Addendum C: Information on the Supplemental Nutrition Assistance Program (SNAP)

New Increased Income Guidelines Effective October 1, 2025

Dear Parent/Guardian:

New increased income guidelines are in effect as of October 1, 2025. 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 SNAP benefits or https://portal.ct.gov/dss/snap/supplemental-nutrition-assistance-program---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 https://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, 2025

Household size	Gross monthly income	Gross annual income
1	$2,609	31,300
2	$3,525	42,300
3	$4,442	53,300
4	$5,359	64,300
5	$6,275	75,300
6	$7,192	86,300
7	$8,109	97,300
8	$9,025	108,300
For each additional member	$917	+11,000

Larger households = higher incomes

Addendum C: Information on the 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 https://www.connect.ct.gov/ (click "Apply for Benefits"). You can get the paper SNAP application in English and Spanish at SNAP Apply or https://portal.ct.gov/dss/snap/supplemental-nutrition-assistance-program---snap.

- **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 SNAP

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 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/ad-3027.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

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race; color; religious creed; age; sex; pregnancy; sexual orientation; workplace hazards to reproductive systems, gender identity or expression; marital status; national origin; ancestry; retaliation for previously opposed discrimination or coercion, intellectual disability; genetic information; learning disability; physical disability (including, but not limited to, blindness); mental disability (past/present history thereof); military or veteran status; status as a victim of domestic violence; or criminal record in state employment, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes. Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Attorney Louis Todisco, Connecticut State Department of Education, by mail 450 Columbus Boulevard, Hartford, CT 06103-1841; or by telephone 860-713-6594; or by email louis.todisco@ct.gov.

CONNECTICUT
Education

Frequently Asked Questions (FAQs) About Free and Reduced-price School Meals in the National School Lunch Program (NSLP) and School Breakfast Program (SBP)

Readiness in School Everyday (RISE) Funds Version
School Year 2026-27

Norwalk Public Schools

Dear Parent/Guardian:

Children need healthy meals to learn and eating a nutritious school breakfast and lunch has been shown to support students' academic success, wellness, and physical well-being. Norwalk Public School offers healthy meals every school day. For school year (SY) 2026-27, breakfast is free of charge for all students enrolled in schools participating in the School Breakfast Program and lunch will cost $4.40 in the High School Level, $4.00 in the Middle school level and $3.60 at the Elementary level Additionally, your children may qualify for either free or reduced-price meals and for SY 2026-27, students eligible for reduced-price school meals will receive one breakfast and one lunch per school day free of charge.

This packet includes an application for free and reduced-price school meal benefits and detailed instructions on how to complete the form. If you prefer to watch a video tutorial on how to complete the form, please watch the Connecticut State Department of Education's 20-minute video, How to Fill Out the Application for Free and Reduced-price Meals or Free Milk and Summer EBT.

Note: Children receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA), HUSKY A (Medicaid), or Summer EBT (S-EBT) benefits *may* be eligible for free meals without having to complete and submit the free or reduced-price school meals application. Some children who receive HUSKY A or S-EBT benefits *may* be eligible for *reduced-price* school meals instead of free school meals based on household income.[1] Questions regarding SNAP/TFA/HUSKY A and direct certification should be sent to the determining official, Jill Kress kressj@norwalkps.org.

If you have received a Notice of Direct Certification for free or reduced-price school 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 or reduced-price school meal benefits are extended to all children in a

[1] Some children receiving HUSKY A may not qualify for either free or reduced-price school meals based on household income.

household when at least one child in the household is confirmed as directly certified for free or reduced-price school meals.

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 Norwalk Public Schools complies 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 liaison, Jill Kress at Kressj@norwalkps.org

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 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:

FAQs About Free and Reduced-price School Meals in the NSLP and SBP

Federal Reduced Eligibility Income Chart (Effective July 1, 2026, to June 30, 2027)

Household size	Yearly	Monthly	Weekly
1	29,526	2,461	568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
Each additional family member	10,508	876	203

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 email Jill Kress Homeless liaison Kressj@norwalkps.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 Jill Kress at 46 Concord street Norwalk CT 06854 For a video tutorial on how to complete the application, please refer to How to Fill Out the Application for Free and Reduced-price Meals or Free Milk and Summer EBT.

4. **Should I fill out an application if I received a letter this school year saying my children are already approved for free or reduced-price meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Jill Kress at Kressj@norwalkps.or or call 203 854 4156 immediately.

5. **Can I apply online?** Yes. **You are encouraged to complete the electronic online application instead of a paper application** if your district has an online application. The online application has the same requirements and will ask you for the same information as

the paper application. Visit www.norwalkps.org/departments and go to Food Services to begin or to learn more about the online application process. Contact Jill Kress at Kressj@norwalkps.org if you have any questions about the online application.

6. **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.

7. **I have not submitted an application within the past three years. 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). 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 of cost $4.40 in the High School Level, $4.00 in the Middle school level and $3.60 at the Elementary level. Though encouraged to do so, the LEA is not required to send a reminder or a notice of expired eligibility.

8. **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*.

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

10. ***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.

11. ***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 Lunda Asmani 125 East Ave, Norwalk CT 06851 asmanil@norwalkps.org]***.***

12. ***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.

13. ***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.

14. **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 zero. Please be careful when leaving the income fields blank, as we will assume you **meant** to do so.

15. **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.

16. **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 your school secretary to receive a second application or go online to the food service website Norwalk Food Services and click on forms.

17. **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, email Jill Kress at Kressj@norwalkps.org

Sincerely,

Jill Kress

Operations

State, Food, Homeless Liaison & Determining Official

FAQs About Free and Reduced-price School Meals in the NSLP and SBP

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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/ad-3027.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

This institution is an equal opportunity provider.

access health CT

HUSKY HEALTH CONNECTICUT

School Year 2026-27

Does Your Family Need Health or Dental Insurance?

Connecticut offers free and low-cost health and dental coverage you can trust. Free enrollment help is available.

If you or anyone in your family needs health or dental insurance, start with Access Health CT. With one application, you can see your program and plan options and estimate your costs.

Coverage you can count on, options for your budget:

- ✓ **HUSKY Health — free and low-cost health and dental coverage for children and adults.**
- ✓ **Covered CT Program — free health and dental insurance.**
- ✓ **Individual health insurance plans — financial help is available if you qualify.**
- ✓ **Dental insurance — available for children and adults.**

Note: State HUSKY A & B for Children offers coverage for eligible kids, ages 15 and under, who do not qualify for HUSKY A or B due to their immigration status.

Get started today

- If you qualify for HUSKY Health or the Covered CT Program, you can sign up at any time of the year.
- Check your options and enroll. Visit **AccessHealthCT.com** or call 1-855-805-4325. If you are deaf or have trouble hearing, you may use the TTY at 1-855-789-2428 or call 1-855-805-4325 with a relay operator.
- **All help is free and available in many different languages.** You can schedule an appointment with an Enrollment Specialist or Certified Broker who can help you go over your options and sign up.
- For general information about HUSKY Health, visit **huskyhealthct.org**.
- You can get answers to your questions about the Covered CT Program or health and dental insurance plans offered through Access Health CT by visiting **Help.AccessHealthCT.com**.

Follow us on:

2026-27 Application for Free and Reduced-price School Meals or Free Milk and S-EBT

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

Apply online www.myschoolapps.com
Return to Jill Kress 46 Concord st. Norwalk CT 06854
Application Number: _____

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 income	How often received? Weekly / Bi-Weekly / 2x Month / Monthly / Annual
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○	$	○ ○ ○ ○ ○

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: or Jill Kress 46 Concord Street Norwalk, CT 06854

"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) _____

2026-27 Application for Free and Reduced-price School Meals or Free Milk and S-EBT

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.

Return completed form to your child's school.

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 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/ad-3027.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:

* mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

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

fax: (833) 256-1665 or (202) 690-7442; or
email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

How to Apply for Free and Reduced-price School Meals and S-EBT

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 Norwalk Public Schools* 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 contact Jill Kress at the Family Center

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)* Norwalk Public School

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?
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.	**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.	**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. 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.	**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.* 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:
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 SNAP or TFA:** • 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 and S-EBT

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 Jill Kress

46 Concord street Norwalk CT 06854 Attention 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.

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.

Addendum A:
Sharing Information with Other Programs

School Year 2026-27

Norwalk Public Schools

Dear Parent/Guardian:

To save you time and effort, the information you provided on your *Free and Reduced-price School Meals/Milk Application* or your child's direct certification eligibility determination 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 for school year 2026-27. 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 or free milk.

- ☐ **NO**, I do **not** want information from my *Free and Reduced-price School Meals/Milk Application* shared with any of these programs.
- ☐ **YES**, I **do** want school officials to share information from my *Free and Reduced-price School Meals/Milk Application* with the programs checked below. ***Check all that apply.***
  - ☐ Brien McMahon High School Guidance Counselor for applications
  - ☐ Norwalk High School Guidance Counselor for applications
  - ☐ [Insert title of person and applicable program specific to your school]
  - ☐ [Insert title of person and applicable program specific to your school]

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's name:_____

Address:_____City:_____State:____Zip_____

Signature of parent/guardian:_____Date:_____

Addendum A:
Sharing Information with Other Programs

For more information, please call Jill Kress at 203 854 4156 Return this form to kressj@norwalkps.org by October 1st

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 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/ad-3027.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

This institution is an equal opportunity provider.