



STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: Potential 2016 Summer Food Service Program (SFSP) Sponsors

FROM: John Frassinelli, Chief
Bureau of Health/Nutrition, Family Services and Adult Education

DATE: April 6, 2016

SUBJECT: Operational Memorandum No. 05-16 - SFSP

1. Income Eligibility Application
 2. Income Guidelines
 3. Parent Letter
 4. Documenting Eligibility of Closed Enrolled Sites and Camps in the SFSP
 5. Enrollment Information Form
-
1. Residential Camps and sponsors with Closed Enrolled Sites (not located in low-income areas) will be revising and printing income eligibility applications for the 2016 program. **Please note that the attached Sample Income Eligibility Application has been revised. Sponsors may only use the 2016 version.**
 2. Attached are two sets of **Income Guidelines for the SFSP**: those effective July 1, 2015 to June 30, 2016 and those effective July 1, 2016 to June 30, 2017. These are for use by sponsors only to determine income eligibility categories and are not distributed to parents or households. **Eligibility determinations must be made using the guidelines in effect at the time the eligibility determination is made.** The July 1, 2015 to June 30, 2016 income guidelines are currently posted on the SFSP Web page. The July 1, 2016 to June 30, 2017 guidelines will be posted to the Web page by July 1, 2016.
 3. A Sample Parent Letter containing the 2015-16 income guidelines for reduced-price meals is attached. The letter must be distributed to parents/households with the income eligibility application. **Please note that the attached Sample Parent Letter has been revised. Sponsors may only use the 2016 version.**
 4. Sponsors may document eligibility of a Residential Camp or Closed Enrolled Site (not located in a low-income area) by:
 - a. obtaining lists of names and eligibility status of enrolled children for free and reduced-price meals from schools where the children receive school lunch or breakfast; or
 - b. collecting completed income eligibility applications from the parent/guardian of each enrolled child.

Note: The law permits all sponsors to use school-based eligibility information to document eligibility as noted above. The local school food authority does not need parental consent forms to provide this information to SFSP sponsors.

5. Documentation for Residential Camps and Closed Enrolled Sites (not located in a low-income area) showing the number of children enrolled (each camping session for camps) who are eligible for free or reduced-price meals must be provided to the Connecticut State Department of Education as soon as it is available but no later than the claim submission. For more information, see the CSDE's [Sample Enrollment Information Form](#).

The Sample Income Eligibility Application, Income Guidelines for SFSP, Sample Parent Letter, and Sample Enrollment Information Form are also available for download from the SFSP Web site at www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320658.

Questions pertaining to this memorandum may be directed to Caroline Cooke at 860-807-2144 or caroline.cooke@ct.gov.

JF:csc

Attachments: (5)

2015-2016 **Prototype** Application for Free and Reduced-price School Meals or Free Milk

Apply online at www.abcdefgh.edu

Complete one application per household. Please use a pen (not a pencil).

Application No: _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in **Foster care** and children who meet the definition of **Homeless, Migrant 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?		Foster	Head Start	Homeless or Runaway
					Yes	No			
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following Assistance Programs - SNAP OR TFA: Check one: YES or NO (This does NOT include medical (HUSKY) benefits.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

If NO household member participates in SNAP or TFA, skip Step 2 and complete STEP 3.

If 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)

Case Number:
 Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you wrote a SNAP or TFA Number in STEP 2)

Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here.

Child income \$
 How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
 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 income for each source in whole dollars 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 and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and Adults - Step 1 & Step 3)

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

Check if no SSN

STEP 4 Contact Information and Adult Signature

"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."

<input style="width: 100%;" type="text"/> Street Address (if available)	<input style="width: 100%;" type="text"/> Apt #	<input style="width: 100%;" type="text"/> City	<input style="width: 100%;" type="text"/> State	<input style="width: 100%;" type="text"/> Zip	<input style="width: 100%;" type="text"/> Daytime Phone and Email (optional)
<input style="width: 100%;" type="text"/> Printed name of adult completing the form		<input style="width: 100%;" type="text"/> Signature of adult completing the form			<input style="width: 100%;" type="text"/> Today's date

OPTIONAL**Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

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 Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier 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 and breakfast programs. 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.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

For School Use Only – Do Not Write Below This Line

Determining Officials (DO) 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 Step 3.)

- Directly Certified Based on the State Direct Certification List Date Certified on DC List: _____
- SNAP/TFA Household (**Reminder.** The DO must confirm a handwritten SNAP/TFA number) Foster Child Head Start
- Confirmed Homeless or Runaway**
- Income Household: Total household income: _____ per _____ Household Size: _____

Application approved for: Free Meals Reduced-Price Meals Application Denied

Date Notice Sent: _____ Signature of Determining Official: _____ Date: _____

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit **one** application per household, even if your children attend more than one school in [School District]. The application must be filled out completely to certify your children for free or reduced-price school meals [or free milk if the school participates in the Special Milk Program.]

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [school/school district contact here---phone and e-mail preferred].

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Children age 18 or under **and** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless or runaway youth;
- Students attending [school/school system here], regardless of age.

- A. List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. Please print clearly. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B. List the name of the school and grade (if applicable) that each child attends and check the box to confirm if the child is a student at the school.**
- C. Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.
- D. Are any children enrolled in a federal Head Start Program in the school system?** If you believe any child listed in this section may meet this description, please mark the "Head Start" box next to the child's name and **complete all steps of the application.**
- E. Are any children homeless or runaway?** If you believe any child listed in this section may meet this description, please mark the "Homeless or Runaway" box next to the child's name and **complete all steps of the application.**

STEP 2: HOUSEHOLD MEMBER PARTICIPATION IN ONE OR MORE ASSISTANCE PROGRAMS – SNAP OR TFA (THIS DOES NOT INCLUDE MEDICAL OR HUSKY BENEFITS)

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or
- Temporary Family Assistance (TFA)

A. IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- **Skip to STEP 3 on these instructions and STEP 3 on your application.**
- **Leave STEP 2 blank.**

B. IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- **Check off “Yes” and provide a case number for SNAP or TFA.** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact your DSS Social Worker. **Note: Do not use a HUSKY Medical Benefits Number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.**
- **Skip to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A. Report all income earned by children. Refer to the chart titled “Sources of Income for Children” in these instructions and report the combined gross income for **ALL** children listed in Step 1 in your household in the box marked “Total Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Sources of Child Income	Examples
<ul style="list-style-type: none"> • Earnings from work 	<ul style="list-style-type: none"> • A child has a job where they earn a salary or wages.
<ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor’s Benefits 	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none"> • Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> • Income from any other source 	<ul style="list-style-type: none"> • A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **not** include people who:

- Live with you but are not supported by your household’s income **and** do not contribute income to your household.
- Children and students already listed in Step 1.

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field. **Note:** Income must be listed as being received either: weekly; bi-weekly; 2 X month; or monthly. **Do not list income annually.**

B. List Adult Household member’s name. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C. Report earnings from work. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D. Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as “other” income in the next part.

- E. Report income from Pensions/Retirement/All other income.** Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.
- F. Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced-price meals or free milk.
- G. Provide the last four digits of your Social Security Number.** The household’s primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. **You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SS#.”

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) • Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) • Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Worker’s compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran’s benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • <i>Regular</i> cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

- A. Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B. Sign and print your name.** Print your name in the box “Printed name of adult completing the form” and sign your name in the box “Signature of adult completing the form.”
- C. Write Today’s Date.** In the space provided, write today’s date in the box.
- D. Share children’s Racial and Ethnic Identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. **This field is optional and does not affect your children’s eligibility for free or reduced-price school meals.**

INCOME*GUIDELINES FOR
DETERMINING ELIGIBILITY
FOR FREE AND REDUCED
PRICE MEALS

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Child and Adult Care Food Program and Summer Food Service Program

INSTRUCTIONS

Rev. 04/15
7CFR Part 245.3(a)

1. Income guidelines to be used by all persons reviewing applications.
2. Distribute to all schools/sites for use by determining officials.

The following income guidelines will be used in Connecticut from **July 1, 2015**, to **June 30, 2016**, for determining eligibility of participants for free and reduced price meals in the Child Nutrition Programs. These guidelines are taken from the United States Department of Agriculture’s annual adjustments to the Income Guidelines

FREE MEALS/MILK

REDUCED PRICE MEALS

Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income	Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income
1	15,301	1,276	638	589	295	1	21,775	1,815	908	838	419
2	20,709	1,726	863	797	399	2	29,471	2,456	1,228	1,134	567
3	26,117	2,177	1,089	1,005	503	3	37,167	3,098	1,549	1,430	715
4	31,525	2,628	1,314	1,213	607	4	44,863	3,739	1,870	1,726	863
5	36,933	3,078	1,539	1,421	711	5	52,559	4,380	2,190	2,022	1,011
6	42,341	3,529	1,765	1,629	815	6	60,255	5,022	2,511	2,318	1,159
7	47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
Each Add'l Family Member	+ 5,408	+ 451	+ 226	+ 208	+ 104	Each Add'l Family Member	+ 7,696	+ 642	+ 321	+ 296	+ 148

If a household has only one source of income, or if all sources of income are the same frequency, **do not** use conversion factors. Compare the income or sum of the incomes to the chart above for the appropriate frequency and household size to make the eligibility determination.

Many households have different sources of income coming into the home at different frequencies, such as weekly or bi-weekly wages and monthly social security benefits. In these situations, all sources of income must be converted to an annual amount using the following calculations:

Multiply by: Weekly x 52 ♦ Every two weeks x 26 ♦ Twice a month x 24 ♦ Monthly x 12

*Income means income before deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following: 1) Monetary compensation for services, including wages, salary, commissions or fees; 2) net income from non-farm self-employment; 3) net income from farm self-employment; 4) Social Security; 5) dividends or interest on savings or bonds or income from estates or trusts; 6) net rental income; 7) public assistance or welfare payments; 8) unemployment compensation; 9) government civilian employee or military retirement, or pensions or veterans’ payments; 10) private pension or annuities; 11) alimony or child support payments; 12) regular contributions from persons not living in the household; 13) net royalties; and 14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources.

“Income” as used here does not include any income or benefits received under any Federal programs, which are excluded from consideration as income by any legislative prohibition, for example, the value of benefits received under the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps).

In applying guidelines, a school food authority/institution **must** compare the household’s size and total household income to the income guidelines to determine eligibility for free or reduced price meals. Children of parents or guardians who become unemployed may be eligible for free or reduced price meals during the period of unemployment.

CONNECTICUT STATE DEPARTMENT OF EDUCATION

INCOME GUIDELINES FOR DETERMINING ELIGIBILITY FOR FREE AND REDUCED-PRICE MEALS

Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP)

Instructions:

1. Income guidelines to be used by all persons reviewing applications.
2. Distribute to all schools/sites for use by determining officials.

The following income guidelines will be used in Connecticut from **July 1, 2016**, to **June 30, 2017**, for determining eligibility of participants for free and reduced-price meals in the Child Nutrition Programs. These guidelines are taken from the United States Department of Agriculture’s annual adjustments to the Income Guidelines.

INCOME * GUIDELINES FOR CHILD NUTRITION PROGRAMS											
FREE MEALS/MILK						REDUCED-PRICE MEALS					
Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income	Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income
1	15,444	1,287	644	594	297	1	21,978	1,832	916	846	423
2	20,826	1,736	868	801	401	2	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	3	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	4	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	5	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	6	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
Each Additional Family Member	+ 5,408	+ 451	+ 226	+ 208	+ 104	Each Additional Family Member	+ 7,696	+ 642	+ 321	+ 296	+ 148

* Income means income before deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following: 1) Monetary compensation for services, including wages, salary, commissions or fees; 2) net income from non-farm self-employment; 3) net income from farm self-employment; 4) Social Security; 5) dividends or interest on savings or bonds or income from estates or trusts; 6) net rental income; 7) public assistance or welfare payments; 8) unemployment compensation; 9) government civilian employee or military retirement, or pensions or veterans’ payments; 10) private pension or annuities; 11) alimony or child support payments; 12) regular contributions from persons not living in the household; 13) net royalties; and 14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources.

“Income” as used here does not include any income or benefits received under any Federal programs, which are excluded from consideration as income by any legislative prohibition, for example, the value of benefits received under the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps).

If a household has only one source of income, or if all sources of income are the same frequency, do **not** use conversion factors. Compare the income or sum of the incomes to the chart above for the appropriate frequency and household size to make the eligibility determination.

CACFP AND SFSP INCOME GUIDELINES, continued

Many households have different sources of income coming into the home at different frequencies, such as weekly or bi-weekly wages and monthly social security benefits. In these situations, all sources of income must be converted to an annual amount using the calculations below.

- Multiply **weekly** income by 52
- Multiply income received **every two weeks** by 26
- Multiply income received **twice a month** by 24
- Multiply **monthly** income by 12

In applying guidelines, a school food authority/institution **must** compare the household's size and total household income to the income guidelines to determine eligibility for free or reduced-price meals. Children of parents or guardians who become unemployed may be eligible for free or reduced-price meals during the period of unemployment.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.



For information on the CACFP and SFSP, visit the CSDE's [CACFP](#) and [SFSP](#) Web pages or contact the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This document is available at
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sfsp/incguideSFSP.pdf.

Summer Food Service Program (SFSP)

SAMPLE PARENT LETTER

Enrolled Programs and Camps Not Charging Separately for Meals

Dear Parent/Guardian:

The (*insert name of sponsoring organization*) is planning to seek assistance for nutritious meals served under the Summer Food Service Program for Children. This program is funded by the U.S. Department of Agriculture (USDA) and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced price school meals. We must document the eligibility of these children by obtaining family-size and income data. Households with incomes less than or equal to the guidelines on the following page are eligible for free meals. Please complete, sign, date and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM or SNAP (formerly known as Food Stamps)/TFA HOUSEHOLDS: If you currently receive SNAP (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits for your child, you only have to list your child's name, SNAP or TFA case number and *sign* the application. A child who receives SNAP or TFA benefits is automatically eligible for free meals in the Program.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the scale on the attached page, it is necessary to provide the following information for your application to be processed.

- **Household Members:** List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives and unrelated people who live in your household.
- **Social Security Number:** List the last four digits of the social security number of the adult household member who signs the application. If the adult does not have a social security number, print "None."
- **Current Income:** List the amount of income each person earned **last** month (BEFORE deductions for taxes, social security, etc.), the frequency of income **and** where it is from, such as wages, retirement or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.

SIGNATURE: An adult household member must sign the application.

FOSTER CHILDREN: In certain cases, foster children are eligible for these benefits regardless of the household income. If a household has a child living with them who is a legal ward of the State of Connecticut, that child is considered a family of one, and monthly income from the State must be listed.

NONDISCRIMINATION: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local)

where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

REAPPLICATION: If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-priced meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals.

NOTE: Attach the current reduced-price income guidelines.

ATTACH TO PARENT LETTER

GROSS INCOME GUIDELINES FOR REDUCED-PRICE MEALS					
Effective from July 1, 2015 - June 30, 2016					
Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each Additional Family Member	+ 7,696	+ 642	+321	+ 296	+ 148

For more information on the SFSP, visit the Connecticut State Department of Education [SFSP Web site](#).

Summer Food Service Program (SFSP)

ENROLLMENT INFORMATION

Camps and enrolled programs must submit projected enrollment information with the SFSP application. At the beginning of each session, actual enrollment figures must also be submitted.

Sponsor Name: _____ **Agreement Number:** _____

Site Name: _____

Session Number (*Camp Sponsors Only*): _____

Total Enrollment: _____

Number of children who qualify for free or reduced-price meals: _____

Number of children whose family size and income exceeds the guidelines for free or reduced-price meals _____

I certify that the above information is true and correct and that this information is being given in connection with the receipt of federal funds. Deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature

Title (PRINT)

Date Signed

Return this form to: Caroline Cooke, Summer Meals Coordinator, at caroline.cooke@ct.gov or by fax to 860-807-2127, Connecticut State Department of Education, Child Nutrition Programs, 25 Industrial Park Road, Middletown, CT 06457-1543.

SFSP ENROLLMENT INFORMATION, continued

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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This form is available as a PDF at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sfsp/enrollsfsp.pdf and a Word document at www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/sfsp/enrollsfsp.doc. For more information on the SFSP, visit the Connecticut State Department of Education [SFSP](#) Web site.