

# WILLINGTON SCHOOL LUNCH PROGRAM

## APPLICATION FOR FREE OR REDUCED PRICE MEALS

September 2011

Dear Willington Hall & Center School Families:

Hall & Center Schools participate in the National School Lunch Program. Meals are served daily as planned. Students may buy lunch for \$2.10 at Center School and \$2.25 at Hall School. All meals are available free or at a reduced price for those who qualify.

- If you now get Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Family Assistance (TFA) for your child, your child can get free meals.
- If your total household income is at or below the amounts on the Income Chart, your child can get free meals or reduced price meals for 40 cents for lunch.
- If you have a foster child, that child may be eligible for benefits regardless of your income because the child is a legal ward of the State of Connecticut and is categorically eligible. However, subsidized adoptions and subsidized guardianships require the calculation of all household income plus the adoption/guardianship subsidy.
- Children in households participating in WIC may be eligible for free or reduced price meals.
- You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

### HOW TO APPLY:

To get free or reduced price meals for your child or children, carefully complete the application and return it to the school or bring in a letter from the Department of Social Services.

**A. SNAP or TFA Applicants (formerly known as the Food Stamp Program):** If you now get SNAP or TFA for your child(ren), the application must have the child(ren)'s name(s), the Client ID/Case number for each child and the signature of an adult household member.

**OR**

**B. Household has income:** The application must contain the following:

- the names of everyone in the household
- the amount of income each household member received last month, where it comes from and how often it is received
- the signature of an adult household member and the last 4 digits of the adult's social security number or the word "none" if the adult does not have a social security number.

**C. Foster Child:** Households with a foster child must include the child's name, the amount of personal use income the child received last month and an adult **must** sign the application. A separate application is no longer required for a foster child.

**D. Military Housing:**

If your housing is part of the Military Housing Privatization Initiative, do **not** include your housing allowance as income. All other allowances must be included in your gross income.

### INCOME CHART:

Effective from July 1, 2011 to June 30, 2012

Number in Family	Annual Gross Income	Monthly Gross Income	Every 2 Weeks Gross Income	Weekly Gross Income
1	20,147	1,679	775	388
2	27,214	2,268	1,047	524
3	34,281	2,857	1,319	660
4	41,348	3,446	1,591	796
5	48,415	4,035	1,863	932
6	55,482	4,624	2,134	1,067
7	62,549	5,213	2,406	1,203
8	69,616	5,802	2,678	1,339
Each Add'l Family Member	+ 7,067	+ 589	+ 272	+ 136



**NOTE: An application that is not complete cannot be approved.**

## OTHER INFORMATION

**VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send income information to prove that your child should get free or reduced price meals.

**FAIR HEARING:** If you do not agree with the school's decision on your application or the result of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by calling or writing the following official:

Name: Mr. David C. Harding, Superintendent of Schools  
Telephone: (860) 487-3130  
Address: 40 Old Farms Road, Willington CT 06279

**\*CONFIDENTIALITY:** The information you give on the application will be used only to allow your child to get free or reduced price meals and to verify eligibility.

**\*REAPPLICATION:** You may apply for free or reduced price meals at any time during the school year. If you are not eligible now but have a change, such as an increase in household size, become unemployed or get food stamps or TFA for your child(ren), fill out an application.

You will be notified when the application is approved or denied.

Sincerely,

*Dr. Beth T. Gankofskie, M.S., R.D.*

Food Service Director

**In the operation of the child-feeding program, no child will be discriminated against because of race, sex, color, national origin, age, religion or handicap. If you believe you have been discriminated against, write to the USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410.**

**2011-2012 WILLINGTON PUBLIC SCHOOL LUNCH PROGRAM  
APPLICATION FOR FREE OR REDUCED PRICE MEALS**

**Parents/Guardians: Complete only one application for each household.** To apply for free or reduced price meals or free milk for your children, you must list the names of all members of the household in Part 5. Return the application to the school office.

**1. (Print) Student Information:** (Make sure you list each child below AND in section 5a.)

Does this child receive SNAP (formerly known as Food Stamps) or TFA or WIC? (circle)

If yes, provide client ID/case number

Name	Grade	Name of School	Does this child receive SNAP (formerly known as Food Stamps) or TFA or WIC? (circle)	If yes, provide client ID/case number
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____

**2. The children listed above:**  May Qualify (Continue to complete the application).

Do not Qualify (Please initial \_\_\_\_\_ and return the form).

**3.** If the child you are applying for is a foster child, homeless or a runaway, check the appropriate box (See back of form for more details).

Foster - child's name & personal use income: \_\_\_\_\_ \$ \_\_\_\_\_

Homeless  Runaway

**4.**  I would like to be eligible to participate in the 2012 Summer Food Subsidy Program for my child(ren).

**5. Household Members and Monthly Income:** If you are receiving only medical benefits, you must report an income and complete Part 5. If you gave a client ID number for SNAP (formerly known as Food Stamps) or TFA, skip part 5.

a. Name (List everyone in household (HH) including all children in Section 1, including foster children if desired, and HH members in Section 4.)	b. Gross Income and how often it was received (Indicate if income was received monthly, twice a month, every other week, weekly, or annually.) You MUST list frequency of income. <i>Example: \$100/monthly \$100/twice a month \$100/every two weeks \$100/weekly \$28,000/annually</i>				c. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other Income	
<i>(Example): Jane Smith</i>	\$ 22,278 /annually	\$ 50.00 / weekly	\$ 100.59 / monthly	\$ _____ / _____	<input type="checkbox"/>
1	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

**6. RACIAL AND ETHNIC IDENTITY:** You are not required to complete Section 6. This section is optional.

**Ethnicity:**  Hispanic/ Latino  Not Hispanic/Latino Choose one or More (Regardless of Ethnicity):  American Indian or Alaska Native  Asian  White  Native Hawaiian or other Pacific Islander  Black or African American

**7. Signature and Social Security Number:** I certify (promise) that all information is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check the information). I understand that if I purposely give false information, my children may lose meals benefits, and I may be prosecuted.

\_\_\_\_\_  \_\_\_\_\_ (List the last four digits only) OR  I don't have a social security number.  
Signature of Adult Household Member Social Security Number

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_ Printed Name \_\_\_\_\_

Street/Apt. No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Act Statement:** This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA) Program case number for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the federal relay service at (800) 877-8339; or (800) 845-6136. USDA is an equal opportunity provider and employer."

**For School Use Only – Do Not Write Below This Line**

**Determining Officials for the Local Education Agency MUST complete this section.**

**Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12**

*(Only convert to annual income if there are different frequencies of income listed in the columns under Section 5b.)*

SNAP (Food Stamp)/TFA Household  Foster Child

Income Household: Total household income: \_\_\_\_\_ per \_\_\_\_\_ Household Size: \_\_\_\_\_

**Application approved for:**  Free Meals

**Application denied because:**

Reduced-Price Meals

Income over allowed amount

Incomplete/missing

Other

**Temporary approved for:**  Free Meals, Expires: \_\_\_\_\_

Reduced-Price Meals, Expires: \_\_\_\_\_

Date Notice Sent: \_\_\_\_\_ Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals or free milk, complete this application using the instructions below, sign your name and return the application to the school. If you need help, contact Dr. Beth Gankofskie at (860) 429-7824.

Part 1 - **STUDENT INFORMATION:** List each child's name, grade and school. Indicate if your child(ren) are receiving SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program) or Temporary Family Assistance (TFA). If your children are receiving SNAP or TFA, provide the Client ID Number/Case Number for each child. An adult household member must sign the application in Part 7, but do not complete Part 5. (**Note: If you are receiving only medical benefits for your children, you must report all household income in Part 5.**) *If a child is a foster child, complete Part 3. A separate application is no longer required for each foster child.*

Part 2 – Indicate your children's potential eligibility or ineligibility to qualify for free or reduced price meal or free milk benefits.

Part 3 – Indicate if the child you are applying for is a foster child, homeless or a runaway. If the child is a foster child, list the child's name and personal use income here. A **FOSTER CHILD** who is a legal ward of the State may get free meals regardless of your household income. You must contact the school (or homeless liaison) to notify them of the child's status.

Also, **complete this Part 3 and Part 7. If a licensed foster home has their own children (non-foster), complete Part 5 to apply for Free or Reduced price meals based on income eligibility. Note subsidized adoptions and/or guardianships require you to provide all household income documentation in Part 5. These children are not considered legal wards of the state and therefore, are considered part of your household and all household income must be listed.**

**FOSTER CHILD INCOME:** Write each child's \*personal use income and how often it is received (such as weekly, every two weeks, twice a month, or monthly). Write "0" if the child has no personal use income. **An Adult household member must sign Part 7.**

\*Personal use income includes: Funds provided by the welfare agency that are specifically identified by category for the personal use of the child, such as for clothing, school fees and allowances. Welfare funds paid to the foster parents identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income. Personal use income also includes other funds received by the child, including any income the child earns for full-time or regular part-time employment, and money provided by the child's family for personal use.

Part 4 – **Summer Food Subsidy Program:** Indicate if you would like to be eligible to participate in a new summer subsidy program that provides \$60.00 per month to eligible children from June 15-Sept 1, 2012. Participation is on a CT-SDE selection of participants.

Part 5 - **ALL OTHER HOUSEHOLDS: Complete Part 5 if:** You did not give a SNAP/TFA Client ID Number; you are receiving only medical benefits; each child is not a legal ward of the state; or if each child is a subsidized adoption or you have subsidized guardianship. **Note:** An adult household member **must** sign the application in Part 7.

- a. **HOUSEHOLD NAMES:** Write the names of everyone (related or unrelated) who live in your household. Include yourself and each child listed above, your spouse, all other children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space. Include foster children if you want them to be part of the household when determining the eligibility of your children.
- b. **CURRENT INCOME:** Write the amount of income each person now receives on the same row as his or her name in the column that corresponds with the income source. **Also, indicate if income was received monthly, twice a month, every two weeks, weekly, or annually.** Income is all money before taxes or anything else is taken out. **If the amount received most recently is higher or lower than usual, write instead that person's usual income.** Note: If you are in the Military Housing Privatization Initiative, do not include this housing allowance.
- c. **NO INCOME:** Check the box if the person has no income. (**Note:** "Person" includes adults and children in the household.)

Part 6 - **RACIAL/ETHNIC IDENTITY:** Put a check mark next to the racial/ethnic group of your child. This information helps us to be sure everyone gets benefits on a fair basis. *You do not have to complete this section to get free or reduced meals or free milk.*

Part 7 - **SIGNATURE:** An adult household member must sign the application or it cannot be approved. The last four digits only of the social security number of the adult signer must be included unless otherwise noted. If the adult household member signing the application does not have a social security number, check the box "No Social Security Number." *Reminder:* The last four digits of a social security number are not needed if you have listed a SNAP Client Number, TFA Client Number or if the children are foster children.

### INCOME TO REPORT

#### Earnings from Work

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Workmen's compensation  
Net income from self-owned business or farm

#### Pensions/Retirement/Social Security

Pensions  
Retirement income  
Social Security  
Veteran payments  
Supplemental Security income

#### Other Income

Earnings from second job  
Disability benefits  
Interest/dividends  
**Cash withdrawn from savings**  
Income from Estates/Trust/Investments  
Regular Contributions from persons not living in the household  
Royalties/Annuities/Rental Income  
Any other monies that may be available to pay for the child's meals or milk

#### Child Support/Alimony

Alimony payments  
Child Support payments