



STATE OF CONNECTICUT  
DEPARTMENT OF EDUCATION



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

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

**DATE:** July 16, 2009

**SUBJECT: Operational Memorandum #04-09 – SFSP**

1. Income Eligibility Application
2. Income Guidelines **July 1, 2009, through June 30, 2010**
3. Parent Letter for **2009-2010**

This information is an update to Operational Memorandum #02-09-SFSP, which addressed the sample income eligibility application, income guidelines and parent letter. A few changes have occurred since the distribution of the memo in March 2009.

1. **The Income Eligibility Application has been revised as of July 2009, to reflect: (1) a name change for the Federal Food Stamp Program to the Supplemental Nutrition Assistance Program (SNAP); and (2) the conversion factors for converting different frequencies of income to one common denominator from monthly conversions to annual conversions.** We are aware that most residential camps and sponsors with enrolled program sites have already distributed applications. However, for the remainder of the program, if a request is received for an income eligibility application, the July 2009 version enclosed should be used.
2. The Income Guidelines effective July 1, 2009, to June 30, 2010 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. **It should be noted that the conversion factors for converting different frequencies of income to one common denominator have changed from monthly conversions to annual conversions. For example, a weekly income must now be multiplied by 52 instead of 4.33, and a biweekly income must now be multiplied by 26 instead of 2.15. Conversions to an annual income are only necessary when a household provides multiple incomes with different frequencies in Part 2B of the Income Eligibility Application.**

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3. The sample *Letter to Parents* containing the 2009-2010 income guidelines for reduced price meals is enclosed. The letter must be distributed to parents with the income eligibility application. **Please note that the sample Letter to Parents has been revised as of July 2009, to reflect the name change for the Federal Food Stamp Program to the Supplemental Nutrition Assistance Program (SNAP).** It must be noted that eligibility determinations that were made prior to July 1, 2009, 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: (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 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.**

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM or SNAP (formerly known as Food Stamps)/TFA HOUSEHOLDS:** If you currently receive SNAP (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits for your child, you only have to list your child's name, SNAP or TFA case number and sign the application. A child who receives SNAP 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, 2009 - JUNE 30, 2010**

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL</u>	<u>MONTHLY</u>	<u>BIWEEKLY</u>	<u>WEEKLY</u>
1	<b>20,036</b>	<b>1,670</b>	<b>771</b>	<b>386</b>
2	<b>26,955</b>	<b>2,247</b>	<b>1,037</b>	<b>519</b>
3	<b>33,874</b>	<b>2,823</b>	<b>1,303</b>	<b>652</b>
4	<b>40,793</b>	<b>3,400</b>	<b>1,569</b>	<b>785</b>
5	<b>47,712</b>	<b>3,976</b>	<b>1,836</b>	<b>918</b>
6	<b>54,631</b>	<b>4,553</b>	<b>2,102</b>	<b>1,051</b>
7	<b>61,550</b>	<b>5,130</b>	<b>2,368</b>	<b>1,184</b>
8	<b>68,469</b>	<b>5,706</b>	<b>2,634</b>	<b>1,317</b>
Each Additional Family Member	<b>+ 6,919</b>	<b>+ 577</b>	<b>+ 267</b>	<b>+ 134</b>