

FAIRFIELD PUBLIC SCHOOLS - PARENT/GUARDIAN LETTER TO HOUSEHOLDS FOR SCHOOL MEALS 2011 - 2012

Dear Parent/Guardian:

The Fairfield Public Schools offers a choice of healthy meals each school day. Children may buy lunch for \$2.20 elementary school, \$2.25 middle school and \$2.30 high school and breakfast at McKinley School for \$1.35. Children who qualify under U.S. Department of Agriculture guidelines may get meals free or at a reduced price of \$.40 for lunch and \$.30 for breakfast. 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 Food Services Department at 203-255-8370 for further information.

- Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Fairfield Public Schools, Food Services Dept., 501 Kings Highway East, Suite 210, Fairfield, CT 06825.
- Who can get free meals?** All children in households receiving benefits from the Special Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA), can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines. Households with children enrolled in the Head Start/Even Start Program should contact the school for assistance in receiving benefits. **Note:** Subsidized adoptions and subsidized guardianships are not automatically eligible for free meals. These require the calculation of all household income plus the adoption/guardianship subsidy.
- Can FOSTER children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- Can homeless and runaway children get free meals?** Yes, children who meet the definition of homeless or runaway qualify for free meals. If you have not been told your children will get free meals, please call the homeless liaison at 203-255-8379 to see if they qualify.
- Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Eligibility Chart to the right on this page.
- Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call the Food Services Dept at 203-255-8370 if you have questions.
- My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- 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.
- Will the information I give be checked?** Yes and we may also ask you to send written proof.
- If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit.
- What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to Mr. Thomas Cullen, 501 Kings Highway east, Suite 210, Fairfield, CT 06825, 203-255-8373.
- 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 U.S. citizens to qualify for free or reduced price meals.
- Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- We are in the military. Do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
- My family needs more help. Are there other programs we might apply for?** 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).
- 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 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 attached addenda for additional benefits.

REDUCED PRICE INCOME CHART FOR SCHOOL YEAR 2011-2012				
Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income
1	20,147	1,679	775	388
2	27,214	2,268	1,047	524
3	34,281	2,857	1,319	660
4	41,348	3,446	1,591	796
5	48,415	4,035	1,863	932
6	55,482	4,624	2,134	1,067
7	62,549	5,213	2,406	1,203
8	69,616	5,802	2,678	1,339
Each Add'l Family Member	+ 7,067	+ 589	+ 272	+ 136

We will let you know if you are approved or denied.

Sincerely,

Dr. David Title, Superintendent of Schools

Fairfield Public Schools, Fairfield, Connecticut
Family Application for Free or Reduced Price Meals 2011 - 2012

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. Return the application to the school office.

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

Is this child a foster child
(legal ward of the state?)
(circle)

If yes, provide personal
use income. Put "0" if
the child has none.

Name	Grade	Name of School	yes / no	
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____

2. If the child you are applying for is homeless or a runaway, check the appropriate box and contact your school's homeless liaison, Andrea Leonardi at 203-255-8379. ☐ Homeless ☐ Runaway

3. The children listed above:

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

4. If members of your household receive SNAP or TFA benefits, provide the name and case number for the person who receives benefits and skip to Part 6. If no one receives these benefits, skip to Part 5. Name: _____ Case Number: _____

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

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

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

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

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

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

Home Telephone No. _____ Work Telephone No. _____ Printed Name _____

Street/Apt. No. _____ City/State/Zip _____ Date _____

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

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA) Program case number for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the federal relay service at (800) 877-8339; or (800) 845-6136. USDA is an equal opportunity provider and employer.

For School Use Only – Do Not Write Below This Line

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

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

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

☐ SNAP (Food Stamp)/TFA Household ☐ Foster Child

☐ Income Household: Total household income: _____ per _____ Household Size: _____

Application approved for: ☐ Free Meals ☐ 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 2011 - 2012

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, contact the Food Services Department at 203-255-8370.

Part 1-STUDENT INFORMATION: List each child's name, grade and school. If a child is a foster child, check off "yes" and list personal use income. If all children are foster children, skip to Part 6. Note: 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. *Note: Subsidized adoptions and/or guardianships require you to provide all household income 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.*

***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 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 – If a member of your household receives SNAP or TFA benefits, list the person's name and case number. Do not complete Part 5 and skip to Part 6. (Note: If you are receiving only medical benefits (HUSKY) for your children, you must report all household income in Part 5.)

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

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

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

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

INCOME TO REPORT

Earnings from Work

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

Pensions/Retirement/Social Security

Pensions
Retirement income
Social Security
Veteran payments
Supplemental Security income

Other Income

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

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 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.*

-
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Fairfield Public Schools Summer School Principals (for fee waivers).
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Fairfield Public Schools Principals (for prom tickets, caps/gowns).
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Fairfield Public Schools Principals (for musical instruments).
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Fairfield Public Schools Principals (for field trips).
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Fairfield Public Schools Principals (for fee waivers for all standardized tests).
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Town of Fairfield, Recreation Department Representative (for camp discounts).
-
- ☐ No! I do **NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.
-

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, you may call the Food Services Department at 203-255-8370. Return this form along with your Application for Free and Reduced Price School Meals to your child's school.

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

Addendum A ♦ CT State Department of Education ♦ Child Nutrition Programs



Nutrition and Good Health Go Together!

Does Your Child Have Health Insurance?

Connecticut's HUSKY Plan offers low-cost or free health care

Dear Parent/Guardian,

Your school nutrition program is again working with Connecticut's HUSKY Plan to tell families about free or low-cost health insurance for children and teenagers. Is your child protected by health insurance? If not, your school and the State of Connecticut want to help. Please fill out this form and return it to your child's teacher, school nurse or school office. The school will then contact Connecticut's HUSKY Plan to help connect your student with health insurance coverage.

Healthy kids do well in school! HUSKY pays for doctor visits (including physical exams), prescriptions, emergency care, vision and dental care, mental health care, special health care needs and more. It's for children under age 19 in families of all incomes. Over 250,000 children now have their health care covered by the HUSKY Plan.

If your child is uninsured and you would like to participate in Connecticut's HUSKY Plan, please fill out and return this form to your child's teacher, school nurse, or school office. Your signature means that the school can provide your contact information to the Connecticut Department of Social Services (administering agency of the HUSKY Plan) or its enrollment contractor so that a HUSKY customer service representative may call you, send you an information kit, and begin the application process to insure your child's health.

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

Parent/guardian's signature: _____

Street address: _____

City or town: _____, CT Zip code: _____

Name(s) and age(s) of uninsured child(ren): _____

Best phone number for the HUSKY representative to call you at? (area code first): () _____

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

OR: If you want to find out more information on HUSKY right away, call the HUSKY information hotline--1-877-CT-HUSKY (1-877-284-8759).

Hours are 9 a.m.-8 p.m. Monday-Thursday; 9 a.m.-6 p.m. Friday; and 10 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 website & download the application.

The application can also be used to apply for adult health coverage.

This partnership of Connecticut schools and the HUSKY Plan is from the HUSKY enrollment initiative by Governor M. Jodi Rell and the General Assembly in Section 119 of Public Act 07-02, June Special Session. Special thanks to the Connecticut Department of Education, Connecticut Department of Social Services, Regional Education Service Centers, and all caring school personnel throughout the state as we join with parents to bring health coverage to Connecticut children. [2010]



Town of Fairfield
Fairfield, Connecticut 06824
DENTAL CLINIC APPLICATION

Fairfield Health Department
725 Old Post Road

Telephone (203) 256-3020
Fax (203) 256-3080

To: Parent/Guardian

From: Town of Fairfield Director of Health

The Town of Fairfield Health Department provides teeth cleaning and topical fluoride treatments by a dental hygienist for all students meeting income guidelines. Additionally, limited funding for eligible students is available for care by participating dentists for problems such as cavities or tooth extractions. For children with Husky or Medicaid (Title 19): The Town of Fairfield Health Department has been approved by the State of Connecticut as a Husky/Medicaid/Title 19 Provider. You **MUST** include your child's 9-Digit ID Number.

If you wish to apply for cleaning, fluoride treatments, or dentist services for your child, complete the information below and **RETURN THIS FORM TO YOUR CHILD'S SCHOOL NURSE BY September 30, 2011.** (McKinley School only return by September 12, 2011.)

ALL ITEMS MUST BE COMPLETED

Child's Name: _____		School: _____	Grade/Class: _____
Address: _____		Phone #: _____	
Does child have a heart problem or other medical condition requiring antibiotics before dental work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check all that apply:	Child has:	<input type="checkbox"/> HUSKY Insurance # _____ <input type="checkbox"/> Medicaid (Title 19) # _____ <input type="checkbox"/> Private dental insurance <input type="checkbox"/> None of the above	
Have you applied for Medicaid (Title 19) or HUSKY Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
You must provide income information and sign the permission statement below. You will be notified of your eligibility:			
Family maximum annual adjusted gross income \$ _____ Number is household _____			
I give my permission for the above-named child to receive teeth cleaning and fluoride treatment by the dental hygienist in school if he/she is eligible for these services.			
Parent/Guardian Signature _____		Date: _____	
Daytime Telephone #: _____			