

FAIRFIELD PUBLIC SCHOOLS - PARENT/GUARDIAN LETTER TO HOUSEHOLDS SCHOOL MEALS 2010 - 2011

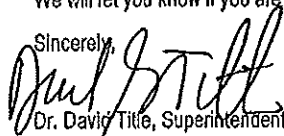
Dear Parent/Guardian:

The Fairfield Public Schools offers a choice of healthy meals each school day. Children may buy lunch for \$2.10 elementary school, \$2.15 middle school and \$2.20 high school and breakfast at McKinley School for \$1.25 per day. 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.

1. **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.
2. **Who can get free meals?** All children in households receiving benefits from the Special Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA), and most foster children 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.
3. **Can homeless and runaway children get free meals?** If you have not been told your children will get free meals, please call the school or the school homeless liaison at 203-255-8379 to see if they qualify.
4. **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 Guidelines.
5. **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 Department at 203-255-8370 if you have questions.
6. **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 for the new school year.
7. **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.
8. **Will the information I give be checked?** Yes and we may also ask you to send written proof.
9. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year.
10. **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, tele. 203-255-8373.
11. **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.
12. **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). You must include yourself and all children living with you.
13. **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.
14. **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.
15. **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.
16. **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).
17. **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.
18. **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.

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

Sincerely,


Dr. David Title, Superintendent of Schools



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)

Fairfield Public Schools, Fairfield, Connecticut
Family Application for Free or Reduced Price Meals 2010 - 2011

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.

1. (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 or TFA? (circle) yes / no, If yes, provide client ID number.

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. [] 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. \$ _____

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.

Table with 3 main sections: a. Name, b. Gross Income and how often it was received, c. Check if NO income. Includes example row for Jane Smith.

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 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 [] 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.
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.

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.)

[] SNAP (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 2010 - 2011

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 Food Services Department at 203-255-8370.

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 or free milk 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.

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

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 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.*

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

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Fairfield Public Schools Summer School.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Fairfield Public Schools Social Worker/Counselor.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Town of Fairfield, Recreation Department.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Town of Fairfield, Health Department (dental exams).**

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.

**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	\$ 1,671	\$20,036
2	2,248	26,995
3	2,823	33,874
4	3,400	40,793
5	3,978	47,712
6	4,553	54,631

(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		