, > Go to STEP 3				NAP or TFA, write a SNAP OR ss, it is strongly recommended		1 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Committee and Co	ase Numb	er: (Not an	EBT Numb	er):	
	this application. See inst	ructions.						Wri	te only one	case number	r in this sp	ace.
STEP3 Repor	t Income for ALL Househo	ld Members (SI	kip thi	is step if you answered '	Yes" to Step 2)						
	A. Child Income								How often?			
Are you unsure what		household earn inco	nme P	lease include the TOTAL gross	income (hefore t	Child inc	me	Weekly Bi-W	eekly 2x Mont	th Monthly Ann	nual	
income to include here?	deductions) earned by all Chil				s ilicollie (belole t	\$		\bigcap			<u> </u>	
Washington and the same and the same and								O	\cup	\mathcal{O}	7	
Flip the page and review the charts titled				is living with you and shares								
"Sources of Income" for	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.											
more information.	for each source in whole dollars	(no cents) only. If they	uo not	How often received?	ite o . ii you enter o			_			sport. n received?	
The "Sources of	Name of Adult Household Members	Earnings from W	6-4- Fac	eekly Bi-Weekly 2x Month Monthly Annual	Public Assistance/	How often receive	1 0110	ions/Retirem enefits, All oth		100000		nth Monthly Annual
Income for Children"	(First & Last Name)		_	eekiy Bi-weekiy 2x Month Monthly Annua	Child Support/Alim	ony Weekly Bi-Weekly 2x Month Mont	niy Annual			THE COMPANY	2 11101	O O
chart will help you with the Child Income section.	Parent A	\$ 50	0 (0000	\$_			0 () ()	00
The "Sources of Income for Adults"		\$				0000	() 5			0 () ()	00
chart will help you with the All Adult		\$			\$							
Household Members section.		s										
Note: Biweekly is Every 2 Weeks		a			P							00
	Total Household Members (Children and Adults – Step 1 & Step 3)	2	Last Fo Wage E	ur Digits of Social Security Numb arner or Other Adult Household P	er of Primary /lember	x x x x x x		Check if n	o social se	curity num	ber _]
STEP 4 Cont	act Information and Adul	t Signature. Re	turn	completed form to you	child's schoo	ol.						
	nformation on this application is true and t hildren may lose meal benefits, and I may				connection with the rece	ipt of Federal funds, and that school	officials may ve	rify (check) l	the informati	ion. I am awa	are that if I	purposely
A Paren	t						Sept	temb	er 2	2, 20	23	
Printed Name of Adult Sign	ing the Form	S	ignatur	e of Adult		Today	s Date					
8971 XY				rtford	A Street		3 <mark>60-1</mark> 2					
Mailing Address (if availal	ole) Ar	+# T	own or	City	State Zip	Daytin	e Phone and I	Email (option	nal)			



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: □ Proster Child □ Confirmed Head Start □ Confirmed Homeless or Runaway □ Foster Child □ Confirmed Head Start □ Confirmed Homeless or Runaway
Application approved for: ☐ Free Meals ☐ Reduced-price Meals ☐ Application Denied
Date Notice Sent: September 30, 2023 Signature of DO: A. Official Date: September 30, 2023

Application 5: Answer

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

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



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

Application 6: Steps 1-4

	<u>LL</u> children who are infant of paper.)	s and students (ıp to	and including grade 12.	If more spa	ices are required	l for addition	al names	, attach an	other	page.			
Definition of Household	Child's First Name		МІ	Child's Last Name		School		Grade	Student? Yes No		Foster	Head Start	Homeless or Runaway	
Member: "Anyone who is living with you and shares income and expenses,	A			Child		ABC I	lem.	4	X	<u>_</u>				
even if not related." Children in Foster care	В			Child		XYZ F	ligh	9	X	t apply				
and children who meet the definition of Homeless or Runaway are eligible for	C			Child		XYZ F	ligh	9	X	all that				
free meals. Read How to Apply for Free and							•			Check				
Reduced-price School Meals for more information.														
STEP2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).														
If NO, > Go to STEP 3				NAP or TFA, write a SNAP OR ss, it is strongly recommended				o not Ca	ase Number: (N	lot an EE	BT Numb	^{er)} :34!	5678	
	this application. See ins			,	, , , , , , , , , , , , , , , , , , , ,		,				se number			
STEP3 Repor	rt Income for ALL Househo	old Members (Sk	ip thi	is step if you answered '	'Yes" to St	ep 2)								
Are you unsure what income to include here?	A. Child Income Sometimes children in the deductions) earned by all Chil			lease include the TOTAL gros in STEP1 here.	s income (bef	ore taxes and	Child income	ncome How oten? Weekly BI-Weekly 2x Month Monthly Annual						
Flip the page and review the charts titled "Sources of Income" for more information.														
The "Sources of Income for Children"	Name of Adult Household Members (First & Last Name)	Earnings from W	ork We	How often received? eekly Bi-Weekly 2x Month Monthly Annual	Public Assis Child Suppo		How often received? Bkly 2x Month Monthly		ons/Retirement, St nefits, All other inc		100000000000000000000000000000000000000	n received? ekh 2x Mor	nth Monthly Annual	
chart will help you with the Child Income section.	Parent A	\$ 75	0		5	00		\$) C		00	
The "Sources of	Parent B	\$ 20	0			00	000	\$) C) ()	00	
Income for Adults" chart will help you with the All Adult		\$		00000	\$	<u> </u>	00) C	0	00	
Household Members section.		\$		0000	5		00	<u></u> \$) () ()	00	
Note: Biweekly is Every 2 Weeks		\$		0000	\$			\$) ($) \bigcirc$	00	
2 0000003	Total Household Members (Children and Adults – Step 1 & Step 3)	5	.ast Fo Wage E	ur Digits of Social Security Numb arner or Other Adult Household I	er of Primary Member	$\begin{bmatrix} x & x & x \end{bmatrix}$	x 0 9	34	Check if no so	cial secu	ırity numl	ber	l	
STEP 4 Cont	act Information and Adul	t Signature. Re	turn	completed form to you	r child's so	hool.								
	nformation on this application is true and t hildren may lose meal benefits, and I may				connection with th	ne receipt of Federal funds	, and that school off	icials may veri	fy (check) the in	omation	I am awa	re that if I	purposely	
A Parent				A Parent				August 15, 2023						
Printed Name of Adult Sign	ning the Form	S	ignature	e of Adult			Today's Date							
Mailing Address (if availa	ble)	nt# To	own or (City	State	Zip	Daytime	Phone and F	mail (optional)					



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

Application 6: "School Use Only" Section

	School Use Only – Do Not V	Vrite Below This Line		
The Determining Official (DO) for the school/district MU- Annual Inco	ST complete this section. <i>(Only conv</i> ome Conversion: Weekly X 52 ◆ Ever			
Directly Certified (DC) based on the State DC List as eligible f	or: 🗖 SNAP 🗖 TFA 🗖 OT 💹 F	FM (Free Medicaid) 🗖 R	M (Reduced Medicaid	d). Date Certified on DC List: 8/22/2023
☐ SNAP/TFA Household providing proof (must be confirmed l	by DO) of a handwritten case number	☐ Foster Child ☐ Co	onfirmed Head Start	☐ Confirmed Homeless or Runaway
🛕 Income Household: Total household income:	per	Household Size: _	5	_ <i>error prone?</i> 🗖 yes 🎽 no
Application approved for: Free Meals	☐ Reduced-price Meals	☐ Applicati		
Date Notice Sent: 8/24/2023	Signature of DO:A. Official	· · · · · · · · · · · · · · · · · · ·	Date: 8/24	/2023

The determining official approved this application for free meals.

- a. Is this application approved correctly? ✓ Yes ☐ No
- b. **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.



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

Application 7: Steps 1-4

	<u>LL</u> children who are infan of paper.)	its and student	s up to	and including grade 12. If	more spaces a	re required for additio	nal names	, attach a	nothe	r page.				
	Child's First Name		МІ	Child's Last Name		200 Principal Science - 10 Cd		Student		F - 1	Disease	Discontinue		
Definition of Household	Child's First Name		IVII	The Company of the Co		School	Grade	Yes N	lo	Foster	Head Start	Homeless or Runaway		
Member: "Anyone who is living with you and shares income and expenses,	A			Child		ABC Elem.	3	X						
even if not related." Children in Foster care and children who meet the	В		Н	Child		XYZ High	<u> 10</u>	X	that apply	X				
definition of Homeless or Runaway are eligible for									_ =					
free meals. Read How to Apply for Free and Reduced-price School									Check					
Meals for more information.			Ш											
	y household members (in al (HUSKY) benefits).	ıcluding you) cı	ırrently	y participate in one or more	e of the followi	ng Assistance Progra	ms – SNAF	or TFA?	'(This	does N	OT inc	lude		
If NO, > Go to STEP 3				SNAP or TFA, write a SNAP OR TI ess, it is strongly recommended t			22.0	se Number:	(Not an E	BT Numb	er):			
	this application. See in	structions.						Write	nly one ca	ase numbe	r in this sp	ace.		
STEP3 Repor	t Income for ALL Househ	nold Members (Skip th	nis step if you answered "Y	es" to Step 2)									
Are you unsure what income to include here?	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.							How oten?						
Flip the page and review the charts titled "Sources of Income" for more information.	List all Household Members n	not listed in STEP 1 (in	cluding yo	o is living with you and shares in ourself) even if they do not receive incor t receive income from any source, write	ne. For each Househo	old Member listed, if they do rec leave any fields blank, you are c	eive income, rep ertifying (promis	oort total gros sing) that the	re is no in	come to re	eport.	,		
The "Sources of	Name of Adult Household Members			How often received?	Public Assistance/	How often received	1 011010	ns/Retirement,			n received?	nti Monthly Annua		
Income for Children" chart will help you with the Child Income	(First & Last Name) Parent A	S Earnings from	7 5 (Veekly Bi-Weekly 2x Month Monthly Annual	Child Support/Alimon	Weekly Bi-Weekly 2x Month Month	s s	icits, 24 other	I Come y	O C) O	O O		
section. The "Sources of	Parent B	s 1 (00			0000	<u> </u>			0 () ()	00		
Income for Adults" chart will help		\$		00000\$		0000	\$			0 (00		
you with the All Adult Household Members section.		\$		00000\$		0000	\$			0 () ()	00		
Note: Biweekly is Every		\$		00000\$		0000	\$			0 () ()	00		
2 Weeks	Total Household Members (Children and Adults – Step 1 & Step 3)	4	Last Fo Wage E	our Digits of Social Security Number Earner or Other Adult Household Me	of Primary mber	x x x x x 12	234	Check if no s	ocial sec	urity num	ber _]		
STEP 4 Cont	act Information and Adu	ult Signature. F	Return	completed form to your o	:hild's school.	i								
	nformation on this application is true and hildren may lose meal benefits, and I ma			erstand that this information is given in cor State and Federal laws."	nection with the receipt		The state of the s			n. I am awa	are that if I	purposely		
A Parent									ust 4, 2023					
Printed Name of Adult Sign	Printed Name of Adult Signing the Form Signature of Adult Today's Date													
222 XYZ	Circle		Bu	ırlington		6013	3 <mark>60-12</mark>	3-456	57					
Mailing Address (if availal	ole)	Δnt #	Town or	City	State Zip	Daytim	e Phone and Er	mail (optiona	D					



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 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
Income Household: Total household income: \$41,500 per annually Household Size: 4 ERROR PRONE? TYES TO 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.

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



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

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

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telephone 860-713-6594; or by email louis.todisco@ct.gov.

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