# 2022-23 Application for Free and Reduced-price School Meals or Free Milk

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

Somers Public Schools
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

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-price School Meals** for more information.

| Child's First Name | MI | Child's Last Name | School | Grade | Student? Yes | Student? No | Check all that apply: Foster | Head Start | Homeless or Runaway |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | ☐ | ☐ | ☐ |
| | | | | | | | ☐ | ☐ | ☐ |
| | | | | | | | ☐ | ☐ | ☐ |
| | | | | | | | ☐ | ☐ | ☐ |
| | | | | | | | ☐ | ☐ | ☐ |

## STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

**If NO, > Go to STEP 3**

**If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA 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 instructions.***

**Case Number:**

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

### 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 ○ Annual

### 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 gross income** (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First & Last Name) | Earnings from Work | How often? Weekly / Bi-Weekly / 2x Month / Monthly / Annual | Public Assistance/ Child Support/Alimony | How often? Weekly / Bi-Weekly / 2x Month / Monthly / Annual | Pensions/Retirement/ All Other Income | How often? Weekly / Bi-Weekly / 2x Month / Monthly / Annual |
|---|---|---|---|---|---|---|
| | $ | ○ ○ ○ ○ ○ | $ | ○ ○ ○ ○ ○ | $ | ○ ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ ○ | $ | ○ ○ ○ ○ ○ | $ | ○ ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ ○ | $ | ○ ○ ○ ○ ○ | $ | ○ ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ ○ | $ | ○ ○ ○ ○ ○ | $ | ○ ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ ○ | $ | ○ ○ ○ ○ ○ | $ | ○ ○ ○ ○ ○ |

**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** X X X X X _____

**Check if no SSN** ☐

## STEP 4 Contact Information and Adult Signature. Mail completed form to Somers Public Schools, 1 Vision Boulevard, Somers CT 06071

"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."

Street Address (if available) _____ Apt # _____

City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Printed name of adult signing the form _____

Signature of adult _____

Today's date _____

# 2022-23 Application for Free and Reduced-price School Meals or Free Milk

| Sources of Income for Children | | Sources of Income for Adults | | |
|---|---|---|---|---|
| **Sources of Child Income** | **Examples** | **Earnings from Work** | **Public Assistance/Alimony/ Child Support** | **Pensions/Retirement/ All Other Income** |
| Earnings from work | A child has a regular or part-time job where they earn a salary or wages | • Gross income for salary, wages, cash -- bonuses<br>• Net income from self-employment (farm or business)<br><br>**If you are in the U.S. Military:**<br><br>• Basic pay and cash bonuses (*do NOT include combat pay, FSSA or privatized housing allowances*)<br><br>• Allowances for off-base housing, food and clothing | • Unemployment benefits<br>• Worker's compensation<br>• Supplemental Security Income (SSI)<br>• Cash assistance from state or local government<br>• Alimony payments<br>• Child support payments<br>• Veteran's benefits<br>• Strike benefits | • Social Security (including railroad retirement and black lung benefits)<br>• Private pensions or disability<br>• Regular Income from trusts or estates<br>• Annuities<br>• Investment income<br>• Earned Interest<br>• Rental income<br>• Regular cash payments from outside household |
| Social Security<br>• Disability Payments<br>• Survivor's Benefits | A child is blind or disabled and receives Social Security benefits<br><br>A parent is disabled, retired, or deceased, and their child receives social security benefits | | | |
| Income from persons **outside** the household | A friend or extended family member **regularly** gives a child spending money | | | |
| Income from any other source | A child receives income from a private pension fund, annuity, or trust | | | |

## 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.

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) 877-8339.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

1. **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

This institution is an equal opportunity provider.

**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 ❑ Head Start ❑ **Confirmed** Homeless or Runaway

❑ Income Household: Total household income: _____ per _____ Household Size: _____ ***ERROR PRONE?*** ❑ YES ❑ NO

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

Date Notice Sent: _____ Signature of DO: _____ 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 Somers.* The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Cathi Smith, Lunch Program Director

**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 Somers Public Schools *regardless of age.*

| A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, 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) Is the child a student in the district? List the name of the school, the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column. | 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. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. *Foster children who live with you may count as members of your household and should be listed on your application*. If you are applying for both foster and non-foster children, go to step 3. | D) Are any children homeless, runaway or in a Head Start Program? If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and *complete all steps of the application.* |
|---|---|---|---|

## Step 2: Do any household members currently participate in SNAP or TFA?

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

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

| A) If no one in your household participates in any of the above listed programs: | B) If anyone in your household participates in any of the above listed programs: |
|---|---|
| • Leave **STEP 2** blank and go to **STEP 3.** | • Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker.<br>**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.**<br>• Go to **STEP 4**. |

## Step 3: Report income for all household members

**How do I report my income?**

- Use the charts titled **"Sources of Income for Children"** and **"Sources of Income for Adult,"** printed on the back side of the application form, 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.
  - 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 also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

# How to Apply for Free and Reduced-price School Meals

## 3.A. Report income earned by children

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your 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.

## 3.B. Report income earned by adults

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, *even if they are 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.
  - Infants, children and students already listed in **STEP 1.**

| | | |
|---|---|---|
| **B) List adult household members' names.** 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.** 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.<br><br>***What if I am 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.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. *Do not report the cash value of any public assistance benefits NOT listed on the chart.* If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part. |
| **E) Report income from pensions/retirement/all other income.** 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 affects your eligibility for free and reduced-price meals. | **G) Provide the last four digits of your Social Security Number.** An 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 SSN." |

## 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) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult." | **C) Mail completed form to Somers Public Schools, 1 Vision Boulevard, Somers, CT 06071** | **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. |