

TO: 2007 Summer Food Service Program (SFSP) Sponsors

FROM: Charlene Russell-Tucker, Chief  
Bureau of Health and Nutrition Services and  
Child/Family/School Partnerships

DATE: July 3, 2007

SUBJECT: **Operational Memorandum #05-07 – SFSP**  
1. Income Guidelines for 2007-2008  
2. Parent Letter for 2007-2008

This information is an update to Operational Memorandum #02-07 which transmitted the sample income eligibility application, income guidelines and parent letter. The guidelines effective 2007-2008 are now available.

1. The Income Guidelines effective July 1, 2007 to June 30, 2008 are enclosed. These are for use by sponsors only to determine income eligibility categories and are not distributed to parents. Please note that to eliminate calculation errors, the biweekly gross amounts are included.
2. The sample *Letter to Parents* containing the 2007-2008 income guidelines for reduced price meals is enclosed. The letter must be distributed to parents with the income eligibility application. The two-page format provided allows the letter to be used from year to year with only the reduced income guidelines updated annually. **Eligibility determinations that were made prior to July 1, 2007 must have been made using the guidelines in effect at the time the eligibility determination was done.**

If there are questions, please contact Susan Bohuslaw at (860) 807-2073 or Robert Zwack at (860) 807-2081.

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Om #05-07 – SFSP (7-3-07)K  
Enclosures

SAMPLE PARENT LETTER  
SUMMER FOOD SERVICE PROGRAM (SFSP)

*Enrolled Programs and Camps not Charging Separately for Meals*

Dear Parent/Guardian:

The \_\_\_\_\_ is planning to seek assistance for nutritious meals served under the Summer Food Service Program for Children. This program is funded by the U.S. Department of Agriculture and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced price school meals. We must document the eligibility of these children by obtaining family-size and income data. Households with incomes less than or equal to the guidelines on the following page are eligible for free meals. Please complete, sign, date and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

**FOOD STAMP/TFA HOUSEHOLDS:** If you currently receive Food Stamps or “Temporary Family Assistance” (TFA) for your child, you only have to list your child’s name, food stamp or TFA case number and sign the application. A child who receives food stamps or TFA benefits is automatically eligible for free meals in the Program.

**ALL OTHER HOUSEHOLDS:** If your household income is at or below the level shown on the scale on the attached page, it is necessary to provide the following information for your application to be processed.

**HOUSEHOLD MEMBERS:** List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives and unrelated people who live in your household.

**SOCIAL SECURITY NUMBERS:** List the social security number of the adult household member who signs the application. If the adult does not have a social security number, print “None”.

**CURRENT INCOME:** List the amount of income each person earned **last** month (BEFORE deductions for taxes, social security, etc.), and where it is from, such as wages, retirement or welfare. If any household member’s income last month was higher or lower than usual, list that person’s usual average monthly income.

**SIGNATURE:** An adult household member must sign the application.

**REPORTING CHANGES:** If you list income information, you must tell the program when your household income increases by \$50 or more per month (\$600 per year) or when your household size decreases. If you list a food stamp or TFA number, you must tell the program when you no longer receive these benefits for your child.

**FOSTER CHILDREN:** In certain cases, foster children are eligible for these benefits regardless of the household income. If a household has a child living with them who is a legal ward of the State of Connecticut, that child is considered a family of one, and monthly income from the State must be listed.

**NONDISCRIMINATION:** The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**REAPPLICATION:** If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-priced meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals.

**Note: Attach the current reduced price income guidelines**

SampleParentLetter 07-08

**Attach to Parent Letter**

**GROSS INCOME GUIDELINES FOR REDUCED PRICE MEALS**

**EFFECTIVE FROM JULY 1, 2007 - JUNE 30, 2008**

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL</u>	<u>MONTHLY</u>	<u>BIWEEK</u>	<u>WEEKLY</u>
1	18,889	1,575	<u>LY</u> 727	364
2	25,327	2,111	975	488
3	31,765	2,648	1,222	611
4	38,203	3,184	1,470	735
5	44,641	3,721	1,717	859
6	51,079	4,257	1,965	983
7	57,517	4,794	2,213	1,107
8	63,955	5,330	2,460	1,230
Each Additional Family Member	+6,438	+537	+248	+124