June 2023 Page 1

Mailing Address (if available)

2023-24 Application for Free and Reduced-price School Meals or Free Milk Complete one application per household. Please use a pen (not a pencil).

Town or City

Apt#

Apply online at www.thomastonschools.org Return to (School/District Name Thomaston Application No:

_				()			Applic	ation inc	:					
	<u>\LL</u> children who are infant of paper.)	s and students u	p to and includin	ig grade 12. If more	spaces ar	e required for addition	nal name:	s, attac	h ano	ther pag	je.			
Definition of Household	Child's First Name		MI Child's Las	t Name		School	Grade	Stud Yes	ent? No	Fost	er Head Start	Homeless o		
Member : "Anyone who is living with you and share income and expenses,														
even if not related." Children in Foster care										t appl				
and children who meet the definition of Homeless or Runaway are eligible for										all that apply				
free meals. Read How to Apply for Free and Reduced-price School										Check				
Meals for more information	n													
	ny household members (inc cal (HUSKY) benefits).	luding you) curre	ently participate	in one or more of th	ne followin	g Assistance Progra	ns – SNA	P or TF	A? (TI	nis does	NOT in	clude		
If NO, > Go to STEP	3 If YES, a household men		•			re and then go to STEP 4 (Case Num	ber: (Not	an EBT Nu	ımber):			
	this application. See ins	• • • •	orocess, it is strongly	recommended that you	u submit pro	of of SNAP or TFA eligibili	ty with	Wi	rite only o	ne case nur	nber in this s	pace.		
STEP 3 Repo	ort Income for ALL Househo	old Members (Ski	p this step if you	answered "Yes" to	Step 2)									
Are you unsure what income to include here?	A. Child Income Sometimes children in the deductions) earned by all Chil B. All Adult Household	d Household Members	listed in STEP 1 here.	· ·	`	\$ _			How ofte	n? Month Monthly	Annual			
review the charts titled "Sources of Income" for more information.	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 and deductions) 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.													
The "Sources of Income for Children"	Name of Adult Household Members (First & Last Name)	Earnings from Wor	How often received?	Public	Assistance/ Support/Alimony	How often received Weekly Bi-Weekly 2x Month Month		ions/Retiren enefits, All o			often received 3i-Weekly 2x M	l? onth Monthly Ann		
chart will help you with the Child Income section.		\$	000	\$		0000	\$				O C) (
The "Sources of		\$)		0000	\$				<u> </u>	<u>) () (</u>		
Income for Adults" chart will help you with the All Adult Household Members section.		\$	000	\$		0000	\$				0 0) (
		\$	000			0000	\$				0 (
Note: Biweekly is Every 2 Weeks		\$) () (] \$			\$				<u> </u>) () (
	Total Household Members (Children and Adults – Step 1 & Step 3)			al Security Number of Prim dult Household Member	nary	xxxx		Check if ı	no social	l security n	umber [
STEP 4 Con	tact Information and Adul	t Signature. Ret	urn completed f	orm to your child'	s school:	185 Branch Road, T	homastor	n CT 06	787					
	information on this application is true and t children may lose meal benefits, and I may				with the receipt of	of Federal funds, and that school	officials may ve	rify (check)	the inforr	nation. I am	aware that if	I purposely		
Printed Name of Adult Sig	ning the Form	Sig	Signature of Adult				Date							
		1 1		1 1	1 1									

Zip

Daytime Phone and Email (optional)

State

2023-24 Application for Free and Reduced-price School Meals or Free Milk

	Sources of Income						
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	Examples of Income for Children				
Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) If you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing	Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans' benefits Strike benefits	Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household	 A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust 				

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

OPTIONAL Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

Date Notice Sent: Signature of DO: Date:

Reduced-price Meals

this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ 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 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 ☐ Confirmed Head Start ☐ Confirmed Homeless or Runaway

☐ Income Household: Total household income: ☐ PFE ☐ NO

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Application approved for: Free Meals

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

☐ Application Denied

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, audiotape, 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%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

FAX: (833) 256-1665 or (202) 690-7442; or

EMAIL: Program.Intake@usda.gov

* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.

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 Thomaston Public Schools*. The application must be filled out completely to determine the eligibility of 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 the Food Service Director at 203-879-8180 x7026.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, 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, through a court or state/local agency, or qualify as homeless or runaway youth;
- Students attending (regardless of age) Thomaston Public Schools.

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. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for "middle initial". Print the first letter of each child's middle name in the "MI" section.

B) Is the child a student? List the name of the school (optional), 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.

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. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or quardian.

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 complete all steps of the application. Homeless, Runaway and Head Start status must be confirmed with the appropriate program staff. If the status cannot confirmed, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

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 SNAP or TFA:

• 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" and "Examples of Income for Children," 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.
 - o Gross income is the total income received **before** taxes.
 - o 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.

How to Apply for Free and Reduced-price School Meals

3.A. Report income earned by children

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. Report income earned by adults

Who should I list here?

• When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.

• Do NOT include:

- o People who live with you but are not supported by your household's income AND do not contribute income to your household.
- o Infants, children and students already listed in STEP 1.

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

- **C)** Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.
- What if I have multiple jobs? List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- What if I am self-employed? List income from your business as a net amount.
 This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.
- F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

- **E)** Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.
- What if I receive income from multiple sources in this category? List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Please return the application directly to your child's SCHOOL.

DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

C) Mail completed form to 185 Branch Road, Thomaston CT 06787 D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.