



STATE OF CONNECTICUT  
DEPARTMENT OF EDUCATION



**TO:** Potential 2009 Summer Food Service Program (SFSP) Sponsors

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

**DATE:** March 3, 2009

**SUBJECT: Operational Memorandum #02-09 – SFSP**

1. Income Eligibility Application
2. Income Guidelines
3. Parent Letter
4. Documenting Eligibility of Closed Enrolled Sites and Camps in SFSP

1. Residential camps and sponsors with enrolled program sites (not located in low-income areas) will be revising and printing income eligibility applications for the 2009 program. An original, sample Income Eligibility Application is enclosed, to be used to make copies for the program. It can be copied back-to-back. Due to the small print, this original should be retained to make future copies to ensure a readable form. **It must be noted that the sample enclosed has been revised and only the 2009 version may be used.**
2. 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 or households**. New guidelines effective July 1, 2009 will be forwarded upon receipt from the U.S. Department of Agriculture. **Note: Eligibility determinations made prior to July 1, 2009 must be made using the guidelines in effect at the time the eligibility determination is made.**
3. A sample Letter to Parents containing the 2008-2009 income guidelines for reduced price meals is enclosed. The letter must be distributed to parents/households with the income eligibility application. **Please note that the enclosed sample parent letter has been revised and only the 2009 version may be used.**
4. Sponsors may document an enrolled site (not located in a low-income area) or camp site's eligibility by:
  - a. obtaining lists of names and eligibility status of enrolled children for free and reduced price meals from schools where the children receive school lunch or breakfast; or

Operational Memorandum #02-09 SFSP  
March 3, 2009  
Page 2

- b. collecting completed income eligibility applications from the parent/guardian of each enrolled child.

Note: The law permits all sponsors to use school-based eligibility information to document eligibility as noted on the prior page. The local School Food Authority (SFA) does not need parental consent forms in order to provide this information to SFSP sponsors.

The income eligibility application, income guidelines, and sample parent letter are available for download from the SFSP website. The SFSP website can be accessed at:

<http://www.sde.ct.gov/sde/site/default.asp>

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

CR:sbb

Enclosures: (3)

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 INCOME ELIGIBILITY APPLICATION

## Summer Nutrition Program

**PART 1 - Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**PART 2A - HOUSEHOLDS NOW GETTING FOOD STAMPS or TFA BENEFITS:** Complete this part and sign the application in Part 3 - DO NOT complete Part 2B.

(Temporary Family Assistance)

Food Stamp Case Number: \_\_\_\_\_ TFA Case Number: \_\_\_\_\_

**PART 2B - ALL OTHER HOUSEHOLDS:** If you did not complete Part 2A, complete this Part and Part 3.

NAMES	CURRENT MONTHLY INCOME			
Names of All Household Members <i>(include the child listed above)</i>	Earnings from Work (Before Deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Earnings from Job 2 or any Other Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____	\$ _____

**PART 2C - FOSTER CHILD:** Complete this Part and Part 3. In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If this is a state placed foster child, check here [  ] and write the child's "personal use" income: \$ \_\_\_\_\_ and how often it is received: \_\_\_\_\_.

**PART 3 - SIGNATURE:** An adult household member must sign and date the application before it can be approved.

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp or TFA number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

**Signature of adult** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Printed name of adult** \_\_\_\_\_ **Date signed** \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Home Address \_\_\_\_\_ Zip code \_\_\_\_\_

**PART 4 - RACIAL AND ETHNIC IDENTITY:** You are not required to answer this question.

Ethnicity: [  ] Hispanic or Latino [  ] Not Hispanic or Latino  
 Race: [  ] White [  ] Black or African American [  ] Asian [  ] American Indian or Alaskan Native [  ] Native Hawaiian or Other Pacific Islander

**Privacy Act Statement.** Section 9 of the National School Lunch Act requires that unless the participant's food stamp or TFA number is provided, you must include the social security number of the household member signing the application or an indication that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or TFA office to determine current certification for receipt of food stamps or TFA benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs. Your eligibility information may be shared with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules. Your information may also be shared with Medicaid or the State children's health insurance program (HUSKY), unless you tell us not to, in writing, within 30 days of signing this application. The information, if disclosed, will be used to identify eligible children and seek to enroll them in Medicaid or HUSKY.

**For Sponsor Use Only** Monthly Income Conversion: Weekly X 4.33, Every 2 Weeks X 2.15, Twice a Month X 2  
 Total family income \$ \_\_\_\_\_ Family size \_\_\_\_\_ OR Food Stamp/TFA household [  ]  
 Eligible: \_\_\_\_\_ NOT Eligible: \_\_\_\_\_ Temporary Eligible: \_\_\_\_\_ Time Period: \_\_\_\_\_  
 Sponsor Eligibility Official \_\_\_\_\_ Date \_\_\_\_\_  
Signature

## INCOME ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Income Eligibility Application using the instructions below. Sign the application and return it to the program. If you have any questions or need help filling out the application, contact \_\_\_\_\_ at \_\_\_\_\_.

### PART 1 - CHILD INFORMATION: COMPLETE THIS PART.

Print the name of the child enrolled in the program. Include age and birth date. Please fill out one application for each enrolled child.

### PART 2A - HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY FAMILY ASSISTANCE (TFA): COMPLETE THIS PART AND PART 3.

1. List the current food stamp case number or the TFA case number for the child. Do not complete Part 2B.
2. An adult household member must sign the application in PART 3. A social security number is not required.

### PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.

1. Write the names of everyone in your household even if they do not have income.
2. Write the amount of income (the amount before taxes or anything else is taken out) received **last** month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
3. An adult household member must sign this income eligibility application and give his/her social security number in PART 3.

### PART 2C - FOSTER CHILD: COMPLETE THIS PART AND PART 3 FOR EACH FOSTER CHILD LIVING IN YOUR HOME AND ENROLLED IN THE PROGRAM.

1. Write the foster child's monthly "personal use" income. Write "0" if no "personal use" income is received.
2. A foster parent or other official representing the child must sign the application in Part 3. Social security number is not required.

### PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

1. All income eligibility applications must have the signature of an adult household member.
2. The adult household member who signs the application must include his/her social security number. If he/she does not have a social security number, write "none". If a food stamp or TFA number is listed, a social security number is not needed.

### PART 4 - RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY QUESTION IF YOU WISH.

You are not required to answer this question. However, this information will help ensure that everyone is treated fairly.

#### INCOME TO REPORT

##### Earnings from Employment

Wages/salaries/tips  
 Strike benefits  
 Unemployment compensation  
 Worker's compensation  
 Net income from self-owned business or farm

##### Pensions/Retirement/Social Security

Pensions  
 Supplemental security income  
 Retirement income  
 Veteran's payments  
 Social Security

##### Other Income

Disability benefits  
 Cash withdrawn from savings  
 Interest/dividends  
 Income from estates/trusts/investments  
 Regular contributions from persons not living in the household  
 Net royalties/annuities/net rental income  
 Any other income

##### Foster Child's Income

Only funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use and earnings from other than occasional or part-time employment. Do not count funds from welfare agency for shelter, care, etc.

##### Welfare/Child Support/Alimony

Public assistance payments  
 Welfare payments  
 Alimony/child support payments

##### Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits not paid in cash (base housing, clothing, food, medical care, etc.).

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.

INCOME\*GUIDELINES FOR  
DETERMINING ELIGIBILITY  
FOR FREE AND REDUCED  
PRICE MEALS

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
Child and Adult Care Food Program and Summer Food Service Program

INSTRUCTIONS

Rev. 05/19/08  
7CFR Part 245.3(a)

1. Income guidelines to be used by all persons reviewing applications.
2. Distribute to all schools/sites for use by determining officials.

The following income guidelines will be used in Connecticut from **July 1, 2008 to June 30, 2009** for determining eligibility of participants for free and reduced price meals in the Child Nutrition Programs.

**FREE MEALS/MILK**

**REDUCED PRICE MEALS**

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
1	13,520	1,127	520	260	1	19,240	1,604	740	370
2	18,200	1,517	700	350	2	25,900	2,159	997	499
3	22,880	1,907	880	440	3	32,560	2,714	1,253	627
4	27,560	2,297	1,060	530	4	39,220	3,269	1,509	755
5	32,240	2,687	1,240	620	5	45,880	3,824	1,765	883
6	36,920	3,077	1,420	710	6	52,540	4,379	2,021	1,011
7	41,600	3,467	1,600	800	7	59,200	4,934	2,277	1,139
8	46,280	3,857	1,780	890	8	65,860	5,489	2,534	1,267
Each Add'l Family Member	+ 4680	+ 390	+ 180	+90	Each Add'l Family Member	+ 6,660	+ 555	+ 257	+ 129

Many households have different sources of income coming into the home at different frequencies, such as weekly or bi-weekly wages and monthly social security benefits. In these situations all sources of income should be converted to a monthly amount using the following calculations: **Multiply by: weekly x 4.33 every two weeks x 2.15 twice a month x 2**

If a household has only one source of income, or if all sources of income are the same frequency, **do not** use conversion factors. Compare the income or sum of the incomes to the chart above for the appropriate frequency and household size to make the eligibility determination.

\*Income means income before deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following: 1) Monetary compensation for services, including wages, salary, commissions or fees; 2) net income from non-farm self-employment; 3) net income from farm self-employment; 4) Social Security; 5) dividends or interest on savings or bonds or income from estates or trusts; 6) net rental income; 7) public assistance or welfare payments; 8) unemployment compensation; 9) government civilian employee or military retirement, or pensions or veterans' payments; 10) private pension or annuities; 11) alimony or child support payments; 12) regular contributions from persons not living in the household; 13) net royalties; and 14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources.

"Income" as used here does not include any income or benefits received under any Federal programs which are excluded from consideration as income by any legislative prohibition, for example, the value of food stamps.

In applying guidelines, a School Food Authority/institution **must** compare the household's size and total household income to the income guidelines to determine eligibility for free or reduced price meals. If one or more of a child's parents or guardians become unemployed and the family's income drops due to this unemployment so that the child should be eligible for free or reduced price meals during the period of unemployment, the School Food Authority/institution shall provide that child with the type of meal for which the child is eligible.

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 United States 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 the child’s personal use income (PUI) 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