

**Module 4: Test Your Knowledge About Processing Applications**

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### Module Instructions


- Use pause and play buttons
  - Press pause to stop the module and review the application 
  - Press play to resume the module when your review is complete 

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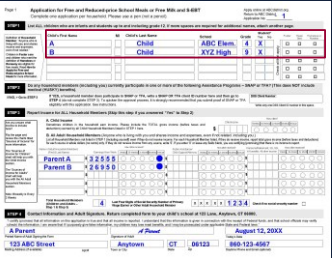
## Application 1

- Press pause now 

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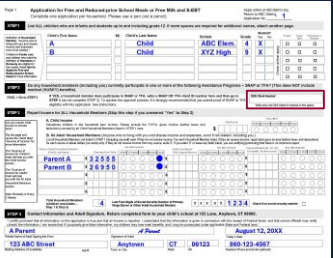
### Application 1: Step 1 Number of Children



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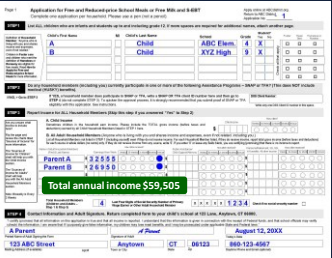
### Application 1: Step 2 Assistance Programs



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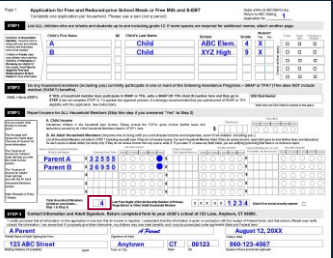
### Application 1: Step 3 Household Income



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### Application 1: Step 3 Total Household Members



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### Application 1: Step 3 Social Security Number

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### Application 1: Steps 1-4

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### Application 1: "School Use Only" Section

**Application denied**

- Is this determination correct?
  - Yes
  - No

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### Application 1: Free Eligibility Based on Income

- Total annual income = \$59,505
- Annual income limit for free meals = \$41,795

Number in family	Annual gross income	Monthly gross income	Tenure per month	Every two weeks gross income	Weekly gross income
1	20,345	1,696	848	783	382
2	27,485	2,292	1,148	1,058	529
3	34,545	2,898	1,444	1,333	667
4	41,795	3,483	1,742	1,608	804
5	49,445	4,079	2,040	1,883	942
6	56,995	4,675	2,338	2,158	1,079
7	63,445	5,271	2,636	2,433	1,217
8	70,395	5,867	2,934	2,708	1,354
Each additional family member	7,150	596	288	275	138

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### Application 1: Reduced-price Eligibility Based on Income

- Total annual income = \$59,505
- Annual income limit for reduced meals = \$59,478
- DO's decision to deny is correct

Number in family	Annual gross income	Monthly gross income	Tenure per month	Every two weeks gross income	Weekly gross income
1	20,345	1,696	848	783	382
2	27,485	2,292	1,148	1,058	529
3	34,545	2,898	1,444	1,333	667
4	41,795	3,483	1,742	1,608	804
5	49,445	4,079	2,040	1,883	942
6	56,995	4,675	2,338	2,158	1,079
7	63,445	5,271	2,636	2,433	1,217
8	70,395	5,867	2,934	2,708	1,354
Each additional family member	7,150	596	288	275	138

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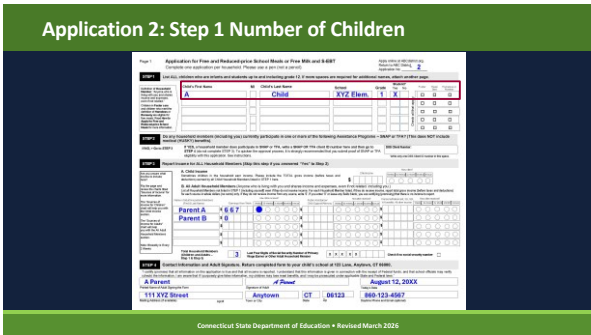
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### Application 2

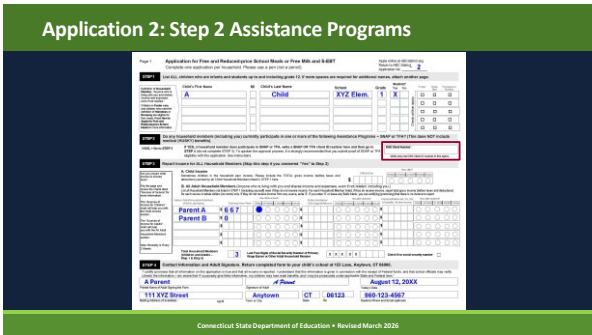
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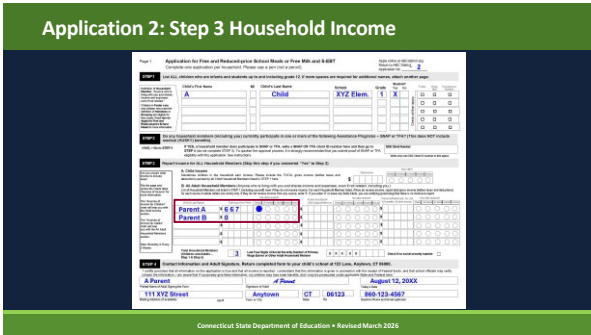
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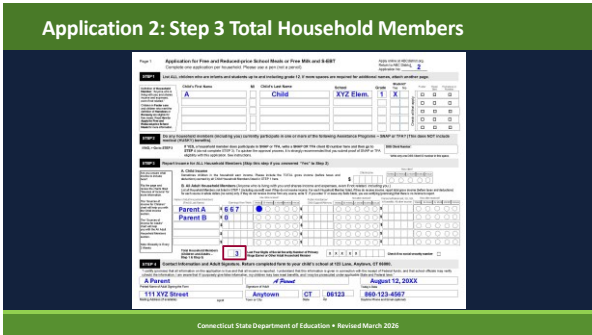
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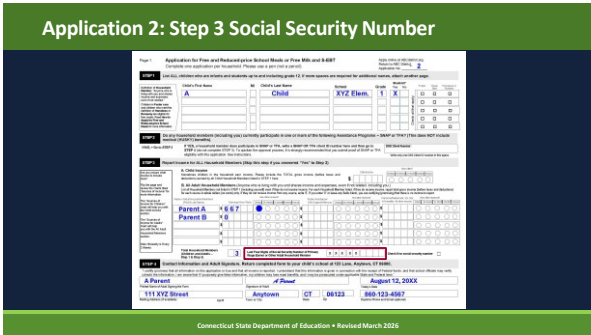
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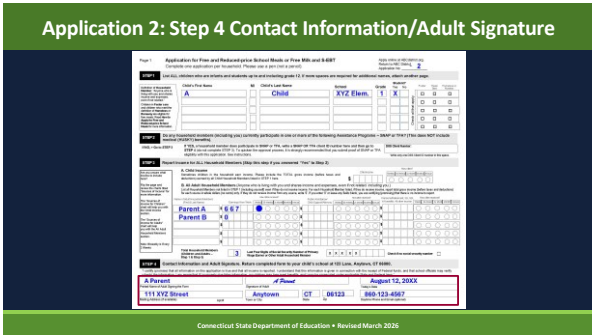
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### Application 2: "School Use Only" Section

**Application approved as reduced**

- Is this determination correct?
  - Yes
  - No

**Issues**

- Incomplete
- Wrong income frequency to calculate eligibility
- Not meeting required deadline for processing application

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### Application 2 Issues: Incomplete

- Missing social security information

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### Application 2 Issues: Income Conversion

- Application \$667 weekly
- Determining official's conversion \$34,684 annually

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### Comparing Annual Household Income to Income Guidelines

Yearly Income	Monthly gross income	Twice per month	Every two weeks gross income	Weekly gross income
1 20,345	1,695	848	793	383
2 27,465	2,282	1,141	1,058	529
3 34,684	2,888	1,444	1,333	667
4 41,795	3,483	1,742	1,605	804
5 48,905	4,078	2,040	1,877	941
6 56,015	4,673	2,338	2,150	1,078
7 63,125	5,271	2,636	2,423	1,215
8 70,235	5,867	2,934	2,700	1,354
Each additional family member	710	355	333	158

\$667 weekly (correct)      = \$34,684 annually (incorrect)

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### Application 2 Issues: Missed Processing Deadline

**STEP 4 Contact Information and Adult Signatures. Return completed form to your child's school at 123 Lane, Anytown, CT 06900.**

I hereby certify 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 this information. I also understand that if I purposely give false information, my child may be ineligible until appropriate action is taken.

**A Parent** (Signature of Adult) *A. Parent* Date: **August 12, 20XX**

111 XYZ Street, Anytown, CT 06123, 860-123-4567

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

Income Household: Total household income: **\$34,684** per **annually** household size: **3** Error Phone?  Yes  No

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

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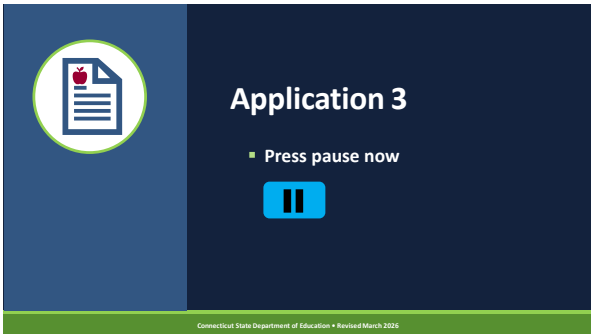
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### Reminder of Processing Deadline

- Must process within 10 operating days of receipt of application

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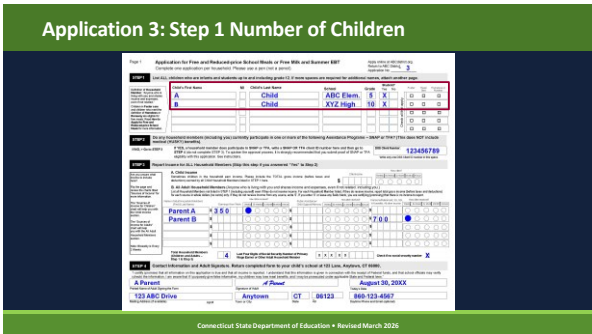
**Application 3**

- Press pause now

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**Application 3: Step 1 Number of Children**



Application for Free and Reduced-Priced School Meals or Free WIC and Summer EBT

Child Information Table:

Child Name	Child Age	ABC Elem	S	X	D	D
Child A	ABC Elem	S	X			
Child B	XYZ High	10	X			

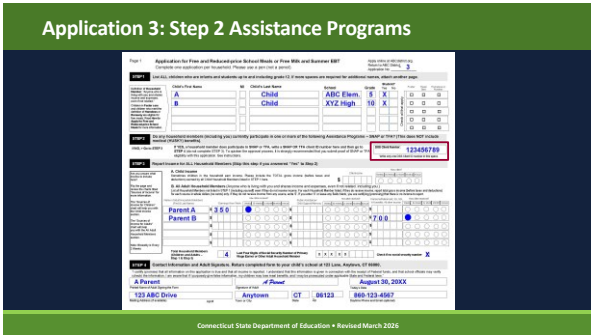
Parent Information Table:

Parent	Parent A	Parent B	Parent C	Parent D	Parent E	Parent F	Parent G	Parent H	Parent I	Parent J	Parent K	Parent L	Parent M	Parent N	Parent O	Parent P	Parent Q	Parent R	Parent S	Parent T	Parent U	Parent V	Parent W	Parent X	Parent Y	Parent Z
Parent A	3.50																									
Parent B																										

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**Application 3: Step 2 Assistance Programs**



Application for Free and Reduced-Priced School Meals or Free WIC and Summer EBT

Child Information Table:

Child Name	Child Age	ABC Elem	S	X	D	D
Child A	ABC Elem	S	X			
Child B	XYZ High	10	X			

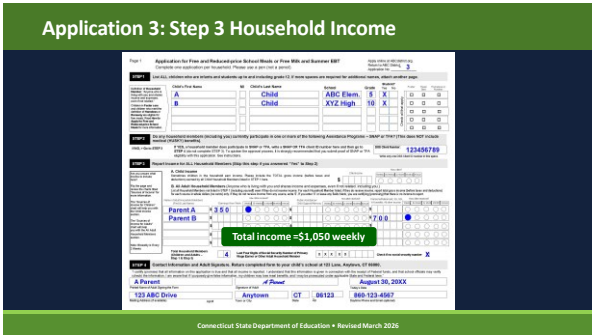
Parent Information Table:

Parent	Parent A	Parent B	Parent C	Parent D	Parent E	Parent F	Parent G	Parent H	Parent I	Parent J	Parent K	Parent L	Parent M	Parent N	Parent O	Parent P	Parent Q	Parent R	Parent S	Parent T	Parent U	Parent V	Parent W	Parent X	Parent Y	Parent Z
Parent A	3.50																									
Parent B																										

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**Application 3: Step 3 Household Income**



Application for Free and Reduced-Priced School Meals or Free WIC and Summer EBT

Child Information Table:

Child Name	Child Age	ABC Elem	S	X	D	D
Child A	ABC Elem	S	X			
Child B	XYZ High	10	X			

Parent Information Table:

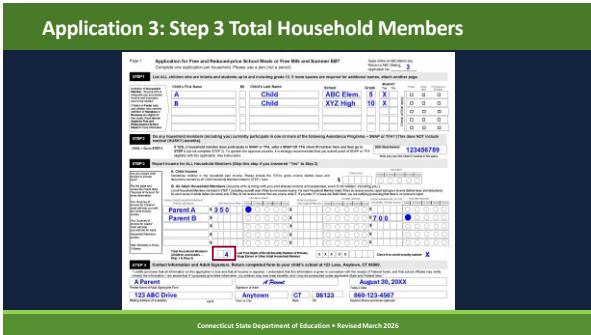
Parent	Parent A	Parent B	Parent C	Parent D	Parent E	Parent F	Parent G	Parent H	Parent I	Parent J	Parent K	Parent L	Parent M	Parent N	Parent O	Parent P	Parent Q	Parent R	Parent S	Parent T	Parent U	Parent V	Parent W	Parent X	Parent Y	Parent Z
Parent A	3.50																									
Parent B																										

**Total Income = \$1,050 weekly**

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**Application 3: Step 3 Total Household Members**



Application for Free and Reduced-Priced School Meals or Free WIC and Summer EBT

Child Information Table:

Child Name	Child Age	ABC Elem	S	X	D	D
Child A	ABC Elem	S	X			
Child B	XYZ High	10	X			

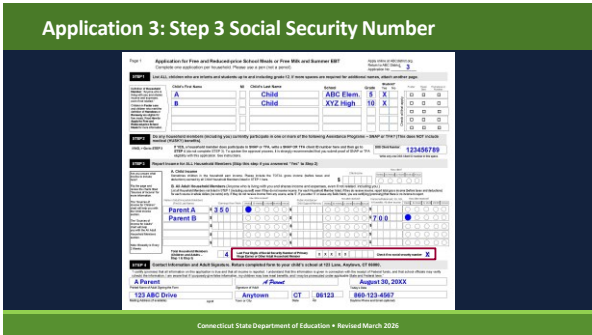
Parent Information Table:

Parent	Parent A	Parent B	Parent C	Parent D	Parent E	Parent F	Parent G	Parent H	Parent I	Parent J	Parent K	Parent L	Parent M	Parent N	Parent O	Parent P	Parent Q	Parent R	Parent S	Parent T	Parent U	Parent V	Parent W	Parent X	Parent Y	Parent Z
Parent A	3.50																									
Parent B																										

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**Application 3: Step 3 Social Security Number**



Application for Free and Reduced-Priced School Meals or Free WIC and Summer EBT

Child Information Table:

Child Name	Child Age	ABC Elem	S	X	D	D
Child A	ABC Elem	S	X			
Child B	XYZ High	10	X			

Parent Information Table:

Parent	Parent A	Parent B	Parent C	Parent D	Parent E	Parent F	Parent G	Parent H	Parent I	Parent J	Parent K	Parent L	Parent M	Parent N	Parent O	Parent P	Parent Q	Parent R	Parent S	Parent T	Parent U	Parent V	Parent W	Parent X	Parent Y	Parent Z
Parent A	3.50																									
Parent B																										

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### Application 3: Step 4 Contact Information/Adult Signature

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### Application 3: "School Use Only" Section

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- Application approved as free**
- Is this determination correct?
    - Yes
    - No
- Issues**
- Case number not validated
  - No proof of SNAP or TFA number

### Application 3: Possible Eligibility Determinations

- Case number or child validated but forgot to document = **free meals/milk**
- Case number or child not validated but use income on application = **reduced-price meals**

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### Application 3: Eligibility Based on Income

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\$1,050 weekly = reduced

### Application 4

Press pause now

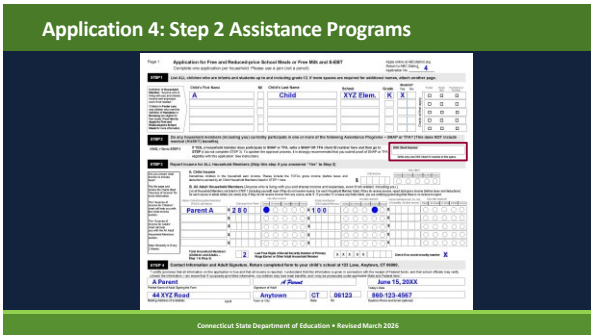
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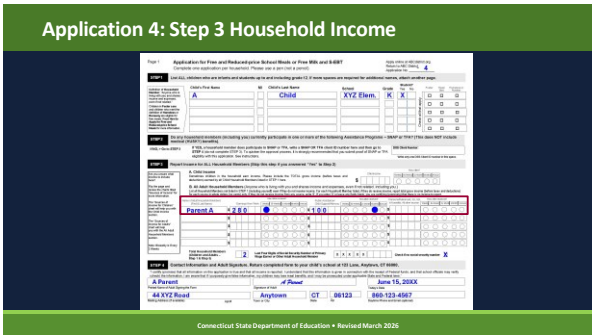
### Application 4: Step 1 Number of Children

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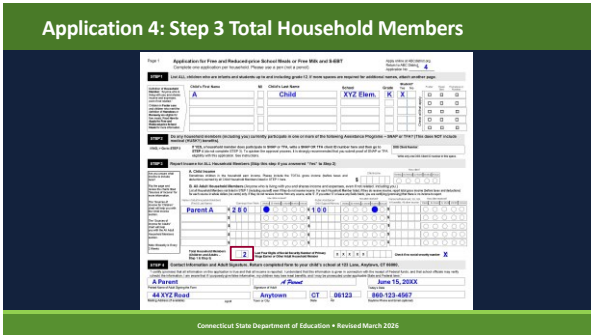
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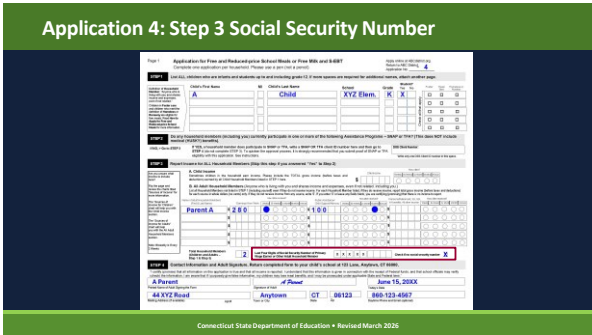
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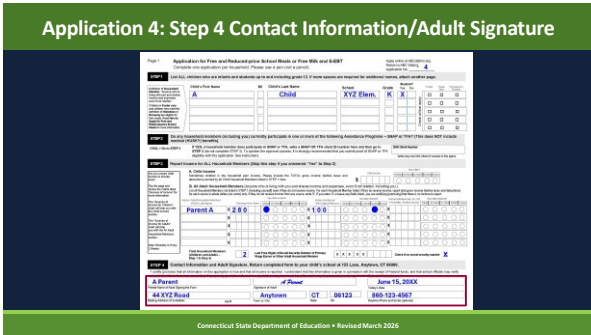
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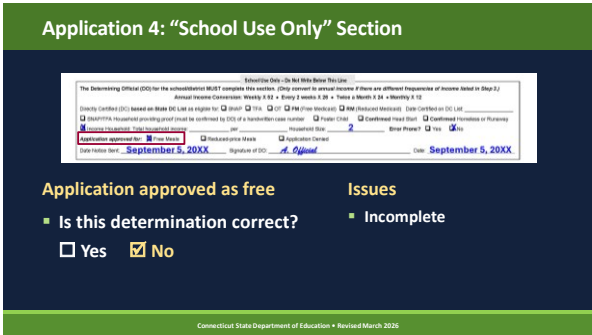
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### Application 5: Step 3 Total Household Members

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### Application 5: Step 3 Social Security Number

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### Application 5: Step 4 Contact Information/Adult Signature

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### Application 5: "School Use Only" Section

Application approved as reduced Issues  
 ■ Is this determination correct? ■ Incomplete  
 Yes  No

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### Application 5 Issues: Incomplete

- Missing social security information
- Missing signature of parent/guardian

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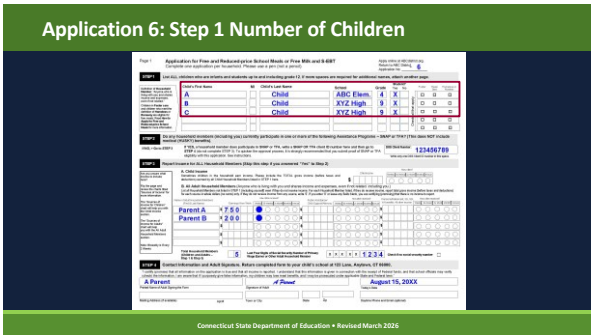
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### Application 6

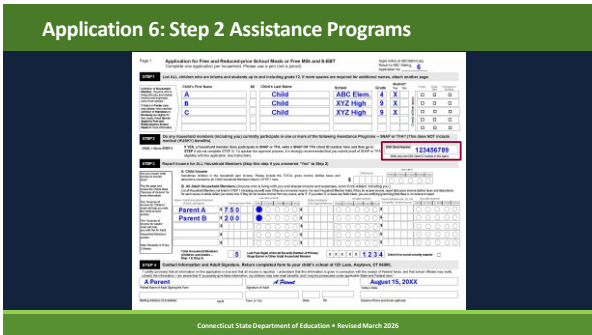
■ Press pause now

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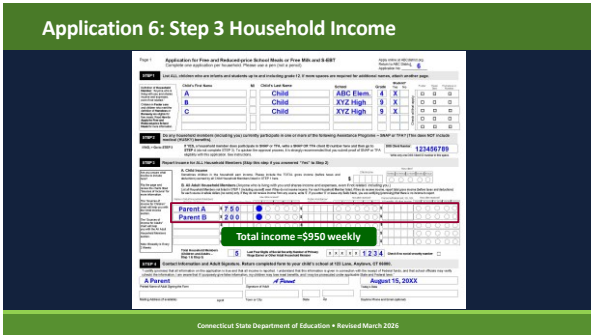
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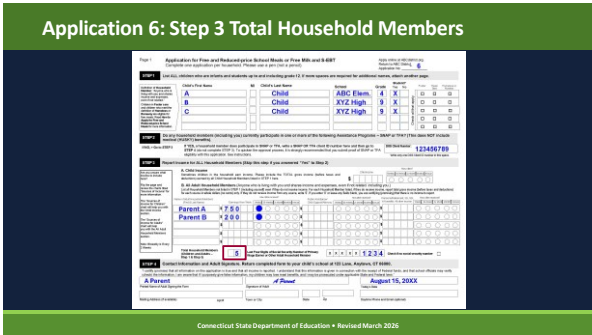
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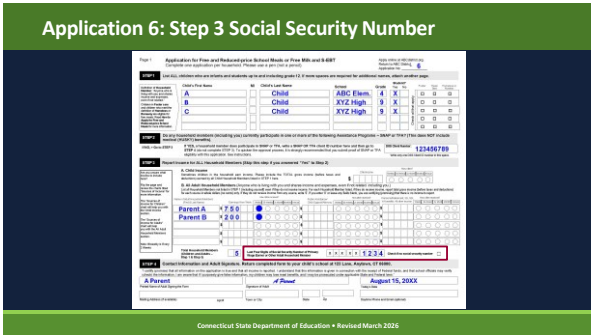
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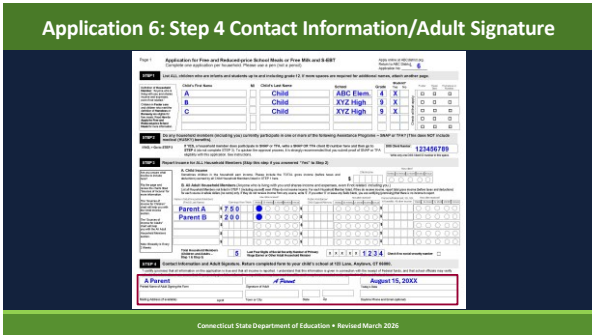
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### Application 6: "School Use Only" Section

**Application approved as free**

- Is this determination correct?
  - Yes  No
- DO checked DC/S-EBT list on August 22 and found child listed as FM (free Medicaid)

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### Application 6 Reminder: Information Not Required

- Cannot delay application approval if household fails to provide information that is not required

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### Application 7

- Press pause now

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### Application 7: Step 1 Number of Children

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### Application 7: Step 2 Assistance Programs

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### Application 7: Step 3 Household Income

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### Application 7: Step 3 Total Household Members

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### Application 7: Step 3 Social Security Number

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### Application 7: Annual Income Conversion

Parent	Income	Frequency	Multiply by	Annual Income
A	\$775	weekly	52	\$40,300
B	\$125	monthly	12	\$1,500
<b>Total</b>				<b>\$41,800</b>

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### Application 7: Eligibility Based on Income

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

Number in Family	Annual gross income	Monthly gross income	Total per month	Every two weeks gross income	Weekly gross income
1	20,345	1,695	840	750	360
2	27,485	2,290	1,145	1,050	500
3	34,545	2,865	1,425	1,250	600
4	41,795	3,480	1,740	1,500	700
5	49,345	4,075	2,040	1,800	840
6	56,085	4,675	2,338	2,100	1,070
7	63,245	5,275	2,638	2,400	1,217
8	70,385	5,867	2,934	2,700	1,364
Single additional family member	7,150	596	298	275	138

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

Number in Family	Annual gross income	Monthly gross income	Total per month	Every two weeks gross income	Weekly gross income
1	28,893	2,413	1,207	1,114	537
2	36,128	3,011	1,505	1,365	653
3	43,363	3,610	1,805	1,667	800
4	50,598	4,209	2,109	1,970	947
5	57,833	4,808	2,408	2,273	1,144
6	65,068	5,407	2,708	2,576	1,341
7	72,303	6,006	3,006	2,879	1,538
8	79,538	6,605	3,305	3,182	1,735
9	86,773	7,204	3,604	3,485	1,932
10	94,008	7,803	3,903	3,788	2,129
Single additional family member	10,175	848	424	390	195

■ \$41,800 annually

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### Application 7: Step 4 Contact Information/Adult Signature

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### Application 7: "School Use Only" Section

School Use Only - School Use Only Section

The Determining Office (DO) for the school/district MUST complete this section. (Only correct in annual review if there are different responses of income listed in Step 2.)

Annual Income Conversion: Monthly: 1/12 • Every 2 weeks: 1/6 • Every 3 weeks: 1/4 • Every 4 weeks: 1/3 • Every 5 weeks: 1/2 • Every 6 weeks: 2/3 • Every 7 weeks: 3/4 • Every 8 weeks: 1

Directly Certified (DC) based on State DC List as eligible:  Direct  Indirect  PM (Pre-Verified)  DC (Directly Certified)  DC List

DC (DC/PTTA) Household gross annual gross must be defined as DC or a household member number:  Parent  Child  Grandparent  Other  Other

Income requested: Total household income: \$41,800, Annual: 4, Monthly: 3,480, Every two weeks: 1,500, Weekly: 360

Application approved for:  Free meals  Reduced meals  Application Cancelled

Date/Time Stamp: August 13, 20XX Signature of DO: [Signature] Date: August 13, 20XX

**Application approved as reduced**

■ Is this determination correct?

Yes  No

**Issues**

■ Not processed as mixed household

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## Module 4: Test Your Knowledge About Processing Applications

### Not Processed as Mixed Household

<p><b>Child A</b></p> <ul style="list-style-type: none"> <li>Eligibility = Reduced-price meals</li> <li>Based on income</li> </ul>	<p><b>Child B (Foster Child)</b></p> <ul style="list-style-type: none"> <li>Eligibility = Free meals</li> <li>Based on foster child status</li> </ul>
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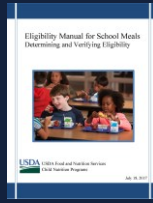
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### USDA Resource

USDA's Eligibility Manual for School Meals

- Latest version dated July 18, 2017



[https://portal.ct.gov/-/media/sde/nutrition/nsfp/forms/freered/usda\\_eligibility\\_manual.pdf](https://portal.ct.gov/-/media/sde/nutrition/nsfp/forms/freered/usda_eligibility_manual.pdf)

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### Questions? Contact School Nutrition Programs Staff

County	Staff
Middlesex County (includes Regions 4, 13, and 17) Tolland County (includes Regions 8 and 19)	Jennifer Bove 860-807-2044 • <a href="mailto:jennifer.bove@ct.gov">jennifer.bove@ct.gov</a>
Fairfield County (includes Region 9) Litchfield County (includes Regions 1, 7, 12, 14, and 20)	Fionnuala Brown 860-807-2129 • <a href="mailto:fionnuala.brown@ct.gov">fionnuala.brown@ct.gov</a>
Hartford County (includes Region 10)	Teri Dandeneau 860-807-2079 • <a href="mailto:teri.dandeneau@ct.gov">teri.dandeneau@ct.gov</a>
New Haven County (includes Regions 5, 15, and 16)	Greg King 860-713-6804 • <a href="mailto:greg.king@ct.gov">greg.king@ct.gov</a>
New London County Windham County (includes Region 11)	Susan Alston 860-807-2081 • <a href="mailto:susan.alston@ct.gov">susan.alston@ct.gov</a>

<https://portal.ct.gov/-/media/sde/nutrition/cnstaff/countysign.pdf>

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### Thanks for participating!



<https://portal.ct.gov/sde/nutrition/eligibility-for-free-and-reduced-price-meals-and-free-milk-in-school-nutrition-programs/determining-eligibility-training>

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8333.

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
- fax: (833) 725-1665 or (202) 696-7442; or
- email: [pr.program.intake@usda.gov](mailto:pr.program.intake@usda.gov)

This institution is an equal opportunity provider.

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### CSDE Nondiscrimination Statement

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race; color; religious creed; age; sex; pregnancy; sexual orientation; workplace hazards to reproductive systems, gender identity or expression; marital status; national origin; ancestry; retaliation for previously opposed discrimination or coercion; intellectual disability; genetic information; learning disability; physical disability (including, but not limited to, blindness); mental disability (past/present history thereof); military or veteran status; status as a victim of domestic violence; or criminal record in state employment, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes. Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Attorney Louis Todisco, Connecticut State Department of Education, by mail 450 Columbus Boulevard, Hartford, CT 06103-1841; or by telephone 860-713-6594; or by email [louis.todisco@ct.gov](mailto:louis.todisco@ct.gov).

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