



STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: 2008 Summer Food Service Program (SFSP) Sponsors

FROM: Cheryl Resha, Education Manager
Bureau of Health/Nutrition, Family Services and Adult Education

DATE: July 11, 2008

SUBJECT: Operational Memorandum #05-08 – SFSP
1. Income Guidelines **July 1, 2008 through June 30, 2009**
2. Parent Letter for **2008-2009**

This information is an update to Operational Memorandum #03-08-SFSP which addressed the sample income eligibility application, income guidelines and parent letter. The new 2008-2009 income guidelines are now available.

1. The Income Guidelines effective July 1, 2008 to June 30, 2009 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 2008-2009 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, 2008 must have been made using the guidelines in effect at the time the eligibility determination was done.**

Questions regarding this memorandum may be directed to Susan Bohuslaw at (860) 807-2073 or Robert Zwack at (860) 807-2081.

CR:sbb

Enclosures

Important: This is a numbered Operational Memorandum that contains important program information. Please read carefully and retain in a binder for your future reference. Operational Memoranda are also posted on the Child Nutrition website at the following link:
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=321576>

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.

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: 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. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). 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

Attach to Parent Letter

GROSS INCOME GUIDELINES FOR REDUCED PRICE MEALS

EFFECTIVE FROM JULY 1, 2008 - JUNE 30, 2009

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL</u>	<u>MONTHLY</u>	<u>BIWEEKLY</u>	<u>WEEKLY</u>
1	19,240	1,604	740	370
2	25,900	2,159	997	499
3	32,560	2,714	1,253	627
4	39,220	3,269	1,509	755
5	45,880	3,824	1,765	883
6	52,540	4,379	2,021	1,011
7	59,200	4,934	2,277	1,139
8	65,860	5,489	2,534	1,267
Each Additional Family Member	+6,660	+555	+257	+129