Frequently Asked Questions (FAQs) About Free and Reduced-price School Meals

School Year 2025-26

Dear Parent/Guardian:

Children need healthy meals to learn. The Westport Public Schools offers healthy meals every school day. Children may buy lunch for $3.25 at the High School, $3.15 at the Middle Schools and $2.90 at the Elementary Schools. Your children may qualify for either free meals or reduced-price meals. The reduced price is $0.40 for lunch. This packet includes an application for free and reduced-price school meal benefits and detailed instructions on how to complete the form.

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 Westport Public Schools comply with the federal requirements for meal modifications for children with special dietary needs. The requirements for meal modifications are different for children with and without disabilities. For more information, please contact the food service director, Bob Nielsen at (203)341-2431.

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 HUSKY A (Medicaid) or S-EBT 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 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: (See next page)

Federal Reduced Eligibility Income Chart
(Effective July 1, 2025, to June 30, 2026)

Household size	Yearly	Monthly	Weekly
1	28,953	2,413	557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
Each additional family member	10,175	848	196

2. **How do I know if my children qualify as homeless or runaway?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and you have not been told your children will get free meals, please call or email **Michael Rizzo, Assistant Superintendent for Pupil Services at (203)341-1250 or mrizzo@westportps.org.**

3. **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. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to **[Refer to Addendum A].**

4. **My child's application was approved last year. Do I need to fill out a new one?** Yes. Your child's application is only good for that school year and for up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first); this is referred to as the "carryover period." When the carryover period ends, unless you are notified that your children are directly certified or you submit an application that is approved, your children's meals must be claimed at the paid rate. Though encouraged to do so, the LEA is not required to send a reminder or a notice of expired eligibility.

5. **I receive WIC. Can my children get free meals?** Children in households participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) **may** be eligible for free or reduced-price school meals. Please complete and submit a *Free and Reduced-price School Meals Application*.

6. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.

7. **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 and reduced-price school meals if the household income drops below the income threshold.

8. **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 Elio Longo, Chief Financial Officer, Westport Public Schools, 110 Myrtle Avenue, Westport, CT 06880, (203)341-1002.

9. **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 school meals.

10. **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 $1,000 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.

11. **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 the income fields blank, as we will assume you **meant** to do so.

12. **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.

13. **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 it to your application. Contact **[Refer to Addendum A]** to receive a second application.

14. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP, TFA, HUSKY A, S-EBT, or WIC benefits contact United Way's free referral number **2-1-1** (free call, statewide).

If you have other questions or need help, call (203)341-1002.

Sincerely,

Thomas Scarice
Westport Superintendent of Schools

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

In accordance with federal civil rights law and Westport Public Schools policies, the Westport Public Schools Meals programs are prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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 Office of the Superintendent of Westport Public Schools at (203)341-1000.

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

mail: Superintendent of Schools
Westport Public Schools
110 Myrtle Avenue
Westport, CT 06880

phone: (203)341-1000

This institution is an equal opportunity provider.

2025-26 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 children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

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	Student? No	Foster	Head Start	Homeless or Runaway
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

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 ○

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

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

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. Return completed form to your child's school: [See Addendum A].

"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."

Printed Name of Adult Signing the Form

Signature of Adult

Today's Date

Mailing Address (if available)

Apt #

Town or City

State

Zip

Daytime Phone and Email (optional)

2025-26 Application for Free and Reduced-price School Meals

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans' benefits • Strike benefits	• 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	• 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 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

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. 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 Office of the Superintendent of Westport Public Schools at (203)341-1000.

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

* mail: Superintendent of Schools
Westport Public Schools
110 Myrtle Avenue
Westport, CT 06880

This institution is an equal opportunity provider.

* Do not mail applications to this address, only complaints of discrimination.

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 the Westport Public School system.* The application must be filled out completely to determine the eligibility of 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 [Refer to Addendum A].

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

Step 1: List ALL children, infants, and students up to and including grade 12

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.

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, through a court or state/local agency, or qualify as homeless or runaway youth;
- Students attending (*regardless of age)* Westport Public Schools.

A) List each child's name.	B) Is the child a student?	C) Do you have any foster children?	D) Are any children homeless, runaway or in a Head Start Program?
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 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.	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.	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. 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.	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.* Homeless, Runaway and Head Start status must be confirmed with the appropriate program staff. If the status cannot confirmed, then the school district will contact you to complete an income-based application. You may choose to provide income information now to prevent the school district from potentially needing to contact you later.

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:	B) If anyone in your household participates in SNAP or TFA:
Leave STEP 2 blank and go to STEP 3.	• 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. **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"** 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.
  - 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.

How to Apply for Free and Reduced-price School Meals

3.A. Report income earned by children

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.

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.

3.B. Report income earned by adults

Who should I list here? When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, *even if they are not related and even if they do not receive income of their own.*

Do NOT include:

- 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.**

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)." *Do not list any household members you listed in STEP 1.* If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

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.

- **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.

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. *Do not report the cash value of any public assistance benefits NOT listed on the chart.* 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.

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.

- **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.

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.

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."

Step 4: Contact information and adult signature

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.

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.

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."

C) Mail completed form to [Refer to Addendum A].

Please return the application directly to your child's SCHOOL.

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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

2025/2026 ADDENDUM A

Staples High School 70 North Avenue Westport, CT 06880 Tel: 203-341-1210	Stafford Thomas Jr., Principal
Bedford Middle School 88 North Avenue Westport, CT 06880 Tel: 203-341-1510	Adam Rosen, Principal
Coleytown Middle School 255 North Avenue Westport, CT 06880 Tel: 203-341-1610	Janna Sirowich, Principal
Coleytown Elementary School 65 Easton Road Westport, CT 06880 Tel: 203-341-1710	Safiya Key, Principal
Greens Farms Elementary School 17 Morningside Dr., So. Westport, CT 06880 Tel: 203-222-3610	Brian Byrne, Principal
Kings Highway Elementary School 125 Post Road, W. Westport, CT 06880 Tel: 203-341-1810	Tracey Carbone, Principal
Long Lots Elementary School 13 Hyde Lane Westport, CT 06880 Tel: 203-341-1910	Kimberly Ambrosio, Principal
Saugatuck Elementary School 170 Riverside Avenue Westport, CT 06880 Tel: 203-221-2910	Beth Messler, Principal

School Year 2025-26

access health CT

HUSKY HEALTH CONNECTICUT

Does Anyone in Your Family Need Health or Dental Insurance?

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

Apply once using a single application to see what Access Health CT has to offer. Most Connecticut residents qualify for some type of **financial help or low or no-cost coverage, including HUSKY Health coverage.**

Check your options and enroll now! Visit AccessHealthCT.com or call 1-855-805-4325. All help is free.

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

SCAN ME

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.

Follow us on:

Addendum C: Information on the Supplemental Nutrition Assistance Program (SNAP) New Increased Income Guidelines Effective October 1, 2024

Dear Parent/Guardian:

New increased income guidelines are in effect as of October 1, 2024. If your children qualify for free school meals, 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, 2024

Household size	Gross monthly income	Gross annual income
1	$2,510	30,120
2	$3,407	40,880
3	$4,304	51,640
4	$5,200	62,400
5	$6,097	73,160
6	$6,994	83,920
7	$7,890	94,680
8	$8,787	105,440
For each additional member	+$897	+10,760

Larger households = higher incomes

Addendum C: Information on SNAP

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 (refer to table below).

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

Addendum C: Information on the Supplemental Nutrition Assistance Program (SNAP) New Increased Income Guidelines Effective October 1, 2024

In accordance with federal civil rights law and the Westport Public Schools policies, the Westport Public Schools Meals programs are prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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 Office of the Superintendent of Westport Public Schools at (203)341-1000.

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

1. Mail: Superintendent of Schools
   Westport Public Schools
   110 Myrtle Avenue
   Westport, CT 06880

2. Phone: (203)341-1000

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