

## Addendum C: INFORMATION ON THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Dear Parent/Guardian:

If your children qualify for free school meals or milk, you might also qualify for SNAP (formerly called Food Stamps). SNAP helps people buy food for themselves and their families. SNAP benefits are issued each month on plastic debit cards. You can use SNAP benefits to buy food at major supermarkets, neighborhood grocery stores, and some farmers' markets authorized to accept SNAP.

### HOW TO QUALIFY

If and how much SNAP you qualify for depends on:

- your household's income;
- allowable deductions to your household's income (examples include monthly shelter expenses, medical bills, and court ordered child support);
- your household size; and
- at least 5 years U.S. residency for qualified non-citizens.

If you have access to the Internet, you can go online to see if you may be eligible for SNAP. Go to [www.connect.ct.gov](http://www.connect.ct.gov) and click "Am I Eligible?" **Owning your own home or owning a car will not prevent you from being eligible for SNAP.**

Effective October 1, 2017

Household Size	Gross Monthly Income	Gross Annual Income
1	\$1,860	\$22,320
2	\$2,504	\$30,048
3	\$3,149	\$37,788
4	\$3,793	\$45,516
5	\$4,437	\$53,244
6	\$5,082	\$60,984
7	\$5,726	\$68,712
8	\$6,371	\$76,452
For each additional member	+645	+7,740
Larger households = higher incomes		

### TO APPLY OR GET MORE INFORMATION

- To find your local Connecticut Department of Social Services (DSS) office, call United Way's free referral number 2-1-1 (free call statewide).
- You can find a list off all Connecticut Department of Social Services (DSS) office, or you can apply online at [www.connect.ct.gov](http://www.connect.ct.gov) (click "Apply for Benefits"). You can get the paper SNAP application in English at <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Common-Applications/W-1E.pdf> in Spanish at <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Common-Applications/W-1ES.pdf>.
- The following two organizations conduct outreach for DSS and can assist with applying for SNAP benefits:
  1. **End Hunger CT!** provides a SNAP eligibility screener ([www.ctsnap.org](http://www.ctsnap.org)) and call center (866-974-SNAP (7627)) to assist in determining eligibility. If you are eligible for SNAP, you will stretch your food dollars, support your school and community, and your kids get school meals at no cost. Many families are surprised they qualify – it is quick, easy and confidential to check by using the screener and call center.





## Does Your Child Have Health Insurance?

Connecticut offers low-cost or free coverage!

Dear Parent / Guardian,

Is your child protected by health insurance? If not, your school and the State of Connecticut want to help. Connecticut's HUSKY Health program, for example, pays for doctor visits (including physical exams), prescriptions, emergency care, vision and dental care, mental healthcare, special healthcare needs and more. It's for children under age 19 in families of all incomes. Approximately 300,000 Connecticut children now have their healthcare covered by the HUSKY Health program. **There are two parts to the HUSKY Health program for children:**

- I. **HUSKY A** (or Medicaid) - For children in families with limited income. Parents, relative caregivers and pregnant women may also be eligible.
- II. **HUSKY B** (or Children's Health Insurance Program) - For children in families with higher incomes.

**You can apply for HUSKY A or HUSKY B any time of the year.**

To apply **online**, please visit [AccessHealthCT.com](http://AccessHealthCT.com)

To apply **by phone**, please call 855-394-2428 (TTY: 855-789-2428)

For general information about HUSKY Health, please visit [www.ct.gov/Husky](http://www.ct.gov/Husky)

**Your child needs YOU to stay healthy, too!**

When you apply for HUSKY Health for your child, see what Access Health CT has to offer you.

Most Connecticut residents have to wait until the next Open Enrollment period (**November 1, 2018 - December 15, 2018**) to get healthcare coverage through Access Health CT. You may be able to get coverage earlier if you have a **Qualifying Life Event** OR if you qualify for Medicaid (HUSKY A or D) or CHIP (HUSKY B).

What is a Qualifying Life Event? Qualifying Events\* include:

- Just married an Access Health CT customer
- Having or adopting a child
- Permanently moving to Connecticut from another state
- Losing other affordable, minimum Essential Health Benefits
- Having a change in income or household status

\*For more information visit [Learn.AccessHealthCT.com/Special](http://Learn.AccessHealthCT.com/Special)





Addendum A

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you provided on your Free and Reduced-price School Meals Application may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. Please sign below for any additional benefits you are interested in receiving. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made. Note: Submitting this form will not change whether your children get free or reduced-price meals.

- NO, I do NOT want information from my Free and Reduced-price School Meals Application shared with any of these programs.
YES, I DO want school officials to share information from my Free and Reduced-price School Meals Application with the programs checked below. Check all that apply.
Director of Guidance-Free/Reduced Testing Fees
Housemasters/Principals - Holiday Gift Baskets

If you checked YES for any boxes above, complete the information below and sign the form. Your information will be shared only with the people and applicable programs you checked.

PLEASE PRINT

Child's Name: School:
Child's Name: School:
Parent/Guardian Name:
Address: City: State: Zip:
Signature of Parent/Guardian: Date:

For more information, please call James M. Gaskins, Director of Finance and Operations at (860) 379-8525 Ext. 2617. Return this form to: Sandra Johnson, Regional School District No. 7, 100 Battistoni Drive, Winsted, CT 06098 by October 1, 2018.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



## HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, *even if your children attend more than one school in THE REGIONAL #7 SCHOOL SYSTEM*. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact SANDRA JOHNSON AT (860) 379-8525 Ext. 2614 or [sjohnson@nwr7.org](mailto:sjohnson@nwr7.org).

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

### STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless or runaway youth;
- Students attending REGIONAL SCHOOL DISTRICT NO. 7, *regardless of age*.

**A) List each child's name.** Print each child's name. Use one line of the application for each child. When printing names, please print clearly. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

**B) Is the child a student in the district?** List the name of the school, the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. *Foster children who live with you may count as members of your household and should be listed on your application.* If you are applying for both foster and non-foster children, go to step 3.

**D) Are any children homeless, runaway or in a Head Start Program?** If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and *complete all steps of the application.*

### STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TFA?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)

**A) If no one in your household participates in any of the above listed programs:**

- Leave **STEP 2** blank and go to **STEP 3**.

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker.

**Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.**

- Go to **STEP 4**.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**

- Use the charts titled "Sources of Income for Children" and "Sources of Income for Adult," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.





# 2018-19 Application for Free and Reduced-price School Meals

Complete one application per household. Please use a pen (not a pencil).

Application No: \_\_\_\_\_

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Student?		Foster	Head Start	Homeless or Runaway
					Yes	No			
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (Do not complete STEP 3.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: \_\_\_\_\_

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

### A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here.

Child income How often?

\$ \_\_\_\_\_

Weekly	Bi-Weekly	2x Month	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often?					Public Assistance/ Child Support/Alimony	How often?					Pensions/Retirement/ All Other Income	How often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults -- Step 1 & Step 3)

\_\_\_\_

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X X X \_\_\_\_\_

Check if no SSN

## STEP 4 Contact Information and Adult Signature. Mail completed form to: Sandra Johnson, Regional School District No. 7, 100 Battistoni Drive, Winsted, CT 06098

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form		Signature of adult		Today's date	



## FAQS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS, continued

Superintendent of Schools, Regional School District No. 7, Post Office Box 656, Winsted, CT 06098-0656. Phone: (860) 379-1084. Email: [jpalmer@nwr7.org](mailto:jpalmer@nwr7.org).

11. **May I apply if someone in my household is not a U.S. citizen?** Yes. You, your children or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. **What if my income is not always the same?** List the amount that you **normally** receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. When this happens, please write "0" in the field. However, if any income fields are left empty or blank, those will **also** be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you **meant** to do so.
14. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, these must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **What if there isn't enough space on the application for my family?** List any additional household members on a separate piece of paper and attach to your application. Contact Sandra Johnson, Regional School District No. 7, 100 Battistoni Drive, Winsted, CT 06089. Phone: (860) 379-8525 Ext. 2614 or [sjohnson@nwr7.org](mailto:sjohnson@nwr7.org) to receive a second application.
16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP benefits and to contact the Department of Social Services office in your town, contact United Way's free referral number 2-1-1 (free call, statewide).

If you have other questions or need help, call Sandra Johnson at (860) 379-8525 Ext. 2614.

Sincerely,

**James M. Gaskins**  
Director of Finance and Operations

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Judith A. Palmer, Ed.D.  
Superintendent  
jpalmer@nwr7.org



James M. Gaskins  
Director of Finance and Operations  
jgaskins@nwr7.org

## Frequently Asked Questions (FAQs) About FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

July 2018

Children need healthy meals to learn. Regional School District No. 7 offers healthy meals every school day. Breakfast costs \$1.90 and lunch costs \$3.00. **Your children may qualify for either free meals or reduced-price meals.** The reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free and reduced-price meal benefits and detailed instructions.

**NOTE:** Children receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA) or Medicaid (HUSKY) benefits *may* be directly certified and automatically eligible for free meals without applying for benefits. (Some children who receive Medicaid (HUSKY) benefits **may** also be directly certified and automatically eligible for *reduced-price* meals.) Questions regarding SNAP/TFA/Medicaid and direct certification should be sent to the determining official, **James M. Gaskins, Director of Finance and Operations at (860) 379-8525 Ext. 2617.**

If you have received a NOTICE OF DIRECT CERTIFICATION for free or reduced-price meals, **do not** complete the application unless instructed to do so by the district. Let the school know if any children in your household are **not** listed on the **Notice of Direct Certification** letter you received, since free meal benefits are extended to all children in a household when directly certified.

Additionally, all school-aged children in income-eligible households can receive school meal benefits regardless of a child's immigration status and the district/school does not release information for immigration-related purposes in the usual course of operating the Child Nutrition Programs.

The answers to the common questions below can help you with the application process.

### 1. Who can get free or reduced-price meals?

- All children in households receiving SNAP or TFA benefits are eligible for free meals. Note: *Some* students receiving Medicaid (HUSKY) benefits are eligible for free or reduced-price meals.
- Foster children that are under the **legal** responsibility of a foster care agency or court are eligible for free meals. (Note: A foster child is categorically eligible for free meals and may be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.)
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

