

**Fairfield Public Schools, Fairfield, Connecticut**  
**Family Application for Free or Reduced Price Meals 2013-2014**

**Parents/Guardians: Complete only one application for each household.** To apply for free or reduced price meals or free milk for your children, you must list the names of all members of the household in Part 5. Return the application to your child's 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 and frequency. Put "0" if the child has none.
Name	Grade	Name of School		
_____	_____	_____	yes / no	\$ /
_____	_____	_____	yes / no	\$ /
_____	_____	_____	yes / no	\$ /
_____	_____	_____	yes / no	\$ /

- 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: \_\_\_\_\_
- 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
- If the child you are applying for is enrolled in a federal Head Start Program or the Even Start Program in the school system, check the appropriate box and list the name of the child here: \_\_\_\_\_  Head Start  Pre K Even Start
- 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 or TFA in part 2, skip to part 6.

a. Name (List everyone in household (HH) including all children in Section 1, including foster children if desired, and HH members in Section 2.)	b. Check-off if person listed has no income	c. Gross Income and how often it was received (Indicate if income was received monthly, twice a month, every other week, weekly, or annually.) <b>You MUST list frequency of income.</b> Example: \$100/monthly \$100/twice a month \$100/every two weeks \$100/weekly \$28,000/annually			
		Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income
(Example): Jane Smith	<input type="checkbox"/>	\$ 22,278 /annually	\$ 50.00 / weekly	\$ 100.73 / monthly	\$ 50.00 / twice a month
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 \_\_\_\_\_

**Use of Information 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 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:** Refer to the attached application instructions for the non-discrimination statement.

**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 5c.)**

SNAP/TFA Household  Foster Child  Head Start  PreK Even Start  Confirmed Homeless or Runaway

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

Date Notice Sent: \_\_\_\_\_ Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

**To apply for free and reduced price meals or free milk, complete this application using the instructions below, sign your name and return the application to the school. If you need help, contact the Fairfield Public Schools Food & Nutrition 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 and frequency. 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 including the subsidy.**
- \*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 –** If a member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (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 3 –** 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 4 –** Indicate if the child you are applying for is enrolled in the district's Head Start or Even Start Program. List the child's name here and in Part 1 and check off the appropriate box.
- Part 5- 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. NO INCOME:** Check the box if the person listed has no income. (**Note:** "Person" includes adults and children in the household.)
  - c. 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.

### \*INCOME TO REPORT

#### Earnings from Work

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

#### Child Support/Alimony

Alimony payments  
Child Support payments

#### 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

**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 or free milk.*

**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.

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture (USDA) 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 if 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](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto: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).

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