Brookfield Public Schools
BUSINESS OFFICE

Date: August 30, 2022

2022-2023 BROOKFIELD PUBLIC SCHOOLS STUDENT PACKETS

Dear Parents/Guardians:

Welcome to the 2022-2023 School Year!

Our Student Packets are available electronically through the district website at http://www.brookfieldps.org under "**2022-2023 Annual Student Information Update**". If you do not have access to a computer, packets are located in the main office of each school or you may contact Joan Reynolds in the Business Office at 203-775-7627.

The following forms will be available to download:

- Free and Reduced Priced Lunch Program Application (English)
- Free and Reduced Priced Lunch Program Application (Spanish)
- Addendum A – Sharing Information with other Programs
- Addendum B – Husky Health Insurance Program
- Addendum C – Information on the Supplemental Nutrition Assistance Program (SNAP)
- Voluntary Student Accident Insurance Information
- Whitson's School Nutrition Parent's Letter – full of information regarding the food service program in the schools

Thank you and have a wonderful school year.

Sincerely,

Kenneth Post
Director of Business Operations

2022-23 Application for Free and Reduced-price School Meals

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

Application No: ____________

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another

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 case number here and then go to STEP 4 *(Do not complete STEP 3.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.*

Case Number: ____________

Write only one case number in this space.

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

Are you unsure what income to include here?

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

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

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

A. Child Income

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

Child income $ ______

How often? ◯ Weekly ◯ Bi-Weekly ◯ 2x Month ◯ Monthly ◯ Annual

B. All Adult Household Members (including yourself)

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

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Public Assistance/ Child Support/Alimony	How often? Weekly / Bi-Weekly / 2x Month / Monthly / Annual	Pensions/Retirement/ All Other Income	How often? Weekly / Bi-Weekly / 2x Month / Monthly / Annual
	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯ ◯
	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯ ◯
	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯ ◯
	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯ ◯
	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯ ◯

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

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

Check if no SSN ☐

STEP 4 Contact Information and Adult Signature. Mail completed form to: Brookfield Public Schools 100 Pocono Road Brookfield, CT 06804.

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

Street Address (if available) ____ Apt # ____ City ____ State ____ Zip ____ Daytime Phone and Email (optional) ____

Printed name of adult signing the form ____ Signature of adult ____ Today's date ____

2022-23 Application for Free and Reduced-price School Meals

Sources of Income for Children	
Sources of Child Income	**Examples**
Earnings from work	A child has a regular or part-time job where they earn a salary or wages
Social Security • Disability Payments • Survivor's Benefits	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
Income from persons **outside** the household	A friend or extended family member **regularly** gives a child spending money
Income from any other source	A child receives income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All Other Income**
• Gross income for salary, wages, cash -- bonuses • 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 • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from state or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability • Regular Income from trusts or estates • Annuities • Investment income • Earned Interest • Rental income • Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

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 ❑ 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

The **Richard B. Russell National School Lunch Act** requires the information on this application. 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. 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 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/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

This institution is an equal opportunity provider.

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 ❑ 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: _____

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 Brookfield CT.* 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 Joan Reynolds, Accounting Supervisor, at 203-775-7627 or reynoldsj@brookfieldps.org.

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

Step 1: List all household members who are infants, children, and students up to and including grade 12

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

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

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless or runaway youth;
- Students attending Brookfield Public Schools, *regardless of age.*

A) List each child's name.	B) Is the child a student in the district?	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. 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.	List the name of the school, the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.	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.	If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and *complete all steps of the application.*

Step 2: Do any household members currently participate in SNAP or TFA?

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

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

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in any of the above listed programs:
• Leave **STEP 2** blank and go to **STEP 3.**	• Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker. **Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.** • Go to **STEP 4**.

Step 3: Report income for all household members

How do I report my income?

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

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. ***What if I am self-employed?*** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.	**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.	**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 SSN."

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 address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. 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:** **Brookfield Public Schools** **100 Pocono Road** **Brookfield, CT 06804.**	**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.

Solicitud para comidas gratuitas y a precio reducido en la escuela 2022-23 Complete una solicitud por grupo familiar. Utilice una lapicera (no un lápiz).

N.° de solicitud: ____________

PASO 1 Mencione TODOS los miembros del grupo familiar que sean bebés, niños y alumnus hasta el grad 12 inclusive (si se necesitan más espacios para otros nombres, adjunte otra hoja)

Definición de **Miembro del grupo familiar**: "Cualquier persona que viva con usted, y que comparta los ingresos y los gastos, incluso si no es un pariente".

Los niños en **acogimiento familiar** y los niños que cumplen con la definición de **Sin hogar** o **Fugados** reúnen los requisitos para recibir comidas gratuitas. Lea la sección **Cómo solicitar comidas gratuitas y a precio reducido en la escuela** para obtener más información.

Nombre del menor	Inicial del segundo nombre	Apellido del menor:	Escuela	Grado	¿Alumno? Sí	¿Alumno? No	Acogimiento familiar	Head Start	Sin hogar o Fugado
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

Marque todas las

PASO 2 ¿Algún miembro del grupo familiar (incluido usted) participa actualmente en uno o más de los siguientes programas de asistencia (SNAP o TFA)? (Esto NO incluye beneficios médicos HUSKY).

Si la respuesta es NO, procesa con el PASO 3

Si la respuesta es SÍ, un miembro del grupo familiar participa en SNAP o TFA, escriba el número de caso de SNAP O TFA aquí, y luego proceda con el PASO 4 (*no complete el PASO 3*). *Para agilizar el proceso de aprobación, se recomienda enfáticamente que presente un comprobante de elegibilidad para SNAP o TFA junto con esta solicitud. Consulte las instrucciones.*

Número de caso: ____________

Escriba solo un número de caso en este espacio.

PASO 3 Informe el ingreso de TODOS los membros del grupo familiar (Omita este paso si respondió "Sí" en el Paso 2)

¿No está seguro de qué ingreso debe incluir aquí?

Dé vuelta la página y consulte las tablas intituladas "Fuentes de ingresos" para obtener más información.

La tabla "Fuentes de ingresos de menores" lo ayudará a completar la sección "Ingresos de menores".

La tabla "Fuentes de ingresos de adultos" lo ayudará a completar la sección "Todos los miembros adultos del grupo familiar".

A. Ingreso de los menores

A veces, los menores del grupo familiar reciben un ingreso. Incluya el ingreso TOTAL que obtienen todos los menores del grupo familiar mencionados en el PASO 1 aquí.

Ingreso de los menores	¿Con qué frecuencia? Semanalmente	Cada 2 semanas	Dos por mes	Mensualmente	Anual
$	◯	◯	◯	◯	◯

B. Todos los miembros adultos del grupo familiar (incluido usted)

Mencione todos los miembros del grupo familiar que no están incluidos en el PASO 1 (incluido usted), **incluso si no perciben un ingreso**. Para cada miembro del grupo familiar mencionado, si perciben un ingreso, informe el **ingreso bruto total** (antes de impuestos) correspondiente a cada fuente en dólares enteros (sin centavos) solamente. Si no perciben ingresos de ninguna fuente, escriba '0'. Si ingresa '0' o deja algún campo en blanco, certifica (promete) que no hay ingresos para informar.

Nombre de los miembros adultos del grupo familiar (nombre y apellido)	Ingresos del trabajo	¿Con qué? Semanalmente	Cada 2 semanas	Dos por mes	Mensualmente	Anual	Asistencia pública/ manutención de menores/ pensión alimenticia	¿Con qué? Semanalmente	Cada 2 semanas	Dos por mes	Mensualmente	Anual	Pensiones/jubilaciones /otros ingresos	¿Con qué? Semanalmente	Cada 2 semanas	Dos por mes	Mensualmente	Anual
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	◯

Total de miembros en el grupo familiar (niños y adultos - Paso 1 y Paso 3) ____

Últimos cuatro dígitos del número de seguro social (SSN) del principal asalariado o de otro miembro adulto del grupo familiar X X X X X ____

Marque si no tiene SSN ☐

PASO 4 Información de contacto y firma del adulto Brookfield Public Schools 100 Pocono Road Brookfield, CT 06804.

"Certifico (prometo) que toda la información presentada en esta solicitud es verdadera y que se informaron todos los ingresos. Entiendo que esta información se proporciona en relación con el recibo de fondos federales y que los directivos de la escuela podrán verificar (comprobar) la información. Sé que, si proporciono información falsa intencionalmente, mis hijos podrían perder los beneficios de comidas, y podrían procesarme en virtud de las leyes estatales y federales correspondientes".

Dirección (si está disponible) ____ N.° de depto. ____ Ciudad ____ Estado ____ Código postal ____ Teléfono durante el día y correo electrónico ____

Nombre del adulto que firma el formulario en letra de imprenta ____ Firma del adulto ____ Fecha de hoy ____

Solicitud para comidas gratuitas y a precio reducido en la escuela 2022-23

Fuentes de Ingresos de Menores		Fuentes de Ingresos de Adultos		
Fuentes de ingresos de menores	**Ejemplos**	**Ingresos del trabajo**	**Asistencia pública/ manutención de menores/pensión alimenticia**	**Pensiones/jubilaciones/ otros ingresos**
Ingresos del trabajo	Un menor tiene un trabajo regular o de medio tiempo en el que gana un salario o sueldo	• Ingreso bruto para salarios, sueldos, efectivo, bonos • Ingreso neto de trabajo independiente (granja o negocio) **Si se encuentra en las Fuerzas Armadas de los EE. UU.:** • Pago básico y bonos en efectivo (*NO incluya pagos por combate, FSSA ni asignaciones para viviendas privatizadas*) • Asignaciones para viviendas fuera de la base, alimentos y vestimenta	• Beneficios de desempleo • Compensación de los trabajadores • Seguridad de Ingreso Suplementario (SSI) • Asistencia en efectivo del gobierno estatal o local • Pagos por pensión alimenticia • Pagos por manutención de menores • Beneficios de veteranos • Beneficios de huelga	• Seguro social (incluida la jubilación ferroviaria y los beneficios por neumoconiosis) • Pensiones privadas o discapacidad • Ingreso regular de fideicomisos o patrimonio • Anualidades • Ingreso de inversiones • Intereses ganados • Ingreso de rentas • Pagos regulares en efectivo de fuentes externas al grupo familiar
Seguro social • Pagos por discapacidad • Beneficios de sobrevivientes	Un menor es ciego o discapacitado, y recibe beneficios del seguro social Uno de los padres es discapacitado, está jubilado o falleció, y su hijo recibe beneficios del seguro social			
Ingreso de personas **fuera** del grupo familiar	Un amigo o familiar no cercano aporta dinero **de forma regular** a un menor			
Ingreso de cualquier otra fuente	Un menor recibe ingresos de un fondo de pensión privada, anualidad o fideicomiso			

OPCIONAL Identidades raciales y étnicas de los menores

Estamos obligados a solicitar información sobre la raza y etnia de sus hijos. Esta información es importante y ayuda a garantizar que cumplamos plenamente con las necesidades de nuestra comunidad. Es opcional responder a esta sección y no afecta la elegibilidad de sus hijos para recibir comidas gratuitas o a precio reducido.

Etnia (marque una opción): ☐ Hispana o latina ☐ No hispana ni latina

Raza (marque una opción o más): ☐ Indio estadounidense o nativo de Alaska ☐ Asiático ☐ Afroamericano ☐ Nativo de Hawái u otro isleño del Pacífico ☐ Caucásico

La ley nacional de comidas escolares Richard B. Russell requiere esta información en esta solicitud. No está obligado a dar esta información, pero si no lo hace, no podemos autorizar que sus niños reciban comidas gratis o a precio reducido. Debe incluir los últimos cuatro dígitos del número de la Seguridad Social del miembro adulto de la vivienda que firma la solicitud. No son obligatorios los últimos cuatro dígitos del número de la Seguridad Social cuando realiza la solicitud en nombre de un niño en régimen de acogida o si proporciona un número de expediente de Supplemental Nutrition Assistance Program (SNAP - Programa de asistencia de nutrición complementaria), Temporary Assistance for Needy Families (TANF - Asistencia temporal para familias necesitadas) Program or Food Distribution Program on Indian Reservations (FDPIR - Programa de distribución de alimentos en reservas indias) u otro identificador FDPIR de su niño, o cuando indica que el miembro adulto de la vivienda que firma la solicitud no tiene un número de la Seguridad Social. Usaremos su información para determinar si su niño tiene derecho a recibir comidas gratis o a precio reducido, y la administración y ejecución de los programas de comida y desayuno. PODEMOS compartir esta información con los programas de educación, salud y nutrición para ayudarlos a evaluar, financiar o determinar las prestaciones de sus programas, auditores para revisar los programas, y agentes del orden público para ayudarlos a investigar violaciones de las normas del programa. Los demás programas de asistencia nutricional del FNS, las agencias estatales y locales, y sus beneficiarios secundarios, deben publicar el siguiente Aviso de No Discriminación:

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

(1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (833)256-1665 o (202) 690-7442; o
(3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Solo para uso de la escuela. No escriba después de esta

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 ☐ 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: _____

Cómo Solicitar Comidas Gratuitas y a Precio Reducido en la Escuela

Use estas instrucciones como ayuda para completar la solicitud para recibir comidas gratuitas o a precio reducido en la escuela. Solo debe completar una solicitud por grupo familiar, *incluso si sus hijos asisten a más de una escuela en Brookfield CT*. La solicitud debe completarse en su totalidad para certificar a sus hijos para que reciban comidas gratuitas o a precio reducido en la escuela. Siga estas instrucciones en orden. Cada paso de las instrucciones es idéntico al de la solicitud. Si, en algún momento, no sabe qué hacer a continuación, comuníquese con Joan Reynolds, Accounting Supervisor, at 203-775-7627 or reynoldsj@brookfieldps.org

UTILICE UNA LAPICERA (NO UN LÁPIZ) PARA COMPLETAR LA SOLICITUD Y ESCRIBA EN LETRA DE IMPRENTA CON LA MAYOR CLARIDAD POSIBLE.

Paso 1: Mencione a todos los miembros del grupo familiar que sean bebés, niños y alumnos hasta el grado 12 inclusive

Indique cuántos bebés, niños y alumnos escolares residen en su grupo familiar. NO tienen que estar emparentados con usted para ser parte de su grupo familiar.

¿A quién debo mencionar aquí? Al completar esta sección, incluya a TODOS los miembros del grupo familiar

- que sean niños de 18 años o menos, Y que reciben respaldo del ingreso del grupo familiar;
- que estén bajo su cuidado en virtud de un acuerdo de acogimiento familiar o que reúnan los requisitos de jóvenes sin hogar o fugados;
- que sean alumnos que asisten a Brookfield Public Schools, *independientemente de la edad.*

A) Mencione el nombre de cada menor. Escriba en letra de imprenta el nombre de cada menor. Use una línea de la solicitud para cada menor. Al escribir los nombres en letra de imprenta, hágalo con claridad. Si hay más niños que líneas en la solicitud, adjunte una segunda hoja con toda la información requerida para los menores adicionales.	**B) ¿El menor es alumno del distrito?** Indique el nombre de la escuela, el grado y marque "Sí" o "No" en la columna "Alumno" para informarnos qué menores asisten a la escuela en el distrito. Si marcó "Sí", escriba el grado del alumno en la columna "Grado".	**C) ¿Tiene algún niño en acogimiento?** Si alguno de los menores mencionados se considera niño en acogimiento, marque la casilla "Niño en acogimiento familiar" junto al nombre del menor. Si SOLO presenta la solicitud para niños en acogimiento, después de completar el **PASO 1**, proceda con el **PASO 4**. *Los niños en acogimiento que residen con usted pueden considerarse miembros de su grupo familiar y deben incluirse en su solicitud.* Si presenta la solicitud para niños en acogimiento y de otra naturaleza, proceda con el Paso 3.	**D) ¿Alguno de los menores no tiene hogar, se fugó de su hogar o participa en el Programa Head Start?** Si considera que alguno de los menores mencionados en esta sección cumple con esta descripción, marque la casilla "Head Start o Sin hogar/Fugado" junto al nombre del menor y *complete todos los pasos de la solicitud.*

Paso 2: ¿Algún miembro del grupo familiar participa actualmente en snap o tfa?

Si algún miembro del grupo familiar (incluido usted) participa actualmente en uno o más de los siguientes programas de asistencia, sus hijos reúnen los requisitos para recibir comidas gratuitas en la escuela:

- Programa de Asistencia Nutricional Suplementaria (SNAP)
- Asistencia Temporal Familiar (TFA)

A) Si ningún miembro del grupo familiar participa en los programas mencionados anteriormente: • Deje en blanco el **PASO 2** y proceda con el **PASO 3.**	**A) Si un miembro del grupo familiar participa en alguno de los programas mencionados anteriormente:** • Escriba un número de caso para SNAP o TFA. Solo debe proporcionar un número de caso. Si participa en uno de estos programas y no sabe su número de caso, comuníquese con su asistente social de DSS. **Nota: No use un número de beneficios médicos de HUSKY puesto que este número no corresponde a un número de caso de SNAP o TFA. También se recomienda (aunque no es obligatorio) que presente un comprobante de este número de caso de SNAP o TFA al presentar la solicitud para su procesamiento. El comprobante NO incluye una copia de la tarjeta CONNECT.** • Proceda con el **PASO 4**.

Paso 3: Informe el ingreso de todos los miembros del grupo familiar

¿Cómo informo mi ingreso?

- Use las tablas **"Fuentes de ingresos de menores"** y **"Fuentes de ingresos de adultos"**, impresas en el reverso del formulario de la solicitud para determinar si su grupo familiar debe informar ingresos.
- Informe todos los importes como un INGRESO BRUTO SOLAMENTE: Informe todos los ingresos en dólares enteros. No incluya centavos.
  - El ingreso bruto es el ingreso total percibido antes de impuestos.
  - Muchas personas piensan que el ingreso es el importe que "se llevan a casa" y no el monto "bruto" total. Asegúrese de que el ingreso que informe en esta solicitud NO haya sido reducido para pagar impuestos o primas de seguros ni se haya deducido ningún otro importe de su salario.
- Escriba "0" en los campos donde no haya ningún ingresos para informar. Todos los campos de ingresos que se dejen vacíos o en blanco también se calcularán como cero. Si escribe '0' o deja algún campo en blanco, certifica (promete) que no hay ingresos para informar. Si los funcionarios locales sospechan que su ingreso familiar no se informó de forma correcta, se investigará su solicitud.
- Marque con qué frecuencia se recibe cada tipo de ingreso mediante las casillas a la derecha de cada campo.

3.A. Informe los ingresos obtenidos por los menores

A) Informe todos los ingresos percibidos o recibidos por los menores. Informe el ingreso bruto combinado de TODOS los menores mencionados en el PASO 1 de su grupo familiar en la casilla "Ingresos de menores". Solo considere el ingreso de los niños en acogimiento si presenta la solicitud para ellos junto con el resto de su grupo familiar.

¿Qué es el ingreso de menores? El ingreso de los menores es el dinero que no proviene del grupo familiar y que se paga DIRECTAMENTE a sus hijos. Muchos grupos familiares no perciben un ingreso de menores.

3.B. Informe los ingresos obtenidos por los adultos

¿A quién debo mencionar aquí?

- Al completar esta sección, incluya a TODOS los miembros adultos del grupo familiar que residen con usted, y comparten el ingreso y los gastos, *incluso si no son parientes y si no reciben su propio ingreso.*
- ***NO incluya lo siguiente:***
  - Personas que residen con usted, pero que no se mantienen con el ingreso de su grupo familiar Y no aportan ingresos a su grupo familiar.
  - Bebés, niños y alumnos ya mencionados en el **PASO 1**.

B) Incluya los nombres de los miembros adultos del grupo familiar. Escriba en letra de imprenta el nombre de cada miembro del grupo familiar en las casillas "Nombres de los miembros adultos del grupo familiar (nombre y apellido)." *No incluya ningún miembro del grupo familiar mencionado en el **PASO 1**.* Si un menor mencionado en el **PASO 1** percibe un ingreso, siga las instrucciones en el **PASO 3, parte A.**	**C) Informe los ingresos del trabajo.** Informe todos los ingresos del trabajo en el campo "Ingresos del trabajo" en la solicitud. Generalmente, esto se refiere al dinero percibido por hacer un trabajo. Si trabaja de forma independiente en un negocio o es el propietario de una granja, debe informar su ingreso neto. ***¿Qué sucede si soy trabajador independiente?*** Informe el ingreso de ese trabajo como un importe neto. Esto se calcula restando de los ingresos brutos el total de los gastos operativos de su negocio.	**D) Informe el ingreso de la asistencia pública/manutención de menores/pensión alimenticia.** Informe todos los ingresos correspondientes en el campo "Asistencia pública/manutención de menores/pensión alimenticia" de la solicitud. *No informe el valor en efectivo de ningún beneficio de asistencia pública que NO se incluya en el cuadro.* Si se percibe algún ingreso por manutención de menores o pensión alimenticia, solo informe los pagos por orden judicial. Se deben informar los pagos informales, aunque regulares, como "otros" ingresos en la parte siguiente.
E) Informe el ingreso de pensiones/jubilaciones/otros ingresos. Informe todos los ingresos correspondientes en el campo "Pensiones/jubilaciones/otros ingresos" de la solicitud.	**F) Informe el tamaño del grupo familiar en total.** Ingrese la cantidad total de miembros del grupo familiar en el campo "Total de miembros del grupo familiar (menores y adultos)". Esta cantidad DEBE ser igual a la cantidad de miembros del grupo familiar mencionados en el **PASO 1** y el **PASO 3**. Si hay algún miembro de su grupo familiar que no haya incluido en la solicitud, vuelva y agréguelo. Es muy importante que incluya a todos los miembros de su grupo familiar puesto que el tamaño del grupo familiar afecta su elegibilidad para recibir comidas gratuitas y a precio reducido.	**G) Proporcione los últimos cuatro dígitos de su número del seguro social.** Un miembro adulto del grupo familiar debe ingresar los últimos cuatro dígitos de su número del seguro social en el espacio proporcionado. Usted reúne los requisitos para solicitar los beneficios incluso si no tiene un número del seguro social. Si ningún miembro adulto del grupo familiar tiene un número del seguro social, deje este espacio en blanco y marque la casilla a la derecha titulada "Marque si no tiene un SSN".

Paso 4: Información de contacto y firma del adulto

Un miembro adulto del grupo familiar debe firmar todas las solicitudes. Al firmar la solicitud, ese miembro del grupo familiar promete que toda la información se proporcionó de forma honesta y completa. Antes de completar esta sección, también asegúrese de que haber leído las declaraciones de privacidad y derechos civiles en el reverso de la solicitud.

A) Brinde su información de contacto. Escriba su dirección actual en los campos proporcionados si esta información se encuentra disponible. Si no tiene una dirección permanente, esto no significa que sus hijos no reunirán los requisitos para recibir comidas gratuitas o a precio reducido en la escuela. Es opcional compartir un número de teléfono, un correo electrónico o ambos; sin embargo, nos ayuda a comunicarnos con usted rápidamente si necesitamos contactarlo.	**B) Escriba en letra de imprenta y firme su nombre.** Escriba en letra de imprenta el nombre del adulto que firma la solicitud. Esa persona firma en la casilla "Firma del adulto".	**C) Envíe formulario completado por correo Brookfield Public Schools 100 Pocono Road Brookfield, CT 06804.**	**D) Comparta las identidades raciales y étnicas de los menores (opcional).** En el reverso de la solicitud, le pedimos que comparta información sobre la raza y la etnia de sus hijos. Este campo es opcional y no afecta la elegibilidad de sus hijos para recibir comidas gratuitas o a precio reducido en la escuela.

Addendum A: Sharing Information with Other Programs

Dear Parent/Guardian:

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

☐ **NO**, I do **not** want information from my *Free and Reduced-price School Meals Application* shared with any of these programs.

☐ **YES**, I **do** want school officials to share information from my *Free and Reduced-price School Meals Application* with the programs checked below. ***Check all that apply.***

- ☐ **Guidance Counselor – College Application**
- ☐ **Guidance Counselor – Test Fees (PSAT, SAT, AP, etc.)**
- ☐ **School Secretary – 1 to 1 Device Fee**
- ☐ **School Secretary – Field Trips**

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: _____

For more information, please call **Joan Reynolds** at 203-775-7627. Return this form to **100 Pocono Road Brookfield, CT 06804.**

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, 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/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 This institution is an equal opportunity provider.

access health CT | HUSKY HEALTH CONNECTICUT

Does Your Family Need Health Insurance?

Connecticut offers low-cost or free coverage!

Dear Parent/Guardian,

Is your child protected by health insurance? If not, your school and the State of Connecticut want to help. Connecticut's HUSKY Health program, for example, pays for doctor visits (including physical exams), prescriptions, emergency care, vision and dental care, mental healthcare, special healthcare needs and more. It's for children under age 19 in families under specific income limits. Approximately 360,000 Connecticut children now have their healthcare covered by the HUSKY Health program. **There are two parts to the HUSKY Health program for children:**

I. **HUSKY A** (or Medicaid) - For children in families with limited income. Parents, relative caregivers and pregnant individuals may also be eligible.

II. **HUSKY B** (or Children's Health Insurance Program) - For uninsured children in families with higher incomes. Pregnant individuals who do not qualify for Medicaid due to immigration status may qualify for HUSKY B-Prenatal Care.

You can apply for and enroll in HUSKY A or HUSKY B any time of the year.

- To apply **online**, please visit **AccessHealthCT.com**
- To apply by **phone**, please call **855-394-2428** (If you are deaf or hearing impaired, you may use the TTY at 1-855-789-2428 or contact us with a relay operator.)
- For general information about HUSKY Health, please visit **www.ct.gov/Husky**

Your child needs YOU to stay healthy, too!

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

Most Connecticut residents can enroll at any time, so you should not wait to apply if you need healthcare coverage. Some coverage options require that you enroll during an Open Enrollment Period (usually November 1–January 15) or a Special Enrollment Period (SEP) if you have a Qualifying Life Event (see below for more information).

There are now more no-cost coverage options available, including the new Covered Connecticut Program. The best way to see what you qualify for is to contact Access Health CT today.

What is a Qualifying Life Event? Qualifying Events include:

Losing your coverage due to job change/loss

Marriage

Permanent move to Connecticut

Pregnancy, birth, adoption or foster care

Change in tax dependent status as a result of Divorce, or other Legal Decree or Court Order

Newly eligible/ineligible for Premium Tax Credit (a type of financial help) due to a change in income

Loss of Coverage Due to Other Circumstances:

- **Losing coverage you had through your spouse or parent**
- **Expiration of COBRA**
- **No longer eligible for HUSKY Health**
- **No longer eligible for Cost-Sharing Reduction Plan (a type of financial help)**

For More Information, visit AccessHealthCT.com

This partnership to inform parents about health insurance options is in accordance with Section 119 of Public Act 07-02, June Special Session. Special thanks to the Connecticut Department of Education, Connecticut Department of Social Services, Access Health CT, Regional Education Service Centers, and all caring school personnel throughout the state as we join with parents to bring health coverage to Connecticut children. [2022]

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

Dear Parent/Guardian:

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, and some farmers' markets authorized to accept SNAP.

How to Qualify

If and how much SNAP you qualify for depends on:

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

If you have access to the Internet, you can go online to see if you may be eligible for SNAP. Go to **www.connect.ct.gov** 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, 2021		
Household size	**Gross monthly income**	**Gross annual income**
1	1,986	23,832
2	2,686	32,232
3	3,386	40,632
4	4,085	49,020
5	4,785	57,420
6	5,485	65,820
7	6,185	74,220
8	6,885	82,620
For each additional member	+699	+8,388
Larger households = higher incomes		

To Apply or Get More Information

- To find your local Connecticut Department of Social Services (DSS) office, call **United Way's free referral number 2-1-1** (free call statewide).

- You can find a list of all **Connecticut Department of Social Services** (DSS) offices, or you can apply online at https://www.connect.ct.gov/access/jsp/access/Home.jsp (click "Apply for Benefits"). You can get the paper SNAP application in English at https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Common-Applications/W-1E.pdf and in Spanish at https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Common-Applications/W-1ES.pdf.

- The following two organizations conduct outreach for DSS and can assist with applying for SNAP benefits:

  1. **End Hunger CT!** provides a SNAP outreach call center (866-974-SNAP (7627)) to assist in applying for as well as maintaining eligibility for SNAP benefits. If you are eligible for SNAP, you will stretch your food dollars, support your school and community, and your kids get school meals at no cost. Many families are surprised they qualify – it is quick, easy and confidential to check by calling one of our trained associates
  2. **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

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/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

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of affirmative action/ equal opportunity 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 age, ancestry, color, civil air patrol status, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status, mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, retaliation for previously opposed discrimination or coercion, sex (pregnancy or sexual harassment), sexual orientation, veteran status or workplace hazards to reproductive systems, 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: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Coordinator (ADA), Connecticut State Department of Education, 450 Columbus Boulevard, Suite 505, Hartford, CT 06103, 860-807-2071, levy.gillespie@ct.gov.

This document is available at https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/AddendumC.pdf.

K-12 Voluntary Student Accident Insurance

AVAILABLE COVERAGE OPTIONS

Depending on which program your school provides, some or all of the following voluntary insurance products are available for purchase on a voluntary basis:

- School time only student accident insurance
- 24-hour accident coverage
- Student dental accident insurance

KIDS WILL BE KIDS

1. Make sure your child is properly covered against unforeseen accidents.
2. Purchase coverage at your convenience from any computer.
3. Follow the easy step-by-step instructions and you're done in minutes!

These voluntary participation student accident insurance plans offered through your school can be purchased easily online at:

www.BollingerSchools.com

OFFICE LOCATION

200 Jefferson Park, Whippany, NJ 07981

BollingerSchools.com

RPS™
BOLLINGER SPECIALTY GROUP

RPS37964 0320

Covid-19 Update: RPS Bollinger Specialty Group remains fully operational during this crisis. Our Customer Support Staff, Claims Department and New Business Team are here to answer questions. Connect with RPS Bollinger Specialty Group through your usual channels or through the "**Contact Us**" link options on this site. We wish you and your families good health during this difficult time, and a safe transition back to your workplaces and schools in the near future.

Brookfield Public School District: Insurance Products

Quick Links: Insurance Products | Claim Forms | Home

Insurance Products

The plans below may be purchased for students attending any school in the district/diocese.

Please note the following regarding coverage expiration.

School Time Only Purchases
Please be advised that this coverage is effective on the first day of school or at 12:01 AM EST following the date of purchase, whichever is later. Coverage will expire on **June 30, 2022**.

Round The Clock Purchases
Please be advised that this coverage is effective on the first day of school or at 12:01 AM EST following the date of purchase, whichever is later. Please check the brochure for the expiration date of this plan.

24 Hour Accident Insurance

24 Hour Voluntary Round-the-Clock Plan for non-school sponsored activities.
$90 Total cost per year per student

Dental Accident Insurance

$20 Total cost per year per student

Buy Online Now

Print And Pay By Check

Receive A Form By Mail

View Accident Plan Details

View Dental Insurance Plan

PO Box: 1346 Morristown, NJ 07960
Phone: 1-800-526-1379
Claims: 1-866-267-0092
Fax: 973-921-2876

WELCOME BACK!

DEAR FAMILIES,

The beginning of the school year is approaching and we would like to extend a warm welcome to let you know that Whitsons School Nutrition has exciting plans for the school meal program. Our goal is to serve nutritious, well-balanced meals that appeal to students and the school community. We are pleased to provide a comprehensive school dining program at Brookfield Public Schools that meets the National School Lunch requirements and engages students in developing a positive attitude on healthy eating.

At Whitsons we have gone back to a time when good food was simple. As part of our Simply Rooted® Food Philosophy we are focused on using ingredients that are locally sourced, all-natural, organic or non-GMO, and minimally processed, whenever possible. We've gone back to our roots and we would like the entire Brookfield Public Schools community to join us on this journey.

Here is some information that will be helpful to begin the new school year:

SCHOOL MEALS

Our interactive menus may be found online at https://www.fdmealplanner.com/#Brookfield. Interactive menus provide you with nutritional and allergen information you need to plan your child(ren)s' school meals.

SIMPLY SAFE DINING

Dine with us stress free! In accordance with the Center for Disease Control and Department of Health, Whitsons School Nutrition has very strict food safety practices and procedures in place for when handling food and sanitizing cafeterias, kitchens and serving areas. Students' safety is our number one priority, so let us take the mealtime worry out of your back-to-school experience!

SIMPLY ROOTED® CAFES

Our interactive healthy eating program motivates and inspires students to consider the many benefits healthy eating and exercise have on their growing bodies and minds. With Simply Rooted®, we are embarking on a movement to help students develop positive self-esteem and healthy eating habits by making a connection between attitudes and living healthy. It's all about making the connection between food and healthy eating habits.

WHITSONS®
School Nutrition

WHITSONS
School Nutrition

WELCOME BACK!

At elementary schools, our award-winning Nutrition Safari® program will introduce younger students to lovable animal characters to teach them about selecting healthy choices from each different food group for a well-balanced diet. The program's mission is to encourage students to develop lifelong healthy eating practices.

At secondary schools, monthly Flaves and special event Pop-up Shops will feature trendy menus items and activities to engage older students. Whitsons has also invested in professional signage and merchandising that creates a food court-style environment. It's like going out to lunch without ever leaving the building. Our goal is to entice students to make nutritious and delicious meal choices.

OTHER INFORMATION:

We're excited about our partnership with Brookfield School District and hope to provide a great program while becoming part of the Town of Brookfield community.

Your opinion matters to us. If you have any suggestions for the school nutrition program, please contact Whitsons' General Manager, Alfonso Demasi at demasi@whitsons.com. We are here to serve you and your child(ren)'s needs and look forward to being a part of your community for many years to come.

Sincerely,
Alfonso De Masi
General Manager / Chef