



Brookfield Public Schools

BUSINESS OFFICE

Date: September 8, 2020

2020-2021 BROOKFIELD PUBLIC SCHOOLS STUDENT PACKETS

Dear Parents/Guardians:

Welcome to the 2020-2021 School Year!

Our Student Packets are available electronically through the district website at <http://www.brookfieldps.org> under “**2020-2021 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
- 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
- Frequently Asked Questions regarding Free and Reduced Price Schools Meals
- Food Service Charging Policy

Thank you and have a wonderful school year.

Sincerely,

Kenneth Post
Director of Business Operations

2020-21 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?		Check all that apply		
						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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (Do not complete STEP 3.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: _____
Write only one case number in this space.

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

Are you unsure what income to include here?

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

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

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

Name of Adult Household Member (First & Last Name)	Earnings from Work				Public Assistance/ Child Support/Alimony				All Other Income			
	Weekly	Bi-Weekly	2x Month	Monthly Annual	Weekly	Bi-Weekly	2x Month	Monthly Annual	Weekly	Bi-Weekly	2x Month	Monthly Annual

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

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

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)

City

State

Zip

Daytime Phone and Email (optional)

Signature of adult

Today's date

Printed name of adult signing the form

2020-21 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	Pensions/Retirement/ All Other Income
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"> Gross income for salary, wages, cash – bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability Regular Income from trusts or estates Annuities Investment income Earned Interest Rental income Regular cash payments from outside household
Social Security	A child is blind or disabled and receives Social Security benefits			
Disability Payments	A parent is disabled, retired, or deceased, and their child receives social security benefits			
Survivor's Benefits				
Income from person's 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 Black or African American Native Hawaiian or Other Pacific Islander White

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.

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: _____

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, 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.

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@brookfieldsps.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*.

<p>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.</p>	<p>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.</p>	<p>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. <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.</p>	<p>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 <i>complete all steps of the application.</i></p>
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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)

<p>A) If no one in your household participates in any of the above listed programs:</p> <p>STEP 3.</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <ul style="list-style-type: none"> • Go to STEP 4.
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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.

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.

<p>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.</p>	<p>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."</p>	<p>C) Mail completed form to Brookfield Public Schools 100 Pocono Road Brookfield, CT 06804.</p>	<p>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.</p>
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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 or free milk.

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.

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
- 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

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, 2020 - December 15, 2020**) 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:



Loss of Minimal Essential Coverage



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 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 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, 2019

Household Size	Gross Monthly Income	Gross Annual Income
1	\$1,926	\$23,107
2	\$2,607	\$31,284
3	\$3,289	\$39,461
4	\$3,970	\$47,638
5	\$4,652	\$55,815
6	\$5,333	\$63,992
7	\$6,015	\$72,169
8	\$6,696	\$80,346
For each additional member	+682	+8,177
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 eligibility screener (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.
 2. **The Connecticut Association for Community Action (CAFCA)** works with the following community action agencies that will help you enroll in SNAP:

Addendum C: Information on 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	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.

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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, 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.

This institution is an equal opportunity provider.

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

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 607, Hartford, CT 06103, 860-807-2071, levy.gillespie@ct.gov.



Bollinger Specialty Group

A Gallagher Company

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE POLICY

24 Hour Student Accident Insurance Policy

\$500,000 MAXIMUM BENEFIT

SCHOOL TIME ONLY COVERAGE

Your child's school has purchased group student accident insurance coverage for all students providing valuable protection against accidental injuries occurring school hours or during school sponsored and supervised activities.

EXTENDED PROTECTION FOR YOUR CHILD

This 24-hour option gives you the opportunity to extend your child's "school time only" coverage to 2 full 24 hours a day with all the same benefits and restrictions of your child's school Policy. This way your child will be covered against accidents occurring anytime; evenings, weekends, holidays, - even during the active summer vacation months up to \$500,000.

ACCIDENT COVERAGE

This Policy covers medical expenses incurred from accidental bodily injuries including but not limited to: 1) broken arm from falling off bicycle, 2) concussion from being hit in the head, or 3) lacerated foot from stepping on broken glass. This Policy does not cover medical expenses from sicknesses such as measles, mumps, or the flu. **PLEASE NOTE: injuries from interscholastic athletic activities are not covered under this Policy if covered under the Accident Policy purchased by your child's school. Injuries from tackle football of any form are not covered under this Policy.**

This Policy covers accidental bodily injuries resulting in death and dismemberment. The payable benefit amount for accidental deaths is \$10,000. The payable benefit amount for accidental dismemberment is a maximum of \$20,000 - the actual amount will be determined according to the dismemberment scheduled listed in the Policy. The Exposure and Disappearance Benefit included on the Policy extends coverage for the following: Exposure - If an Insured is exposed to weather because of an

accident and this results in death, the Insured will be eligible for the applicable accidental death benefit; Disappearance - If the conveyance in which an Insured is riding disappears, is wrecked, or sinks, and the Insured is not found within 365 days of the event, it will be presumed that the person lost his or her life as a result of injury and the Insured will be eligible for the applicable accidental death benefit.

BENEFITS ADDITIONAL TO OTHER COVERAGE

This 24-hour Policy will reimburse your financial loss stemming from covered accidental injuries, up to the policy limits, regardless of any other coverage you may have (except for injuries covered under the school's school-time policy).

BENEFITS: are provided for accidental injuries for which medical treatment by a physician, surgeon, dentist, or registered nurse, hospital service, ambulance services, of X-rays are rendered. The initial treatment must be rendered within 90 days of accident and benefits are limited to treatment rendered within 260 weeks of the date of accident. All claims must be submitted to the company within 90 days from the date of accident.

MAXIMUM

The maximum benefit payable for medical expenses as a result of any one accident is \$500,000.

COVERED MEDICAL EXPENSES

Coverage under the Accident Medical Expense Benefit applies to the following Medical Services resulting from a Covered Injury.

Hospital Room and Board are covered to a maximum of the Usual and Customary charges.

Ancillary Hospital Expenses including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined are covered to a maximum of the Usual & Customary charges.

VOLUNTARY STUDENT ACCIDENT INSURANCE

7. Expenses incurred for dental care, **treatment**, repair or replacement of sound natural teeth unless **Medically Necessary** for the treatment of the **Covered Injury**.
8. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids of the fitting, repair or replacement of these items unless **Medically Necessary** for the treatment of the **Covered Injury**.
9. A hernia.
10. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures. However, the exclusion of experimental or investigative treatments or procedures does not apply to those that have successfully completed a phase III clinical trial of the federal Food and Drug Administration.
11. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for **treatment** of mental or nervous diseases or disorders.
12. Expenses which the **Insured** is not legally obligated to pay.
13. Expenses for **Custodial Services** or services provided by a private duty nurse unless such expenses are incurred as a result of a **Covered Injury**.
14. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the **Covered Injury** has caused further impairment of the underlying bodily condition.
15. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a **Covered Injury**.
16. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease.
17. Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a **Physician** for the **Insured**. (Accidental ingestion of a poisonous food substance or consumption of a controlled drug is not excluded.)

CLAIM PROCEDURE

In the event of a claim, occurring other than during school hours, notify **Bollinger** by calling 866-267-0092 or print a claim form directly from our website www.BollingerSchools.com. (Note: Claims occurring during school hours fall under the school policy. For such claims you can obtain a claim form from the school.)

ID CARD

STUDENT ACCIDENT INSURANCE


Name: _____

Street Address: _____

Town: _____ City: _____ State: _____ Zip: _____

School District: _____

To obtain a claim form, please visit www.BollingerSchools.com

Administered by:

 P.O. Box 1346, Morristown, NJ 07962
 1-866-267-0092

Please store your card in a safe location for future reference.

This is intended as a general description of certain types of insurance and services available to qualified customers through the Zurich American Insurance Company (1299 Zurich Way, Schaumburg, IL 60196, phone number 800-382-2150, NAIC # 16535, domiciled in New York) solely for informational purposes. Nothing herein should be construed as a solicitation, offer, advice, recommendation, or any other service with regard to any type of insurance product underwritten by Zurich American Insurance Company. Your policy is the contract that specifically and fully describes your coverage, terms and conditions. The description of the policy provisions gives a broad overview of coverages and does not revise or amend the policy.

Coverages and rates are subject to individual insured meeting our underwriting qualifications and product availability in applicable states.



Connecticut: Application for Student Accident Insurance

LAST NAME _____

FIRST NAME _____ MIDDLE INITIAL _____

MALE FEMALE DATE OF BIRTH _____ / _____ / _____
(Month/Day/Year)

STREET ADDRESS _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

NAME OF PARENT OR GUARDIAN (BENEFICIARY) PLEASE PRINT _____

All statements made on this application are true and complete to the best of my knowledge and belief.

PARENT'S SIGNATURE _____ TODAY'S DATE _____

NAME OF SCHOOL DISTRICT _____

SCHOOL NAME _____ GRADE _____

Please select the policy desired:

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE POLICY
 Premium Cost Per Year

24-HOUR 'ROUND THE CLOCK POLICY

Students _____

Grades K-12 \$ 90.00

I enclose \$ _____ Total Premium

Mail this form and the appropriate premium to: **Bollinger, Inc., PO Box 1515, Morristown, NJ 07962.** Your cancelled check is your receipt.



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



Bollinger Specialty Group

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

Bollinger Specialty Group
200 Jefferson Park
Whippany, NJ 07981

1 800 350 8005
1 973 932 2876
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 a comprehensive plan to meet all of our student meal needs. Our goal is to serve nutritious, well-balanced meals that appeal to students and to the school community while continuing our safe food handling practices that we always have. With the new challenges presented by Covid-19 we will be particularly focused on new ways to deliver our students the quality and variety our students and families have come to expect, all while meeting the National School Lunch requirements.

In this letter you will find where to locate resources and information in addition to our plan for the hybrid model Brookfield Public Schools has adopted for the start of the school year. Please keep in mind that as we move forward through the year and circumstances evolve, we will be posting our changes to this document on the Brookfield Public School webpage under the food service department section.

DISTRICT CONTACT INFORMATION:

Alfonso DeMasi **General Manger** 203-775-7725 x 4419
demasia@brookfieldps.org

FREE AND REDUCED APPLICATIONS

Free and Reduced Lunch Application forms can be downloaded from the forms below or can be obtained at the main office in your child's school.

[Free and Reduced priced Lunch Application 2020/2021 - English](#)

[Free and Reduced priced Lunch Application 2020/2021 - Spanish](#)

Please complete and return the free and reduced lunch application as soon as possible to your student's teacher or via mail. The free and reduced application is required to be completed annually. If your student is returning, please be aware that last year's status expires on **October 21st**, and if the district has not received a new application, your students' status will be returned to paid. For more information about the free and reduced application please contact Joan Reynolds at (203) 775-7627 or email reynoldsi@brookfieldps.org. For remote learners please mail your application to:

Brookfield Public Schools
100 Pocono Road
Brookfield, CT 06804



WELCOME BACK!

MEAL PRICES:

All Reimbursable Meal Prices abide by the USDA & CSDE guidelines.

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

Low-fat milk is available with all reimbursable meals. All 8 oz. milk cartons are \$.50 when purchased ala carte.

PAYMENTS: ONLINE, IN PERSON AND MONITORING ACCOUNTS

Due to Covid-19 we strongly encourage you to utilize the online payment system described below!

School Lunch Account Information:

Brookfield Public Schools offers www.myschoolbucks.com, a convenient online service that allows you to securely pay for your child's school meals using your credit/debit card or electronic check.

MySchoolBucks offers families the following:

Convenience:

- Make payments when it's convenient for you, 24 hours a day, 7 days a week
- Monitor your student's account balances online
- Make payments and receive account balance alerts with the new mobile app: <https://www.myschoolbucks.com/ver2/login/getmain?requestAction=home>

Control:

- Receive low balance email reminders to remind you when it's time to add more money
- View your student's cafeteria purchases

Efficiency:

- Make your payments for all your children in one easy step, even if they attend different schools in the district
- No need for mailing, delivering checks, or sending checks to the school for filling lunch accounts

Flexibility:

- Make payments using your VISA, MasterCard, Discover, credit/debit cards, or electronic check
- Use the option to have payments made automatically adding money to the account each month when a threshold is reached that you set
- Receive deposit confirmations sent directly to your email account

Timeliness:



WELCOME BACK!

•Money deposited into mySchoolBucks.com is usually active in your student's account by the next morning

Create a MySchoolBucks account:

Go to www.myschoolbucks.com

Enter Student's School and ID number

The 9-digit student ID number can be obtained by contacting the school lunch manager or main office.

In person payment:

If you must utilize in person payments, please send your students in with either cash or check made payable to Brookfield School Lunch Fund in an envelope with your student and teacher's name on it. For students attending Center or Huckleberry, they may hand the envelope to their teacher who will forward it to the office by a staff member. Students attending Brookfield High School or Whisconier are requested to please hand the envelope to the cashier at the time of service.

FOOD SERVICES - FALL 2020:

Food services will be offering a smaller set of options for students this September. At the elementary level students will have 1-2 options daily to select from and at the Brookfield High School and Whisconier option there will be 4-5 options daily. All foods will be pre-packaged for safety. Elementary and Whisconier school lunches will be delivered to classrooms as a bag lunch. Brookfield High School students will eat in the cafeteria or extended cafeteria with a purchase area in each space.

To learn more about Whitsons, and to stay up to date with any changes to the food service in Brookfield Public Schools please visit our website on the districts webpage at <https://schools.whitsons.com/ct/brookfield-public-schools?page=welcome>

We're excited about our continued partnership with Brookfield Public Schools as we look ahead to another year of being part of the greater Brookfield community. We have been privileged to assist the community consistently since the move to remote learning and all throughout the summer. We thank you for your support and encouragement of us as we all get through this pandemic together.

Sincerely,



Alfonso DeMasi
General Manager



School Payments Simplified

MY
SCHOOL
BUCKS

Easily pay for school items and fees with MySchoolBucks



Fast & Easy
Checkout



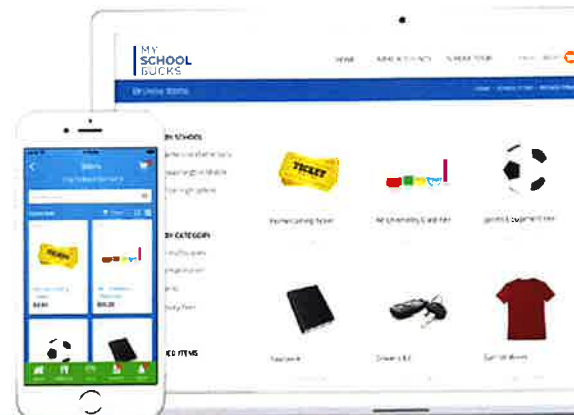
Simple
& Secure



Make Payments
Anytime

Get Started:

- 1 Go to myschoolbucks.com or download the app
- 2 Visit the school store & add items to your cart
- 3 Check out with your credit/debit card



 [MySchoolBucks.com](https://myschoolbucks.com)

DOWNLOAD



GET SOCIAL



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 and HHES, \$3.00 for WMS/\$3.50 for WMS Premium and \$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 \$ **\$0.40** 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.)

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 or reduced 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 Brookfield Public Schools complies with the federal requirements for meal modifications for children with special dietary needs. The requirements for meal modifications are different for children with and without disabilities. For more information, please contact the food service director, **Alfonso DeMasi** at **(203) 775-7725 ext. 4420**.

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

FAQs About Free and Reduced-price School Meals

children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.)

- Children who meet the definition of homeless or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

Reduced Federal Eligibility Income Chart (Effective 7/1/2020 to 6/30/2021)			
Household size	Yearly	Monthly	Weekly
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional family member	+ 8,288	+ 691	+ 160

1. **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 **Gina Wygonik, Homeless Liaison** at (203)775-7748 or wygonikg@brookfieldps.org.

2. **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.

FAQs About Free and Reduced-price School Meals

2. **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.
3. **Can I apply online?** Not at this time.
4. **My child's application was approved last year. Do I need to fill out a new one?** Yes. Your child's application is only good for that school year and for up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first). 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.
5. **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.
6. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.
7. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
8. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing **Dr. Maureen Ruby c/o Brookfield Public Schools 100 Pocono Road Brookfield, CT 06804 (203)775-7627** or rubym@brookfieldps.org.
9. **May I apply if someone in my household is not a U.S. citizen?** Yes. You, your children or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

FAQs About Free and Reduced-price School Meals

10. **What if my income is not always the same?** List the amount that you **normally** receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$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.
11. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. When this happens, please write “0” in the field. However, if any income fields are left empty or blank, those will **also** be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you **meant** to do so.
12. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, these must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
13. **What if there isn’t enough space on the application for my family?** List any additional household members on a separate piece of paper and attach to your application.
14. **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 **(203)775-7627**.

Sincerely,

Joan Reynolds
Determining Official

FAQs About Free and Reduced-price School Meals

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.

This institution is an equal opportunity provider.

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