



## Brookfield Public Schools

BUSINESS OFFICE

Date: August 29, 2018

### 2018-2019 BROOKFIELD PUBLIC SCHOOLS STUDENT PACKETS

Dear Parents/Guardians:

#### ***Welcome to the 2018-2019 School Year!***

Our Student Packets are all electronic again this year. You will be able to find and download forms through our website at <http://www.brookfieldps.org>. If you do not have access to a computer, packets will be located in all the schools' main offices or you may contact: ***Joan Reynolds in the Business Office at (203)775-7627.***

The following forms will be available for download on each individual "schools" page on the website under **"2018-2019 Student Packets"**:

- Free and Reduced Priced Lunch Program Application
- Addendum A – Sharing Information with Other Programs
- Addendum B – Husky Health Insurance Information
- 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.
- Frequently Asked Questions regarding Free and Reduced Price School Meals

Thank you and have a wonderful school year.

Sincerely,

Kenneth Post  
Director of Business Operations

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

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

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

## STEP 1

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

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

Check all that apply

## STEP 2

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

If NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA 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)

### 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.

How often?

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

Child Income \$ \_\_\_\_\_

### 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				Public Assistance/ Child Support/Alimony				Pensions/Retirement/ All Other Income			
	Weekly	Bi-Weekly	2x Monthly	Monthly Annual	Weekly	Bi-Weekly	2x Monthly	Monthly Annual	Weekly	Bi-Weekly	2x Monthly	Monthly Annual
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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					Today's date



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

SOURCES OF INCOME FOR CHILDREN		SOURCES OF INCOME FOR ADULTS	
Sources of Child Income	Examples	Earnings from Work	Public Assistance/Alimony/Child Support
Earnings from work	A child has a regular or part-time job where they earn a salary or wages	<ul style="list-style-type: none"> <li>Gross income for salary, wages, cash – bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from state or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>
Social Security	A child is blind or disabled and receives Social Security benefits	<p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability</li> <li>Regular Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned Interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>
Disability Payments	A parent is disabled, retired, or deceased, and their child receives social security benefits		
Survivor's Benefits	A friend or extended family member regularly gives a child spending money		
Income from persons outside the household	A child receives income from a private pension fund, annuity, or trust		
Income from any other source			

## 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

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

<b>STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12</b>			
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.			
<b>Who should I list here?</b> When filling out this section, please include ALL members in your household who are:			
<ul style="list-style-type: none"> <li>Children age 18 or under AND are supported with the household's income;</li> <li>In your care under a foster arrangement, or qualify as homeless or runaway youth;</li> <li>Students attending Brookfield Public Schools, <i>regardless of age</i>.</li> </ul>			
<b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, please print clearly. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	<b>B) Is the child a student in the district?</b> 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.	<b>C) Do you have any foster children?</b> 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. <i>Foster children who live with you may count as members of your household and should be listed on your application.</i> If you are applying for both foster and non-foster children, go to step 3.	<b>D) Are any children homeless, runaway or in a Head Start Program?</b> If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and <i>complete all steps of the application.</i>
<b>STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TFA?</b>			
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:			
<ul style="list-style-type: none"> <li>The Supplemental Nutrition Assistance Program (SNAP)</li> <li>Temporary Family Assistance (TFA)</li> </ul>			
<b>A) If no one in your household participates in any of the above listed programs:</b> <ul style="list-style-type: none"> <li>Leave STEP 2 blank and go to STEP 3.</li> </ul>	<b>B) If anyone in your household participates in any of the above listed programs:</b> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>Go to STEP 4.</li> </ul>		
<b>STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS</b>			
<b>How do I report my income?</b>			
<ul style="list-style-type: none"> <li>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.</li> <li>Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. <ul style="list-style-type: none"> <li>Gross income is the total income received before taxes.</li> <li>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.</li> </ul> </li> <li>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.</li> <li>Mark how often each type of income is received using the check boxes to the right of each field.</li> </ul>			



### 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 Rd  
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.



## 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* 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 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.**

- ☐ **Guidance Counselor – College Application Fee**
- ☐ **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 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.

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

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

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

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

*This institution is an equal opportunity provider.*





## Does Your Child Have Health Insurance?

**Connecticut offers low-cost or free coverage!**

**Dear Parent / Guardian,**

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

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

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

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

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

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

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

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

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

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

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

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





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

Dear Parent/Guardian:

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

### HOW TO QUALIFY

If and how much SNAP you qualify for depends on:

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

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

### Effective October 1, 2017

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

### TO APPLY OR GET MORE INFORMATION

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



## Addendum C: INFORMATION ON SNAP, continued

2. **The Connecticut Association for Community Action (CAFCA)** works with the following community action agencies that will help you enroll in SNAP:

Agency	Phone Number	Areas Served
Action for Bridgeport Community Development, Inc. (ABCD)	203-366-8241	Greater Bridgeport Area and Upper Fairfield County
The Access Community Action Agency (Access)	860-450-7400	Windham and Tolland Counties
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	Naugatuck Valley
Training Education and Manpower, Inc. (TEAM)	203-736-5420	Southeastern CT- New London County

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

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

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

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



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The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut State Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of **race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Connecticut State Department of Education does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction.** Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Act Coordinator, Connecticut State Department of Education, 450 Columbus Boulevard, Suite 607, Hartford, CT 06103, 860-807-2071, [Levy.Gillespie@ct.gov](mailto:Levy.Gillespie@ct.gov).

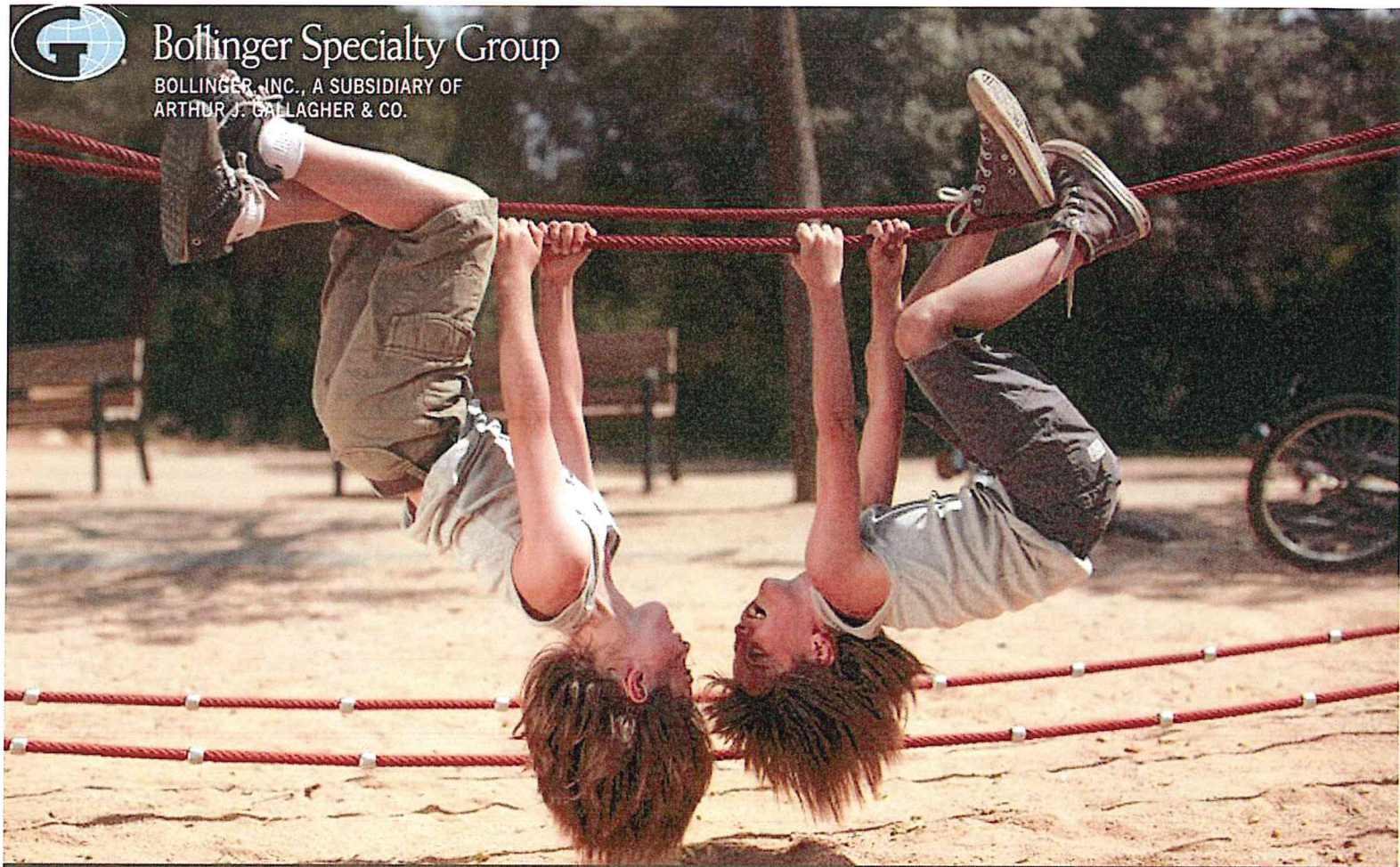
This document is available at <https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/AddendumC.pdf>.





**Bollinger Specialty Group**

BOLLINGER, INC., A SUBSIDIARY OF  
ARTHUR J. GALLAGHER & CO.



## 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:

- \$500,000 School Time Only Student Accident Insurance
- \$500,000 'Round The Clock – 24 Hour Accident Coverage
- \$10,000 Student Life Insurance
- \$5,000 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](http://www.BollingerSchools.com)



**Bollinger Specialty Group**

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Bollinger Specialty Group  
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1 800.350.8005  
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[www.BollingerSchools.com](http://www.BollingerSchools.com)



# WELCOME BACK!



## DEAR PARENTS,

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 Program requirements and engages students in developing a positive "Fooditude".

At Whitsons we are going back to a time when good food was simple. As part of our new 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're going back to our roots and we would like the entire **Brookfield Public Schools** school community to join us on this journey. Some popular items that may appear on menus include: organic veggie burgers, whole grain pasta with organic tomato sauce, organic meats such as turkey and sausages, organic applesauce and a variety of fresh fruit side dishes, just to name a few.

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

## MEAL PRICES:

Elementary	Lunch
Paid	<b>\$2.50</b>
Reduced	<b>\$0.40</b>
Whisconier MS	
Paid	<b>\$3.00</b>
Premium	<b>\$3.50</b>
Reduced	<b>\$0.40</b>
Brookfield HS	
Paid	<b>\$3.25</b>
Premium	<b>\$3.75</b>
Reduced	<b>\$0.40</b>
Adult-All schools	<b>\$4.00</b>

Low-fat milk is available with all meals. All 8 oz. cartons are **\$0.50**

## A LA CARTE PRICES:

Pizza Slice	<b>\$3.00</b>	Juice 4oz	<b>\$0.50</b>
Chicken Patty Sandwich	<b>\$2.75</b>	Milk	<b>\$0.50</b>
Spicy Chicken Sandwich	<b>\$2.75</b>	Chips	<b>\$1.25</b>
Hamburger	<b>\$2.75</b>	Cookies	<b>\$1.00</b>
Cheeseburger	<b>\$2.75</b>	Pop Tarts	<b>\$1.00</b>
Switch Drink	<b>\$2.00</b>	Rice Krispies Chocolate	<b>\$1.00</b>
Envy Fruit Juice	<b>\$1.50</b>	Rice Krispies Originals	<b>\$1.00</b>
Snapple	<b>\$1.25</b>	Rice Krispies Originals Small	<b>\$0.50</b>
Apple & Eve Juice	<b>\$1.25</b>	Cheez-It	<b>\$0.50</b>
Water 16.9oz	<b>\$1.00</b>	Graham Crackers	<b>\$0.50</b>





## FOODITUDE:

Our interactive healthy eating program, called Fooditude, motivates and inspires students to consider the many benefits healthy eating and exercise have on their growing bodies and minds. With Fooditude, 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 habits.

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 increase participation in the National School Lunch Program and encourage students to develop lifelong healthy eating habits.

At secondary schools, monthly Fooditude Flaves will feature trendy menu 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:

To learn more about Whitsons, visit our website at [www.whitsons.com](http://www.whitsons.com). We're excited about our partnership with **Brookfield Public Schools** and hope to provide a great program while becoming part of the Town of Brookfield community.

The Brookfield Board of Education contracts with Whitsons Food Services to provide school lunch to Brookfield students. We strive to provide a high quality lunch program which meets or exceeds all state and federal guidelines.

All children who do not bring a lunch to school will be provided a lunch. However, please note that CES and HHES students whose accounts are at a negative balance will be allowed four (4) lunch charges. WMS and BHS students will be allowed three (3) lunch charges. Accounts must be brought current to ensure your child will continue to receive a hot lunch, otherwise they will receive a cheese sandwich, milk and fruit until the account is brought current.

Account can be set up at [www.myschoolbucks.com](http://www.myschoolbucks.com) to apply payments and to view student's lunch transactions.

Any questions, please contact the Business Office at (203) 775-7627.

Your opinion matters to us. If you have any suggestions for the school nutrition program, please contact your Food Service Director **Alfonso DeMasi** at 203-775-7728 ext. 4419 or Email: [demasia@whitsons.com](mailto:demasia@whitsons.com). Details of our program, as well as school menus and other important information are available at <https://schools.whitsons.com/ct/brookfield-public-schools>. 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.

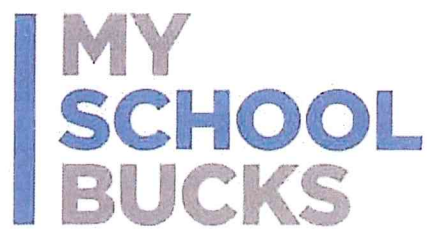
Sincerely,

**Alfonso DeMasi**  
Food Service Director/Chef



*Insert Message Here!*  
*Insert Message Here!*





# The Simple Way to Pay

FOR SCHOOL MEALS

**[myschoolbucks.com](http://myschoolbucks.com)**



View account balances and meal purchases



Schedule automatic payments



Make payments anytime, anywhere from our mobile app

SIGN UP FOR YOUR  
FREE ACCOUNT IN

## 3 Easy Steps!

1

Go to  
**[myschoolbucks.com](http://myschoolbucks.com)**

2

Create your account

3

Pay with your  
credit/debit card  
or electronic check



Download  
our **FREE**  
app today!



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

Dear Parent/Guardian:

Children need healthy meals to learn. Brookfield Public Schools offers healthy meals every school day. Lunch costs \$2.50 for CES & HHES; \$3.00 for WMS/\$3.50 for WMS Premium; \$3.25 for BHS/\$3.75 for BHS Premium. **Your children may qualify for either free meals or reduced-price meals.** The reduced price is \$.40 for lunch. This packet includes an application for free and reduced-price meal benefits and detailed instructions.

**NOTE:** Children receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA) or Medicaid (HUSKY) benefits *may* be directly certified and automatically eligible for free meals without applying for benefits. (Some children who receive Medicaid (HUSKY) benefits **may** also be directly certified and automatically eligible for *reduced-price* meals.) Questions regarding SNAP/TFA/Medicaid and direct certification should be sent to the determining official, **Joan Reynolds at (203) 775-7627.**

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

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

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

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

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

Reduced Federal Eligibility Income Chart (Effective 7/1/2018 to 6/30/2019)			
Household size	Yearly	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each Additional Family Member	+ 7,992	+ 666	+ 154



2. **How do I know if my children qualify as homeless or runaway?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and you have not been told your children will get free meals, please call or e-mail **Christine Sipala, Homeless Liaison at (203) 775-7748 or sipalac@brookfieldps.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 **Brookfield Public Schools 100 Pocono Road., Brookfield, CT 06804**  
**Attention: Joan Reynolds or reynoldsj@brookfieldps.org.**
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 **Joan Reynolds c/o Brookfield Public Schools 100 Pocono Road., Brookfield, CT 06804 (203) 775-7627 or reynoldsj@brookfieldps.org immediately.**
5. **Can I apply online?** Not at this time.
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). 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 get WIC. Can my children get free meals?** Children in households participating in WIC **may** be eligible for free or reduced-price meals. Please send in an application.
8. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.
9. **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 meals if the household income drops below the income limit.
10. **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 **Dr. Maureen Ruby c/o Brookfield Public Schools 100 Pocono Road, Brookfield, CT 06804 (203) 775-7622 or Rubym@brookfieldps.org.**
11. **May I apply if someone in my household is not a U.S. citizen?** Yes. You, your children or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. **What if my income is not always the same?** List the amount that you **normally** receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.



13. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. When this happens, please write "0" in the field. However, if any income fields are left empty or blank, those will **also** be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you **meant** to do so.
14. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, these must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **What if there isn't enough space on the application for my family?** List any additional household members on a separate piece of paper and attach to your application. Contact **Joan Reynolds c/o Brookfield Public Schools 100 Pocono Road., Brookfield, CT 06804 (203) 775-7627 or [reynoldsj@brookfieldps.org](mailto:reynoldsj@brookfieldps.org)** to receive a second application.
16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP benefits and to contact the Department of Social Services office in your town, contact United Way's free referral number 2-1-1 (free call, statewide).

If you have other questions or need help, call **Joan Reynolds (203) 775-7627**.

Sincerely,



**Joan Reynolds**  
**Determining Official**

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

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

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

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