



MADISON PUBLIC SCHOOLS

10 Campus Drive
P.O. Drawer 71
Madison, Connecticut 06443-2562
www.madison.k12.ct.us

August 27, 2024

MADISON PUBLIC SCHOOLS APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Dear Parent/Guardian:

The Madison Public School District is committed to offering a choice of healthy, nutritious, wholesome meals each school day. Children may buy lunch for **\$3.75** at the elementary schools; starting from **\$4.00** at Brown Intermediate School, Polson Middle School and Daniel Hand High School. Children who qualify may be eligible to receive lunch for free or at a reduced price of **\$0.40**. High school students who are eligible for free or reduced-price lunches, are also eligible for free or reduced-price breakfast. The reduced price for breakfast is **\$0.30**. If a child has a disability as determined by a physician, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the physician. If a substitution is required, there will be no extra charge for the meal. Please call the food service manager for further information at 203-245-6371.

To apply for free or reduced-price meal benefits for the children in your household, complete the attached application and return it to the Main Office in any of our schools, or to the District's Central Office. Only one application should be submitted for all children in the household. Eligibility is determined based on the household income information you provide on the application. If your family receives benefits from the Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps, or Temporary Family Assistance (TFA), the children in your household are automatically eligible for free meals; however, an application for free and reduced-price meals must be submitted. Please follow the instructions on the application and provide your SNAP or TFA case number information.

Frequently Asked Questions:

1. **Do I need to fill out an application for each child?** No. Use one Free and Reduced-Price School Meals Application for **all students** in your household. Note we cannot approve an application that is not complete.
2. **Who can get free meals?** Children are eligible to receive free meals if the combined gross income for all members of the household, falls within the Federal limits. All children in households receiving Temporary Family Assistance (TFA), or Special Nutrition Assistance Program (SNAP) benefits, can get free meals regardless of your household income. **Note:** Subsidized adoptions and subsidized guardianships are not automatically eligible for free meals. These require the calculation of all household income plus the adoption/guardianship subsidy.
3. **Can FOSTER children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **Can homeless and runaway children get free meals?** Yes, children who meet the definition of homeless or runaway qualify for free meals. If you have not been told your children will get free meals, please call or e-mail the **District homeless liaison, Elizabeth Battaglia, Ed.D at 203-245-6341 or battagliae@madisonps.org, to see if they qualify.**

REDUCED PRICE INCOME CHART FOR SCHOOL YEAR 2024-2025					
Household Size	Annual Gross Income	Monthly Gross Income	Twice Per Month Gross Income	Every Two Weeks Gross Income	Weekly Gross Income
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each Additional Family Member	+ 9,953	+ 830	+ 415	+ 383	+ 192

5. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced-price limits on the Income Eligibility Chart above.

6. **If a member of my household receives SNAP or TFA benefits must I submit an application?** Yes. Children receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA) benefits may be automatically eligible for free meals. Please submit a completed application including your SNAP or TFA case number information. You do not have to provide any income information in Step 3 of the application, however you must submit a signed application. Call the Central Office at 203-245-6307 if you have questions.
7. **My child's application was approved last year. Do I need to fill out another one?** Yes. Last year's eligibility status will carry over into the new school year for thirty operating days. This will allow your children to continue to receive free or reduced-price meals while you submit, and we process your new application. You must send in a new application each year, unless you have received notification from the District that your child is eligible for the new school year.
8. **Can my child's free meal status be extended to all children in the household?** It depends. Categorical eligibility for free meals is extended to all children in a household when the application lists a SNAP or TFA case number for a household member.
9. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
10. **Must I put my full social security number on the application?** No. Only the last four digits of the social security number of the adult household member signing the application is required. If the applicant does not have a social security number, the applicant must check the appropriate box on the application form.
11. **Will the information I give be checked?** Yes. Your application may be selected for the verification process. If selected, we will ask you to provide written documentation for the information you provided.
12. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced-price meals if the household income drops below the income limit.
13. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Gail Dahling-Hench, Assistant Superintendent, Madison Public Schools, 10 Campus Drive, Madison, CT, 06443, 203-245-6300.
14. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.
15. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
16. **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. Whenever this happens, please write a **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.
17. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 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 infrequently. If you have lost a job or had your hours or wages reduced, use your current income. If your work is seasonal, you may project your annual rate of income and report this amount as current income. If you have questions about how to report income, contact the Determining Official for assistance at 203-245-6307.
18. **We are in the military. Do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Your basic pay and cash bonuses must be reported as income. Any additional combat pay resulting from deployment is excluded from reporting.
19. **My family needs more help. Are there other programs we might apply for?** Your child and family *may* be eligible for additional benefits. For more information contact the Department of Social Services office for the Town of Madison at 203-245-5655.
20. **Will information on my application be kept confidential?** Yes. We will use the information on your application to determine eligibility for free or reduced-price meals. We are required to inform officials connected with Title I and the National Assessment of Educational Progress, whether your child is eligible for free or reduced-price school meals. They will use this information for funding and/or evaluation purposes. Information from your application will not be shared with any other person or agency, unless you have provided your permission to do so on Addendum A of this application (Sharing Information with Other Programs).
21. **Can I get other benefits such as health insurance, for my child?** Please refer to Addendum B of this application for information about Health Insurance benefits.

Sincerely,

Arthur Sickle
Director of Administrative Services
Madison Public Schools

In accordance with Federal civil rights law and Madison Public Schools policies, the Madison Public Schools Meals 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 the Madison Public Schools. If you wish to file a Civil Rights program complaint of discrimination, please submit your written complaint to the Office of the Superintendent, Madison Public Schools, by U.S. mail at Superintendent of Schools, Madison Public Schools, PO Drawer 71, 10 Campus Drive, Madison, CT 06443, or by phone 203-245-6300. The Madison Public School District is an equal opportunity provider and employer.

2024-2025 Madison Public Schools Application for Free and Reduced-price School Meals

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

Application No: _____

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STEP 1

List **ALL** children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. 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? Yes No	Foster	Head Start	Homeless or Runaway
						<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 client ID 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.

DSS Client Number:

Write only one DSS Client ID 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.

Note: Biweekly is Every 2 Weeks

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) 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 (Anyone who is living with you and shares income and expenses, even if not related, including you.)

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 and deductions) 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	Public Assistance/ Child Support/Alimony	Pensions/Retirement, SS, SSI, VA benefits, All other income
	How often received?	How often received?	How often received?
	Weekly Bi-Weekly 2x Month Monthly Annual	Weekly Bi-Weekly 2x Month Monthly Annual	Weekly Bi-Weekly 2x Month Monthly Annual
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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

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

X	X	X	X	X				
---	---	---	---	---	--	--	--	--

Check if no social security number ☐

STEP 4

Contact Information and Adult Signature.

"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 funds from the Madison Public Schools, 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."

Printed Name of Adult Signing the Form	Signature of Adult	Today's Date
Mailing Address	Town or City	Daytime Phone and Email (optional)
Apt #	State	
	Zip	

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	
<ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans' benefits Strike benefits 	<ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino
Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

School Use Only – Do Not Write Below This Line

The Determining Official (DO) for the school/district MUST complete this section. (Only convert to annual income if there are different frequencies of income listed in Step 3.)

Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

Directly Certified (DC) based on the State DC List as eligible for: ☐ SNAP ☐ TFA ☐ OT ☐ FM (Free Medicaid) ☐ RM (Reduced Medicaid). Date Certified on DC List: _____

☐ SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number ☐ Foster Child ☐ Confirmed Head Start ☐ Confirmed Homeless or Runaway

☐ Income Household: Total household income: _____ per _____ Household Size: _____ **ERROR PRONE?** ☐ YES ☐ NO

Application approved for: ☐ Free Meals ☐ Reduced-price Meals ☐ Application Denied

Date Notice Sent: _____ Signature of DO: _____ Date: _____

Use of Information Statement

We will use the information on the application to determine the eligibility for free or reduced-price school meals, and for administration and enforcement of the lunch and breakfast programs. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA) Program case number or when you indicate that the adult household member signing the application does not have a social security number. We MAY share your eligibility information 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.

In accordance with Federal civil rights law and Madison Public Schools policies, the Madison Public Schools Meals 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 the Madison Public Schools.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact Madison Public Schools Department of Administrative Services at 203-245-6300. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, please submit your written complaint to the Office of the Superintendent, Madison Public Schools, by:

Mail: Superintendent of Schools
 Madison Public Schools
 PO Drawer 71
 10 Campus Drive
 Madison, CT 06443

Phone: 203-245-6300

Madison Public School District is an equal opportunity provider and employer.

Return completed form to your child's school.

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 Madison Public Schools. 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 Christine Buchetto, 203-245-6307 or buchetto.christine@madisonps.org

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

Step 1: List <u>ALL</u> children, infants, and students up to and including grade 12			
<p>Tell us how many infants/toddlers, children not in school, and school students live in your household. They do NOT have to be related to you to be a part of your household.</p> <p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> • Children age 18 or under AND are supported with the household's income; • In your care under a foster arrangement, through a court or state/local agency, or qualify as homeless or runaway youth; • Students attending Madison Public Schools, regardless of age. 			
<p>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. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for "middle initial". Print the first letter of each child's middle name in the "MI" section.</p>	<p>B) Is the child a student? List the name of the school (optional), 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.</p>	<p>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.</p> <p><i>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. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.</i></p>	<p>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 <i>complete all steps of the application</i>. Homeless, Runaway and Head Start status must be confirmed with the appropriate program staff. If the status cannot be confirmed, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</p>
Step 2: Do any household members currently participate in SNAP or TFA?			
<p>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:</p> <ul style="list-style-type: none"> • The Supplemental Nutrition Assistance Program (SNAP) • Temporary Family Assistance (TFA) 			
<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in SNAP or TFA:</p> <ul style="list-style-type: none"> • Write a case number for SNAP or TFA. You only need to provide one client ID number. If you participate in one of these programs and do not know your client ID number, contact your DSS social worker. <p>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.</p> <ul style="list-style-type: none"> • Go to STEP 4. 		
Step 3: Report income for all household members			
<p>How do I report my income?</p> <ul style="list-style-type: none"> • Use the charts titled "Sources of Income" and "Examples of Income for Children," 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. <ul style="list-style-type: none"> ○ 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. 			

3.A. Report income earned by children			
<p>A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.</p> <p>What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>			
3.B. Report income earned by adults			
<p>Who should I list here?</p> <ul style="list-style-type: none"> When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <i>even if they are not related and even if they do not receive income of their own.</i> Do NOT include: <ul style="list-style-type: none"> People who live with you but are not supported by your household’s income AND do not contribute income to your household. Infants, children and students already listed in STEP 1. 			
<p>B) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” <i>Do not list any household members you listed in STEP 1.</i> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.</p> <ul style="list-style-type: none"> What if I have multiple jobs? List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary. What if I am self-employed? List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered. 	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. <i>Do not report the cash value of any public assistance benefits NOT listed on the chart.</i> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.</p>	
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.</p> <ul style="list-style-type: none"> What if I receive income from multiple sources in this category? List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary. 	<p>F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no Social Security Number.”</p>	
Step 4: Contact information and adult signature			
<p><i>All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.</i></p>			
<p>A) Provide your contact information. Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name and write today’s date. Print the name of the adult signing the application and that person signs in the box “Signature of adult.”</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Please return the application directly to your child’s SCHOOL. → DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child’s eligibility for free or reduced-price meals will be delayed.</p> </div>	<p>C) Madison Public Schools Attn: Christine Buchetto PO Drawer 71 10 Campus Drive Madison, CT 06443</p>	<p>D) Share children’s racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced-price school meals.</p>

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Information you provide on the application for *Free and Reduced-Price School Meals Application* is confidential. If you would like us to share this information for the purposes identified below, you must check the appropriate box(es) and complete the bottom of this form. By signing this form, you are certifying that you are the parent/guardian of the child for whom the application is being made, and that you give your permission to disclose information as described.

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.***
- ☐ **School building administrators for school athletics and athletic events**
 - ☐ **School building administrators for school programs**
 - ☐ **School building administrators for school field trips and school events**
 - ☐ **Madison Social Services for access to additional family services**

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 Christine Buchetto at 203-245-6307. Return this form to Madison Public Schools Central Office.

In accordance with Federal civil rights law and Madison Public Schools policies, the Madison Public Schools Meals 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 the Madison Public Schools.

If you wish to file a Civil Rights program complaint of discrimination, please submit your written complaint to the Office of the Superintendent, Madison Public Schools, by U.S. mail at Superintendent of Schools, Madison Public Schools, PO Drawer 71, 10 Campus Drive, Madison, CT 06443, or by phone 203-245-6300.

The Madison Public School District is an equal opportunity provider and employer.



Does Anyone in Your Family Need Health or Dental Insurance?

Connecticut offers low or no-cost coverage and free enrollment help

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- ✓ HUSKY A or HUSKY B (for children and families)
- ✓ State HUSKY A & B for children—now more can enroll*
- ✓ Covered Connecticut Program (No cost!)
- ✓ Qualified Health Plans (financial help available if you qualify)
- ✓ Low-cost Dental Insurance



Don't miss out.

Compare your options, enroll or get help online at AccessHealthCT.com today. **All help is free and available in many different languages.**

If your HUSKY Health coverage ended recently, you may still have time to enroll in affordable health and/or dental coverage. Visit AccessHealthCT.com today to find out.

Take action now:

- Scan the QR code above
- For general information about HUSKY Health, visit www.ct.gov/HUSKY
- For all other questions, visit AccessHealthCT.com

*State HUSKY A & B: These programs cover uninsured children ages 0-15 with qualifying household income who do not qualify for regular HUSKY A Medicaid or HUSKY B CHIP coverage because they do not have a qualifying immigration status. You must call Access Health CT to apply for coverage by phone, or you can visit a DSS Service Center to obtain a paper application. We strongly encourage applying by phone to get an immediate eligibility decision.

1-855-805-4325 | AccessHealthCT.com | Find free help online, by phone or in person

If you are deaf or hearing impaired, you may use the TTY at 1-855-789-2428 or contact us at 1-855-805-4325 with a relay operator.

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Addendum C: Information on the Supplemental Nutrition Assistance Program (SNAP) New Increased Income Guidelines Effective October 1, 2023

Dear Parent/Guardian:

New increased income guidelines are in effect as of October 1, 2023. 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, online at participating retailers, and some farmers' markets authorized to accept SNAP. For more information, visit www.ct.gov/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 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, 2023		
Household size	Gross monthly income	Gross annual income
1	\$2,430	29,160
2	\$3,287	39,444
3	\$4,144	49,728
4	\$5,000	60,000
5	\$5,857	70,284
6	\$6,714	80,568
7	\$7,570	90,840
8	\$8,427	101,124
For each additional member	+\$857	+10,284
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) or visit <https://portal.ct.gov/dsshome> and click on Office Locator.
- You can find a list of all **Connecticut Department of Social Services** (DSS) offices, or you can apply online at www.connect.ct.gov (click "Apply for Benefits"). You can get the paper SNAP application in English and Spanish at <https://www.ct.gov/snap> (Click "Apply").
- **The Connecticut Association for Community Action** (CAFCA) works with community action agencies that will help you enroll in SNAP (see table on page 2).

Addendum C: Information on SNAP

Agency	Phone number	Areas served
The Access Community Action Agency (Access)	860-450-7400	Windham and Tolland Counties
Alliance for Community Empowerment (Alliance)	203-366-8241	Greater Bridgeport Area and Upper Fairfield County
Community Action Agency of New Haven, Inc. (CAANH)	203-387-7700	Greater New Haven Area
The Community Action Agency of Western Connecticut, Inc. (CAAWC)	203-744-4700	Northwestern CT and Lower Fairfield County
Community Renewal Team, Inc. (CRT)	860-560-5600	Hartford and Middlesex County
Human Resources Agency of New Britain, Inc. (HRA)	860-225-8601	New Britain and Bristol Areas
New Opportunities, Inc. (NOI)	203-575-9799	Greater Waterbury, Meriden, and Torrington Areas
Thames Valley Council for Community Action, Inc. (TVCCA)	860-889-1365	Southeastern CT- New London County
Training Education and Manpower, Inc. (TEAM)	203-736-5420	Naugatuck Valley

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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