

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).

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 No	Foster	Head Start	Homeless or Runaway
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐

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? (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)

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 Monthly	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				Public Assistance/ Child Support/Alimony				Pensions/Retirement/ All Other Income				How often?			
	Weekly	Bi-Weekly	2x Monthly	Monthly	Annual	Weekly	Bi-Weekly	2x Monthly	Monthly	Annual	Weekly	Bi-Weekly	2x Monthly	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	X
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Check if no SSN ☐

STEP 4

Contact Information and Adult Signature. Mail completed form to 5 Cream Hill Rd., W. Cornwall, CT 06796 or drop of in the school's mailbox.

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					Today's date

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Sources of Income for Children		Sources of Income for Adults	
Sources of Child Income	Examples	Earnings from Work	Public Assistance/Alimony/Child Support
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 - Net income from self-employment (farm or business)	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from state or local government
Social Security	A child is blind or disabled and receives Social Security benefits	If you are in the U.S. Military:	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability - Regular Income from trusts or estates - Annuities
Disability Payments	A parent is disabled, retired, or deceased, and their child receives social security benefits	Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Investment income - Earned Interest - Rental income - Regular cash payments from outside household
Survivor's Benefits	A friend or extended family member regularly gives a child spending money		
Income from persons outside the household	A child receives income from a private pension fund, annuity, or trust		
Income from any other source			

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, audiotype, 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%202012-Complaint-Form-0508-0002-508-11-28-17FaxMail.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) 256-1665 or (202) 690-7442; or
email: program.intake@usda.gov
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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 Region One*. 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 Patty Rovezzi at Cornwall Consolidated School (860)672-6617 or email provezzi@cornwallschool.org.

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 Region 1 School District 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. <i>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.</i>	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 <i>complete all steps of the application.</i>
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: • Leave STEP 2 blank and go to STEP 3.	B) If anyone in your household participates in any of the above listed programs: • 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. 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. • 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.