

**CONNECTICUT STATE DEPARTMENT OF EDUCATION  
Child Nutrition Programs  
SAMPLE PUBLIC RELEASE**

**INSTRUCTIONS:**

1. All sponsors of the National School Lunch Program, School Breakfast Program and Special Milk Programs **are required** to send out a Public Release at the beginning of the school year.
2. Using the following as a guide, complete your own copy with specific information where needed.
3. Retain one copy of your version for audit purposes.

**PUBLIC RELEASE**

\_\_\_\_\_ today announced its policy for determining eligibility of children who  
(School Food Authority)  
may receive free or reduced price meals served under the National School Lunch and School Breakfast Programs or free milk served under the Special Milk Program.

Local school officials have adopted the United States Department of Agriculture's (USDA) Income Eligibility Guidelines following family size and income criteria for determining eligibility.

The following income guidelines will be used in Connecticut from **July 1, 2010 to June 30, 2011 (or until new income guidelines are issued by USDA)** for determining eligibility of participants for free and reduced price meals and free milk in the Child Nutrition Programs.

<b>FREE MEALS/MILK</b>					<b>REDUCED PRICE MEALS</b>				
Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income	Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income
<b>1</b>	<b>14,079</b>	<b>1,174</b>	<b>542</b>	<b>271</b>	<b>1</b>	<b>20,036</b>	<b>1,670</b>	<b>771</b>	<b>386</b>
<b>2</b>	<b>18,941</b>	<b>1,579</b>	<b>729</b>	<b>365</b>	<b>2</b>	<b>26,955</b>	<b>2,247</b>	<b>1,037</b>	<b>519</b>
<b>3</b>	<b>23,803</b>	<b>1,984</b>	<b>916</b>	<b>458</b>	<b>3</b>	<b>33,874</b>	<b>2,823</b>	<b>1,303</b>	<b>652</b>
<b>4</b>	<b>28,665</b>	<b>2,389</b>	<b>1,103</b>	<b>552</b>	<b>4</b>	<b>40,793</b>	<b>3,400</b>	<b>1,569</b>	<b>785</b>
<b>5</b>	<b>33,527</b>	<b>2,794</b>	<b>1,290</b>	<b>645</b>	<b>5</b>	<b>47,712</b>	<b>3,976</b>	<b>1,836</b>	<b>918</b>
<b>6</b>	<b>38,389</b>	<b>3,200</b>	<b>1,477</b>	<b>739</b>	<b>6</b>	<b>54,631</b>	<b>4,553</b>	<b>2,102</b>	<b>1,051</b>
<b>7</b>	<b>43,251</b>	<b>3,605</b>	<b>1,664</b>	<b>832</b>	<b>7</b>	<b>61,550</b>	<b>5,130</b>	<b>2,368</b>	<b>1,184</b>
<b>8</b>	<b>48,113</b>	<b>4,010</b>	<b>1,851</b>	<b>926</b>	<b>8</b>	<b>68,469</b>	<b>5,706</b>	<b>2,634</b>	<b>1,317</b>
Each Add'l Family Member	<b>+ 4,862</b>	<b>+ 406</b>	<b>+ 187</b>	<b>+ 94</b>	Each Add'l Family Member	<b>+ 6,919</b>	<b>+ 577</b>	<b>+ 267</b>	<b>+ 134</b>

To determine annual income:

If income is received:

Multiply by:

Weekly

52

Every Two Weeks

26

Monthly

12

If income is reported as *twice per month*, convert to annual income.

Children from families whose income is at or below the levels shown are eligible for free or reduced price meals or free milk. Application forms are being sent to all homes with a letter to parents. To apply for free or reduced price meals or

free milk, households should fill out the application and return it to the school. Additional copies are available at the principal's office at each school. The information provided on the application is confidential and will be used only for the purposes of determining eligibility, and may be verified at any time during the school year by school or other program officials. Applications may be submitted at any time during the year. Application forms for the Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) or Temporary Family Assistance (TFA) households require the child's name, the child's SNAP/TFA case number and the signature of an adult household member. Households receiving assistance under the SNAP/TFA programs will be notified of their eligibility and their children will be provided free benefits unless the household notifies the school that it chooses to decline benefits. Households receiving SNAP benefits or TFA for their children should only submit an application if they are not notified of their eligibility by September \_\_\_\_\_.

(District must specify date and year)

Households receiving a direct certification letter from the Department of Social Services. These letters will automatically qualify a child for free meals or milk and may be submitted instead of an application to the school. Application forms for all other households require a statement of total household income, household size and names of all household members. The social security number of an adult household member must be included or a statement that the household member does not possess one. The adult household member must also sign the application certifying that the information provided is correct. In certain cases, foster children are also eligible for these benefits. If a family has a foster child living with them who is a **legal ward** of the State of Connecticut, that child is considered a family of one, and monthly personal income from the State must be reported.

Under the provisions of the policy for determining eligibility for free and reduced price meals, the

\_\_\_\_\_ will review applications and

(Title of Determining Official)

determine eligibility. If a parent is dissatisfied with the ruling of the determining official, he/she may wish to discuss the decision with the determining official on an informal basis.

If he/she wishes to make a formal appeal, a request either orally or in writing, may be made to

(Name, Address, and Phone number of Hearing Official)

for a hearing to appeal the decision.

The policy contains an outline of the hearing procedure. Each school and the central office of the school district has a copy of the policy which may be reviewed by an interested party.

If a household member becomes unemployed or if household size changes at any time, the family should contact the school to file a new application. Such changes may make the children of the household eligible for reduced price meals, free meals, or free milk, if the family income falls at or below the levels shown above.

This is the Public Release we will send on \_\_\_\_\_ to the following news media outlets,  
(Date)

the local unemployment office, major employers contemplating layoffs, etc.

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

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