

WESTON PUBLIC SCHOOLS

FREE OR REDUCED SCHOOL MEALS

July, 2009

Dear Parent/Guardian:

The Weston Public Schools offers a choice of healthy meals each school day. Children may buy lunch for **\$2.75 at Hurlbutt Elementary and the Intermediate School, \$3.25 at the Middle School, and \$3.50 at the High School.** Children who qualify under U.S. Department of Agriculture guidelines may get meals free or at a **reduced price of \$.40 for lunch.** All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. Please call the school for further information.

How do I get free or reduced price school meals for my child? You can get benefits in one of two ways. You must either complete the free and reduced price meal application and return it to the school, or bring in a letter from the Department of Social Services. . **Please call the Board of Ed Business Office at (203) 291-1407 to obtain an application or access the form at our web-site: www.westonk12-ct.org**

If your total household income is the same or below the amount on the Reduced Price Income Chart (at right), your child may get either free meals or reduced price meals.

Your child can get free school meals if you get benefits from the Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps or Temporary Family Assistance (TFA). The Department of Social Services may provide you with a letter that will automatically qualify your child for free meals. This letter must be brought to school, and can be substituted for completion of this application.

- **Households getting SNAP or TFA:** You only have to include your child's name, case number and an adult household member must sign the application.
- **Households receiving medical benefits only:** You have to include the names of all household members, the amount of income each person received last month and where the income came from. An adult household member must sign the application and include his or her social security number.
- **Other households:** If you DO NOT have a case number, you have to include the names of all household members, the amount of income each person received last month and where the income came from. An adult household member must sign the application and include his or her social security number.
- **Household with children enrolled in the Head Start/Even Start Program** should contact the school for assistance in receiving benefits.
- **Households with a foster child:** You must include the child's name, the amount of personal use income the child received last month and an adult must sign the application. **Note:** *Subsidized adoptions and subsidized guardianships require the calculation of all household income plus the adoption/guardianship subsidy.*

REDUCED PRICE INCOME CHART FOR SCHOOL YEAR 2009-2010				
Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income
1	20,036	1,670	771	386
2	26,955	2,247	1,037	519
3	33,874	2,823	1,303	652
4	40,793	3,400	1,569	785
5	47,712	3,976	1,836	918
6	54,631	4,553	2,102	1,051
7	61,550	5,130	2,368	1,184
8	68,469	5,706	2,634	1,317
Each Add'l Family Member	+ 6,919	+ 577	+ 267	+ 134

Will the application be verified? Your eligibility may be checked at anytime during the school year. School officials may ask you to send papers that show that your child should get free or reduced price school meals.

Can I appeal the school's decision? You can talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing by calling or writing: Dr. Jo-Ann Keating, Director of Finance and Operations, Phone (203) 291-1407, 24 School Road, Weston, CT 06883.

Can homeless and runaway children get free meals? If you have not been informed that they will get free meals, please call the school or the school homeless liaison at: 203-291-1405 to see if your child(ren) qualify.

If I get WIC can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

We are in the military; do we include our housing allowance as income? 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.

Will information on my application be kept confidential? We will use the information on your application to decide if your child should get free or reduced price meals. We may inform officials connected with Title I and the National Assessment of Educational Progress whether your child is eligible for free or reduced price school meals. They will use this information for funding and/or evaluation purposes. Information may also be disclosed if you want the application to be used to get other benefits.

Can I apply for free and reduced price meals later? You may apply for free and reduced price meals anytime during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or receive SNAP benefits or TFA, then you can choose to complete an application.

If my child is eligible for free meals, will my child and family also be eligible for SNAP benefits? Your child and family *may* be eligible for SNAP benefits if your child is determined to be eligible for free meals. For information regarding the SNAP and to contact the Department of Social Services office in your town, contact United Way's free referral number **2-1-1** (free call, statewide).

Can I get other benefits such as health insurance, for my child? Your child may be eligible for a health insurance program (called HUSKY) for children. Please refer to the Addendum B, attached to the application, for additional benefits.

If you apply, the Weston Public Schools will let you know if you are approved or denied.

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Connecticut State Department of Education
Child Nutrition Programs' Application for Free or Reduced Price Meals

Parents/Guardians: Complete only one application for each household. To apply for free or reduced price meals for your children, you must list the names of all members of the household in Part 5. However, each foster child must have their own separate application and should not be included as part of your regular household. Return the application to the school office. If the children receive medical benefits only, you must complete Part 1 and then continue with Part 5.

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

Table with 5 columns: Name, Grade, Name of School, Does this child receive SNAP (formerly known as Food Stamps) or TFA? (circle), If yes, provide client ID number. Includes rows for 'yes / no' and 'yes / no'.

1. If the child you are applying for is homeless or a runaway, check the appropriate box and contact your school's homeless liaison at:
[] Homeless [] Runaway

2. The children listed above:

[] May Qualify (Continue to complete the application). [] Do not Qualify (Please initial _____ and return the form).

3. [] Check if student is a Foster Child: Note: Complete a separate application for each foster child. List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____

4. 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.

Table with 5 columns: a. Name (List everyone in household including children listed above in section 1.), 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. Example: \$100/monthly \$100/twice a month \$100/every two weeks \$100/weekly \$28,000/annually. Sub-columns: Earnings from work before deductions, Welfare, child support, alimony, Pensions, retirement, Social Security, All other Income. c. Check if NO income. Includes example row for Jane Smith and rows 1-6.

6. RACIAL AND ETHNIC IDENTITY: You are not required to complete Section 6.

Ethnicity: [] Hispanic or Latino [] Not Hispanic or Latino Race: [] Asian [] Black or African American [] White [] American Indian [] Native Hawaiian or other Pacific Islander

7. Signature and Social Security Number: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X _____ X _____ OR [] No 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 social security number of the adult household member who signs the application. 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.

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

For School Use Only - Do Not Write Below This Line

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.)

[] Food Stamp/TFA Household

[] Income Household: Total household income: _____ per _____ Household Size: _____

Application approved for: [] Free Meals [] Reduced-Price Meals Application denied because: [] 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, complete this application using the instructions below, sign your name and return the application to the school. If you need help, call the school at this number: High School 291-1600, Middle School 291-1500, Intermediate School 291-2700, Hurlbutt Elementary 291-1444.

Part 1 - STUDENT INFORMATION: List each child's name, grade and school. Indicate if your children 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 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, a separate application must be completed. A foster child is considered a separate household because they are a legal ward of the State and must have a separate application.

Part 2 – Indicate if the child you are applying for is homeless or a runaway. You must contact the school (or homeless liaison) to notify them of the child's status.

Part 3 – Indicate your children's potential eligibility or ineligibility to qualify for free or reduced price meal benefits.

Part 4 - A FOSTER CHILD who is a legal ward of the State may get free meals regardless of your household income. Complete a separate application for each foster child. Also, complete this Part 4 and Part 7. Licensed foster homes do not complete Part 5. 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 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.

- 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. **Note: Do not include foster children in your regular household.**
- 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.
- 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.*

Part 7 - SIGNATURE: An adult household member must sign the application or it cannot be approved. 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:* A social security number is 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

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals/Milk Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Please sign for those additional benefits below if you are interested in receiving them. By signing for the benefits, you are certifying that you are the parent/guardian of the child(ren) for whom the application is being made. **Note:** *Sending in this form will not change whether your children get free or reduced price meals or free milk.*

No! I do **NOT** want information from my Free and Reduced Price School Meals/Milk Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals/Milk Application with **staff scheduling field trips**.

If you checked yes to any or all of the boxes above, complete the information below and sign the form. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____

Address: _____

For more information, please contact the School Principal.

Please return this signed form to the school with the application. Thank you.

- Weston High School, 115 School Road, Weston, CT 06883, phone: (203) 291-1600
- Weston Middle School, 135 School Road, Weston, CT 06883, phone: (203) 291-1500
- Weston Intermediate School, 95 School Road, Weston, CT 06883, phone: (203) 291-2700
- Hurlbutt Elementary School, 9 School Road, Weston, CT 06883, phone: (203) 291-1444



Addendum B

Nutrition and good health go together!
Check out Connecticut's HUSKY Plan, Part A or Part B for
free or low-cost health insurance.

Dear Parent/Guardian:

Your school nutrition program is again working with Connecticut's HUSKY Plan (Part A and Part B) to tell families about free or low-cost health insurance for children and teenagers. Both HUSKY Part A and HUSKY Part B are now known under the umbrella name of HUSKY which is designed to support the enrollment of children of all income levels into a health insurance program. HUSKY Part B provides health insurance to children who are not eligible for HUSKY Part A (existing full Medicaid program). The benefits package for HUSKY Part A is similar, except that there are no co-payments or premiums. HUSKY is for children under age 19 in families of all incomes and this insurance program pays for doctor visits, school physicals, prescriptions, emergency care, vision and dental care, special health care needs and much more.

HUSKY will keep your child healthy--and help your family budget at the same time! Getting HUSKY health care is easy. Here's what you can do:

- ✓ Call the HUSKY information hotline--1-877-CT-HUSKY (1-877-284-8759). Hours are 8:30 a.m.-6 p.m. Monday-Friday; 10:00 a.m.-2 p.m. Saturday. You can apply by phone or request an information kit.
- ✓ Or: Visit HUSKY at www.huskyhealth.com Check out our colorful and informative website.
- ✓ Or: Fill out and return this form to have a HUSKY customer service representative call you, send you an information kit, or even begin the application right away!

.....
Parent/guardian's name (please print): _____

Street address: _____

City or town: _____, CT Zip code: _____

Name(s) and age(s) of child(ren) to get health insurance:

If you want HUSKY to call you, best phone number
to reach you at (area code first): () _____

If you want us to begin your child's HUSKY application, please check here: _____

If you just want an information & application kit sent to you, please check here: _____

Important- do not send this form to school. Place in an envelope and mail this form to: HUSKY Plan, PO Box 280747, East Hartford, CT 06108

Questions? Just call 1-877-CT-HUSKY (1-877-284-8759)

Rev. 10/07

**Information on SNAP: Supplemental Nutrition Assistance Program
(formerly the Food Stamp Program)**

Even more good nutrition news!
If you qualify for free school meals, you might also qualify for SNAP!

Dear Parent/Guardian:

Your school nutrition program is working with the Connecticut Department of Social Services (DSS) to make sure that every one who may be eligible knows about SNAP (formerly called Food Stamps) which is a nutrition assistance program that helps people to buy more food for themselves and their families. SNAP benefits are issued electronically. Recipients receive plastic debit cards to buy food at most major supermarkets, some neighborhood grocery stores, and some farmers markets.

Income rules:

To qualify for SNAP, you must meet the following income guidelines set by the federal government for the SNAP.

<u>Household size</u>	<u>Gross monthly income</u>	<u>Gross annual income</u>
1	\$ 1,127	\$13,524
2	1,517	18,204
3	1,907	22,884
4	2,297	27,564
5	2,687	32,244
6	3,077	36,924

(Larger households can have higher incomes.)

The other things that help decide if you are eligible are: the number of people that you live with, certain types of assets such as money in the bank, and your monthly shelter expenses. You can get SNAP benefits even if you own your home or a car. The state will not place a lien on your home or your car if you get SNAP benefits.

To apply/for more information:

To find the DSS office for your town, call **United Way's free referral number 2-1-1** (free call, statewide). If you have access to the Internet, you can go to www.CTFoodStamps.org to see if you are eligible. The SNAP application is also available online at www.ct.gov/dss/lib/dss/pdfs/w-1food.pdf and in Spanish at www.ct.gov/dss/lib/dss/pdfs/w-1food-s.pdf.

Or, you may contact your local office directly:

Bridgeport	(203) 551-2700 or Toll-free 1-877-551-2700	Norwich	(860) 823-5000 or Toll-free 1-800-473-8909
Danbury	(203) 207-8900	Stamford	(203) 251-9300 or Toll-free 1-866-663-9300
Hartford	(860) 723-1000	Torrington	(860) 496-6900
Manchester	(860) 647-1441 or Toll free 1-800-859-6646	Waterbury	(203) 597-4000
Middletown	(860) 704-3100	Willimantic	(860) 465-3500 or Toll-free 1-866-327-7700
New Britain	(860) 612-3400 or Toll-free 1-866-723-2591		
New Haven	(203) 974-8000		