



## Brookfield Public Schools

BUSINESS OFFICE

Date: August 31, 2021

### 2021-2022 BROOKFIELD PUBLIC SCHOOLS STUDENT PACKETS

Dear Parents/Guardians:

***Welcome to the 2021-2022 School Year!***

Our Student Packets are available electronically through the district website at <http://www.brookfieldps.org> under "2021-2022 Student Packets". 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
- Food Service Charging Policy

Thank you and have a wonderful school year.

Sincerely,

Kenneth Post  
Director of Business Operations

# 2021-22 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.)

Definition of Household Member: *Anyone who is living with you and shares income and expenses, even if not related. Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.	Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster	Head Start	Homeless or Runaway
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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	Public Assistance/ Child Support/Alimony	All Other Income	Pensions/Retirement/
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

How often? Weekly | Bi-Weekly | 2x Month | Monthly | Annual  
○ | ○ | ○ | ○ | ○

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

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      Check if no SSN

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

\*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.\*

## 2021-22 Application for Free and Reduced-price School Meals

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> <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>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 Disability Payments	A child is blind or disabled and receives Social Security benefits		<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>
Survivor's 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		

### 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, 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:

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.  
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.** 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) Is the child a student in the district?** 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.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. *Foster children who live with you may count as members of your household and should be listed on your application.* If you are applying for both foster and non-foster children, go to step 3.

**D) Are any children homeless, runaway or in a Head Start Program?** If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and *complete all steps of the application.*

#### 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:**

- Leave **STEP 2** blank and go to **STEP 3**.

**B) If anyone in your household participates in any of the above listed programs:**

- 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.

**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 2021-22

Complete una solicitud por grupo familiar. Utilice una lapicera (no un lápiz).

N.º de solicitud: \_\_\_\_\_

### PASO 1 Mencione TODOS los miembros del grupo familiar que sean bebés, niños y alumnos 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	Apellido del menor:	Escuela	Grado	¿Alumno?		Acogimiento familiar	Head Start	Sin hogar o Fugado
					Si	No			

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

Número de caso:

Escriba solo un número de caso en este espacio.

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

¿No está seguro de que 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.

**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)	¿Con qué frecuencia?		¿Con qué frecuencia?		¿Con qué frecuencia?		¿Con qué frecuencia?	
	Semanal	Cada 2 meses	Semanal	Cada 2 meses	Semanal	Cada 2 meses	Semanal	Cada 2 meses
Ingresos del trabajo								
Asistencia pública/ manutención de menores/ pensión alimenticia								
Pensiones/públicas/ otros ingresos								
¿Con qué frecuencia?								
¿Con qué frecuencia?								
¿Con qué frecuencia?								
¿Con qué frecuencia?								
¿Con qué frecuencia?								

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

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 procesarse en virtud de las leyes estatales y federales correspondientes".

Dirección (si está disponible)	N.º de depto.	Ciudad	Estado	Código postal	Teléfono durante el día y correo electrónico
Nombre del adulto que firma el formulario en letra de imprenta					Fecha de hoy

## Solicitud para comidas gratuitas y a precio reducido en la escuela 2021-22

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
Ingresos del trabajo	Un menor tiene un trabajo regular o de medio tiempo en el que gana un salario o sueldo	<ul style="list-style-type: none"> <li>Ingreso bruto para salarios, sueldos, efectivo, bonos</li> <li>Ingreso neto de trabajo independiente (granja o negocio)</li> </ul> <p><b>Si se encuentra en las Fuerzas Armadas de los EE. UU.:</b></p> <ul style="list-style-type: none"> <li>Pago básico y bonos en efectivo (NO incluya pagos por combate, FSSA ni asignaciones para viviendas privatizadas)</li> <li>Asignaciones para viviendas fuera de la base, alimentos y vestimenta</li> </ul>	<ul style="list-style-type: none"> <li>Beneficios de desempleo</li> <li>Compensación de los trabajadores</li> <li>Seguridad de Ingreso Suplementario (SSI)</li> <li>Asistencia en efectivo del gobierno estatal o local</li> <li>Pagos por pensión alimenticia</li> <li>Pagos por manutención de menores</li> <li>Beneficios de veteranos</li> <li>Beneficios de huelga</li> </ul>
Seguro social	Un menor es ciego o discapacitado, y recibe beneficios del seguro social		<ul style="list-style-type: none"> <li>Seguro social (incluida la jubilación ferroviaria y los beneficios por neuromoñitosis)</li> <li>Pensiones privadas o discapacidad</li> <li>Ingreso regular de fideicomisos o patrimonio</li> <li>Anualidades</li> <li>Ingreso de inversiones</li> <li>Intereses ganados</li> <li>Ingreso de rentas</li> <li>Pagos regulares en efectivo de fuentes externas al grupo familiar</li> </ul>
<ul style="list-style-type: none"> <li>Pagos por discapacidad</li> <li>Beneficios de sobrevivientes</li> </ul>	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 ayudarnos a evaluar, financiar o determinar las prestaciones de sus programas, auditors para revisar los programas, y agencias del orden público para ayudarnos 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 conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8338. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: [http://wwwocio.usda.gov/sites/default/files/docs/2012/Spanish\\_Form\\_508\\_Compliant\\_6\\_8\\_12\\_0.pdf](http://wwwocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf), y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al 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: (202) 690-7442; o
- (3) correo electrónico: [program.intake@usda.gov](mailto: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*.

<p><b>A) Mencione el nombre de cada menor.</b> 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.</p>	<p><b>B) ¿El menor es alumno del distrito?</b> Indique el nombre de la escuela, el grado y marque "Si" o "No" en la columna "Alumno" para informarnos qué menores asisten a la escuela en el distrito. Si marcó "Si", escriba el grado del alumno en la columna "Grado".</p>	<p><b>C) ¿Tiene algún niño en acogimiento?</b> 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. <i>Los niños en acogimiento que residen con usted pueden considerarse miembros de su grupo familiar y deben incluirse en su solicitud.</i> Si presenta la solicitud para niños en acogimiento y de otra naturaleza, proceda con el Paso 3.</p>	<p><b>D) ¿Alguno de los menores no tiene hogar, se fugó de su hogar o participa en el Programa Head Start?</b> 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 <i>complete todos los pasos de la solicitud.</i></p>
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#### 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)

<p><b>A) Si ningún miembro del grupo familiar participa en los programas mencionados anteriormente:</b></p> <ul style="list-style-type: none"> <li>• Deje en blanco el PASO 2 y proceda con el PASO 3.</li> </ul>	<p><b>A) Si un miembro del grupo familiar participa en alguno de los programas mencionados anteriormente:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• Proceda con el PASO 4.</li> </ul>
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### 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 ingreso 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.

<p><b>B) Incluya los nombres de los miembros adultos del grupo familiar.</b> 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)." <i>No incluya ningún miembro del grupo familiar mencionado en el PASO 1.</i> Si un menor mencionado en el PASO 1 percibe un ingreso, siga las instrucciones en el <b>PASO 3, parte A.</b></p>	<p><b>C) Informe los ingresos del trabajo.</b> 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.</p> <p><b>¿Qué sucede si soy trabajador independiente?</b> 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.</p>	<p><b>D) Informe el ingreso de la asistencia pública/manutención de menores/pensión alimenticia.</b> Informe todos los ingresos correspondientes en el campo "Asistencia pública/manutención de menores/pensión alimenticia" de la solicitud. <i>No informe el valor en efectivo de ningún beneficio de asistencia pública que NO se incluya en el cuadro.</i> 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.</p>
<p><b>E) Informe el ingreso de pensiones/jubilaciones/otros ingresos.</b> Informe todos los ingresos correspondientes en el campo "Pensiones/jubilaciones/otros ingresos" de la solicitud.</p>	<p><b>F) Informe el tamaño del grupo familiar en total.</b> 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 <b>PASO 1</b> y el <b>PASO 3.</b> 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.</p>	<p><b>G) Proporcione los últimos cuatro dígitos de su número del seguro social.</b> 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".</p>
<p><b>Paso 4: Información de contacto y firma del adulto</b></p>		
<p><b>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.</b></p>		
<p><b>A) Brinde su información de contacto.</b> 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.</p>	<p><b>B) Escriba en letra de imprenta y firme su nombre.</b> Escriba en letra de imprenta el nombre del adulto que firma la solicitud. Esa persona firma en la casilla "Firma del adulto".</p>	<p><b>C) Envíe formulario completado por correo:</b> Brookfield Public Schools 100 Pocono Road Brookfield, CT 06804.</p> <p><b>D) Comparta las identidades raciales y étnicas de los menores (opcional).</b> 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.</p>

## 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 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'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**.

**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. 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: [How to File a Complaint](#), 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 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 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](https://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](https://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, 2021 - December 15, 2021**) 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:



(May 1 – Aug 15) Residents who are under-insured, uninsured, or want to receive newly available financial help



Newly eligible/ineligible for Premium Tax Credits as a result of Divorce, or other Legal Decree or Court Order



Marriage

**> Loss of Coverage Due to Other Circumstances:**



Permanent move to Connecticut

- Expiration of COBRA
- No longer eligible for HUSKY Health
- No longer eligible for an Advance Premium Tax Credit (APTC) or a Cost-Sharing Reduction (CSR)
- Change in citizenship or lawful presence status



Pregnancy, birth, adoption or foster care

**For More Information, visit [AccessHealthCT.com](https://AccessHealthCT.com)**

## 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, 2020		
Household size	Gross monthly income	Gross annual income
1	\$1,968	\$23,606
2	\$2,658	\$31,894
3	\$3,349	\$40,128
4	\$4,040	\$48,470
5	\$4,730	\$56,758
6	\$5,421	\$65,046
7	\$6,112	\$73,334
8	\$6,802	\$81,622
For each additional member	+691	+8,288
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, 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: [How to File a Complaint](#), 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.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of age, ancestry, color, 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](mailto:levy.gillespie@ct.gov).

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

# 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 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. Some new items that may appear on menus include: Meatless Buffalo Nuggets, Gruyere Cheese Egg Bites, Whole Grain Homestyle Biscuits, a New Meatless Burger, and many new surprises you will see through the school year.

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

## SCHOOL MEALS

The National School Lunch (NSLP) is a federally funded program providing nutritionally balanced meals to children each school day. The USDA administers the program at the federal level and has approved the continuation of serving free meals to all students in the National School Lunch and Breakfast Program through the 2021-2022 school year. This means that all students enrolled at **Brookfield Public Schools** will have access to nutritious meals, one per student at ***no cost to parents***. A la carte items will be available for purchase, such as chips, cookies, juice, etc.

Our interactive menus may be found online at [www.fdmealplanner.com](http://www.fdmealplanner.com). Interactive menus provide you with nutritional and allergen information you need to plan your 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.

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 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:

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.

Your opinion matters to us. If you have any suggestions for the school nutrition program, please contact Whitsons' General Manager / Chef, Alfonso De Masi at 203-775-7728 ext. 4419 or email [demasia@whitsons.com](mailto:demasia@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







# 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](http://www.BollingerSchools.com)

## OFFICE LOCATION

200 Jefferson Park, Whippany, NJ 07981

[BollingerSchools.com](http://BollingerSchools.com)



The information contained herein is offered as insurance industry guidance and provided as an overview of current market risks and available coverages and is intended for discussion purposes only. This publication is not intended to offer legal advice or client-specific risk management advice. Any description of insurance coverages is not meant to interpret specific coverages that your company may already have in place or that may be generally available. General insurance descriptions contained herein do not include complete insurance policy definitions, terms and/or conditions, and should not be relied on for coverage interpretation. Actual insurance policies must always be consulted for full coverage details and analysis. DBA Risk Placement Services Insurance Brokers. CA License No. 0C66724. Copyright © 2020 Risk Placement Services, Inc.



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.

[Home](#) :: [My School](#) :: [Insurance Products](#)

## 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

[Buy Online Now](#)

[Print And Pay By Check](#)

[Receive A Form By Mail](#)

#### Dental Accident Insurance

\$20 Total cost per year per student

[View Accident Plan Details](#)

[View Dental Insurance Plan](#)

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

## **Business and Non-Instructional Operations**

### **Food Service**

#### **Charging Policy**

The goal of the food service program is to provide students with nutritious and healthy foods, through the District's food services program, that will enhance learning. The school nutrition program is an essential part of the education system and by providing good-tasting, nutritious meals in pleasant surroundings; we are helping to teach students the value of good nutrition.

The Board of Education (Board) has an agreement with the Connecticut State Department of Education to participate in one or more school Child Nutrition Programs and accepts full responsibility for adhering to the federal and state guidelines and regulations pertaining to these school Child Nutrition Programs. The Board also accepts full responsibility for providing free or reduced price meals to eligible elementary and secondary students enrolled in the District's schools. Applicants for such meals are responsible to pay for meals until the application for the free or reduced price meals is completed and approved. All applications for free and reduced price lunch and any related information will be considered strictly confidential and not to be shared outside of the District's food services program. Meals are planned to meet the specified nutrient standards outlined by the United States Department of Agriculture for children based on their age or grade group.

Although not required by law, because of the District's participation in the Child Nutrition Programs, the Board approves the establishment of a system to allow a student to charge a meal.

The Board realizes that funds from the non-profit school food service account, according to federal regulations, cannot be used to cover the cost of charged meals that have not been paid.

Moreover, federal funds are intended to subsidize the meals of children and may not be used to subsidize meals for adults (teachers, staff and visitors). Adults are not allowed to charge meals and shall pay for such meals at the time of service or through pre-paid accounts.

Charging is not encouraged by the District but on those occasions that a student does not have money, they will be offered an alternate meal.

- A cheese sandwich, milk, and a fruit or vegetable.

The cost of providing this alternate meal cannot be incurred by the school food service account and the charge for this alternate meal will be the regular meal price for that school

**Business/Non-Instructional Operations****Food Service****Charging Policy (continued)**

In order to sustain the District's food services program, the District cannot permit the excessive charging of student meals. Therefore, any charging of meals must be consistent with this policy and any accompanying regulations. The Superintendent or his/her designee shall develop regulations designed to effectively and respectfully address family responsibility for unpaid meals.

Any parent/guardian who anticipates a problem with paying for meals is encouraged to contact the Business Office for assistance. The Board encourages all families who may have a child eligible for free or reduced price lunch to apply.

**Definitions**

**"Alternate Meals"** are not clearly defined in federal and state regulations. The use of alternate meals refers to any meal served to a student that is different from the day's advertised reimbursable meal. Alternate meals are most often provided to those students who have forgotten their meal payment(s) or medium of exchange.

**"Delinquent Debt"** are unpaid meal charges, like any other money owed to the nonprofit school food service account when payment is overdue, as defined by state or local policies.

**"Bad Debt"** are when unpaid meal charges are not collected and are considered a loss. Such debt must be written off as an operating loss, which cannot be absorbed by the nonprofit school food service account, but must be restored using nonfederal funds.

**District-Wide**

Parents are responsible for providing meals or meal money for their student(s). The District uses an automated prepayment system, which allows parents/guardians to view their child's meal account balance and purchases, receive low-balance notifications, as well as, make deposits, to their child's school meal account. Students shall be allowed up to four (4) reimbursable meal charges. All other a-la-carte items shall not be charged. After four charges, an alternative meal shall be provided. The parents/guardians of a student with a negative balance on their account will be notified in writing and/or via email and/or via phone. All credited meals must be repaid.

**Business/Non-Instructional Operations**

**Food Service**

**Charging Policy (continued)**

**Delinquent Debt and Bad Debt**

The District's efforts to recover from households money owed due to the charging of meals must not have a negative impact on the children involved and shall focus primarily on the adults in the household responsible for providing funds for meal purchases. The school food authority is encouraged to consider whether the benefits of potential collections outweigh the costs which would be incurred to achieve those collections.

Money owed because of unpaid meal charges shall be considered "delinquent debt," as defined, as long as it is considered collectable and reasonable efforts are being made to collect it. Such debt must be paid by June 30, effective with the 2018-2019 school year.

After reasonable attempts are made to collect the delinquent debt, and it is determined that further collection efforts are useless or too costly, the debt must be reclassified as "bad debt." Such debt shall be written off as an operating loss not to be absorbed by the nonprofit school food service account but must be restored using non-federal funds.

**Dissemination of Policy**

This policy shall be provided in writing to all households at the start of each school year and to households transferring to the school or school district during the school year.

This policy shall be included in student/parent handbooks, placed on the District's website, on the website of each school, and published at the beginning of each school year at the time information is distributed regarding free and reduced price meals and again to the household the first time the policy is applied to a specific child.

This policy shall be provided to all school staff and/or school food authority staff responsible for its enforcement. In addition, school social workers, nurses, the homeless liaison, and other staff members assisting children in need or who may be contacted by families with unpaid meal charges also should be informed of this policy.

The District's school food authority shall maintain, as required, documentation of the methods used to communicate this policy to households and school or school food authority-level staff responsible for policy enforcement.

(cf. 3542 – Food Service)

(cf. 3542.31 – Free or Reduced Price Lunch Program)

**Business/Non-Instructional Operations**

**Food Service**

**Charging Policy**

Legal Reference: Connecticut General Statutes

10-215 Lunches, breakfasts and other feeding programs for public school children and employees.

10-215a Nonpublic school and nonprofit agency participation in feeding programs.

10-215b Duties of State Board of Education re feeding programs.  
State Board of Education Regulations

State of Connecticut, Bureau of Health/Nutrition, Family Services and Adult Education Operational Memorandum No. 4-17, "Guidance on Unpaid Meal Charges and Collection of Delinquent Meal Payments," Nov. 2, 2016

Operational Memorandum #19-10, State of Connecticut, Bureau of Health/Nutrition, Family Services and Adult Education "Unallowable Charges to No-profit School Food Service Accounts and the Serving of Meals to No-paying Full and Reduced Price Students"

National School Lunch Program and School Breakfast Program; Competitive Foods. (7 CFR Parts 210 and 220, Federal Register, Vol 45 No. 20, Tuesday, January 29, 1980, pp 6758-6772

USDA Guidance:

- SP 46-2016, "Unpaid Meal Charges: Local Meal Charge Policies"
- SP 47-2016, "Unpaid Meal Charges: Clarification on Collection of Delinquent Meal Payment"
- SP 57-2016 "Unpaid Meal Charges: Guidance and Q and A"
- SP 58-2016 "2016 Edition: Overcoming the Unpaid Meal Challenge: Proven Strategies from Our Nation's Schools"

Policy adopted from CABE: 5/1/19

**BROOKFIELD PUBLIC SCHOOLS**  
Brookfield, Connecticut