



**Brookfield Public Schools**  
BUSINESS OFFICE

Date: September 5, 2023

**2023-2024 BROOKFIELD PUBLIC SCHOOLS STUDENT PACKETS**

Dear Parents/Guardians:

***Welcome to the 2023-2024 School Year!***

Our Student Packets are available electronically through the district website at <http://www.brookfieldps.org> under “**2023-2024 Annual Student Information Update**”. If you do not have access to a computer, packets are located in the main office of each school or you may contact Joan Reynolds in the Business Office at 203-775-7627.

The following forms will be available to download:

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

Thank you and have a wonderful school year.

Sincerely,

Kasey Diotte  
Director of Business Operations

# 2023-24 Application for Free and Reduced-price School Meals

Return to (School/District Name) \_\_\_\_\_  
Application No: \_\_\_\_\_

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

## STEP 1 List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. 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?		Foster	Head Start	Homeless or Runaway
					Yes	No			
							<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: (Not an EBT 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 gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

Child income \$ \_\_\_\_\_

How often?

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

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

Name of Adult Household Members (First & Last Name)

	Earnings from Work				Public Assistance/ Child Support/Alimony				Pensions/Retirement, SS, SSI, VA benefits, All other income						
	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Weekly	Bi-Weekly	2x Month	Monthly	Annual
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member

Check if no social security number

## STEP 4 Contact Information and Adult Signature. Return 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 purposefully give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Printed Name of Adult Signing the Form \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature of Adult \_\_\_\_\_

Town or City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_

Daytime Phone and Email (optional) \_\_\_\_\_

## 2023-24 Application for Free and Reduced-price School Meals

Sources of Income		Examples of Income for Children	
<b>Earnings from Work</b> <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</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>	<b>Public Assistance/Alimony/Child Support</b> <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' 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>Veterans' benefits</li> <li>Strike benefits</li> </ul>	<b>Pensions/Retirement/All other sources of income</b> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>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>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

### OPTIONAL

Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

**Ethnicity** (check one):  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Not Hispanic or Latino

**Race** (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

School Use Only – Do Not Write Below This Line

**The Determining Official (DO) for the school/district MUST complete this section. (Only convert to annual income if there are different frequencies of income listed in Step 3.)**

Annual Income Conversion: **Weekly X 52** ♦ **Every 2 weeks X 26** ♦ **Twice a Month X 24** ♦ **Monthly X 12**

Directly Certified (DC) based on 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  Confirmed Head Start  Confirmed Homeless or Runaway

Income Household: Total household income: \_\_\_\_\_ per \_\_\_\_\_ Household Size: \_\_\_\_\_ **ERROR PRONE?**  YES  NO

**Application approved for:**  Free Meals  Reduced-price Meals  Application Denied

Date Notice Sent: \_\_\_\_\_ Signature of DO: \_\_\_\_\_ Date: \_\_\_\_\_

#### Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application, if the adult does not have one. Check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

#### The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

FAX: (833) 256-1665 or (202) 690-7442; or

EMAIL: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**Return completed form to your child's school.**

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

## 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 Public Schools. The application must be filled out completely to determine the eligibility of your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Joan Reynolds, Accounting Supervisor, at 203-775-7700 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 children, infants, and students up to and including grade 12

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

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

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

<p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, please print clearly. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for "middle initial". Print the first letter of each child's middle name in the "MI" section.</p>	<p><b>B) Is the child a student?</b> List the name of the school (optional), the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.</p>	<p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing <b>STEP 1</b>, go to <b>STEP 4</b>. <i>Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.</i></p>	<p><b>D) Are any children homeless, runaway or in a Head Start Program?</b> If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and complete all steps of the application. Homeless, Runaway and Head Start status must be confirmed with the appropriate program staff. If the status cannot be confirmed, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</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><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li> </ul>	<p><b>B) If anyone in your household participates in SNAP or TFA:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker.</li> </ul> <p><b>Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.</b></p> <ul style="list-style-type: none"> <li>• Go to <b>STEP 4</b>.</li> </ul>
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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**" and "**Examples of Income for Children**," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

## How to Apply for Free and Reduced-price School Meals

### 3.A. Report income earned by children

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

### 3.B. Report income earned by adults

#### Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, *even if they are not related and even if they do not receive income of their own.*
- **Do NOT include:**
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, children and students already listed in **STEP 1.**

**B) List adult household members' names.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." *Do not list any household members you listed in STEP 1.* If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

**C) Report earnings from work.** Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

**E) Report income from pensions/retirement/all other income.** Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

**F) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

**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.

### Step 4: Contact information and adult signature

**All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

**A) Provide your contact information.** Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

**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 2023-24

Application Number: \_\_\_\_\_

## PASO 1 Mencione TODOS los niños 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.	Inicial del segundo nombre	Apellido del menor:	Escuela	Grado	¿Alumno? Sí No	Acogimiento familiar	Head Start o Fugado	Sin hogar

Marque todas las

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

Si la respuesta es **NO**, procesa con el PASO 3

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

Número de caso: [No un número de EBT]

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)

**A. Ingreso de los menores**  
A veces, los menores del grupo familiar reciben un ingreso. Incluya el ingreso TOTAL (antes de impuestos y deducciones) que obtienen todos los menores del grupo familiar mencionados en el PASO 1 aquí.

**B. Todos los miembros adultos del grupo familiar (Cualquier persona que vive con usted y comparte los gastos de ingresos, incluso si no es relacionado con 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 y deducciones) 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?		Ingreso de los menores		¿Con qué frecuencia?		Ingresos del trabajo		Asistencia pública/manutención de menores/ pensión alimenticia		¿Con qué frecuencia?		Pensiones/subvenciones/ beneficios VA, SS, SSI y otros ingresos			
	Semanal	Cada 2 meses	Semanal	Cada 2 meses	Semanal	Cada 2 meses	Semanal	Cada 2 meses	Semanal	Cada 2 meses	Semanal	Cada 2 meses	Semanal	Cada 2 meses		
\$																
\$																
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\$																

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 número de seguro social

X X X X X X X X

## PASO 4 Información de contacto y firma del adulto. Envíe el formulario completo a: 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 postal: \_\_\_\_\_

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: \_\_\_\_\_

Firma del adulto: \_\_\_\_\_

Fecha de hoy: \_\_\_\_\_

# Solicitud para comidas gratuitas y a precio reducido en la escuela 2023-24

Fuentes de Ingresos		Ejemplos de ingresos para niños
<b>Ganancias del trabajo</b>	Asistencia Pública/Pensión Alimenticia/Mantenencia de los hijos	Pensiones/Jubilación/Todas las demás fuentes de ingresos
<ul style="list-style-type: none"> <li>Salario, bonos en efectivo, propinas, comisiones</li> <li>Ingresos netos del trabajo por cuenta propia (granja o negocios)</li> </ul> <p>Si usted está en las Fuerzas Armadas de los Estados Unidos:</p> <ul style="list-style-type: none"> <li>Pago básico y bonos en efectivo (NO incluye combatir el pago, la FSSA o la vivienda privatizada subsidios).</li> <li>Subsidios para Vivienda fuera de la base, alimentos, y ropa</li> </ul>	<ul style="list-style-type: none"> <li>Prestaciones por desempleo</li> <li>Compensación de trabajadores</li> <li>Seguridad de Ingreso Suplementario (SSI)</li> <li>Asistencia en efectivo del estado o gobierno local</li> <li>Pagos de pensión alimenticias</li> <li>Pagos de manutención infantil</li> <li>Beneficios para veteranos</li> <li>Beneficios de huelga</li> </ul>	<ul style="list-style-type: none"> <li>Un niño tiene trabajo regular a tiempo completo o parcial donde gana un salario o salarios</li> <li>Un niño es ciego o discapacitado y recibe beneficios del Seguro Social</li> <li>Un padre esta discapacitado, jubilado o fallecido, y su hijo recibe beneficios Seguro Social</li> <li>Un amigo o miembro de la familia extendida regularmente le da dinero a un niño para gastar</li> <li>Un niño recibe ingresos regulares de un fondo de pensiones privado, anualidad o fideicomiso</li> </ul>

## OPCIONAL Identidades raciales y étnicas de los menores. Esta información se mantiene confidencial y puede estar protegida por la Ley de Privacidad de 1974

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 (Una persona de origen cubano, mexicano, puertorriqueño, sudamericano o centroamericano, o otra cultura o origen español independientemente de su raza)  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

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

**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  Confirmed Head Start  Confirmed Homeless or Runaway

Income Household: Total household income: \_\_\_\_\_ per \_\_\_\_\_ Household Size: \_\_\_\_\_ **ERROR PRONE?**  YES  NO

**Application approved for:**  Free Meals  Reduced-price Meals  Application Denied

Date Notice Sent: \_\_\_\_\_ Signature of DO: \_\_\_\_\_ Date: \_\_\_\_\_

Declaración sobre el uso de la información \_\_\_\_\_

**La Ley Nacional de Almuerzos Escolares Richard B. Russell exige que utilicemos la información de esta solicitud para determinar qué personas reúnen los requisitos para recibir comidas sin costo o a precio reducido. Solo podemos aprobar formularios completos.** Es posible que compartamos su información de elegibilidad con programas educativos, de salud y de nutrición para ayudarles a proporcionar los beneficios del programa para su hogar. Los inspectores y las fuerzas del orden público también pueden usar su información para asegurarse de que se cumplan las reglas del programa.

Asegúrese de proporcionar los cuatro últimos dígitos del número de Seguro Social del adulto del hogar que firma la solicitud. Si el adulto no tiene este número, selección la caja al lado de "Marque si no tiene número de Seguro Social". Las solicitudes para un niño/a de acogida temporal no necesitan incluir un número de Seguro Social. Las solicitudes para los niños/as de hogares que reciben el Programa de Asistencia Nutricional Suplementaria (SNAP), el Programa de Asistencia Temporal para Familias Necesitadas (TANF) o el Programa de Distribución de Alimentos en las Reservas Indígenas (FDPIR) no necesitan incluir un número de Seguro Social. Algunos niños/as reúnen los requisitos para recibir comidas sin costo sin necesidad de presentar una solicitud. Comuníquese con su escuela para recibir comidas sin costo para un foster child y para niño/as sin hogar, migrante o que huyo del hogar.

La información de contacto que aparece más adelante es únicamente para presentar una queja por discriminación.

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

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

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

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

Fax: (833)256-1665, o (202) 690-7442, o por correo a esta dirección, solo quejas de discriminación. electrónico: [program.innaks@usda.gov](mailto:program.innaks@usda.gov).

*\* No envíe solicitudes por correo a esta dirección, solo quejas de discriminación.*

## 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, *incluido 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 203-775-7700 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 niños, a los que sean bebe 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, a través de un tribunal o agencia estatal/local o que reúnan los requisitos de jóvenes sin hogar o fugados;
- que sean alumnos que asisten a Brookfield Public Schools, *independientemente de la edad*.

#### A) Mencione el nombre de cada menor.

Escriba en letra de imprenta el nombre de cada menor. Use una línea de la solicitud para cada menor. Al escribir los nombres en letra de imprenta, hágalo con claridad. Si hay más niños que líneas en la solicitud, adjunte una segunda hoja con toda la información requerida para los menores adicionales. Esto también se aplica a los adultos en el Paso 3. "MI" es la abreviatura de "inicial del medio". Imprima la primera letra del segundo nombre de cada niño en la sección "MI".

**B) ¿El menor es alumno del distrito?** 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".

**C) ¿Tiene algún niño en acogimiento?** Si alguno de los menores mencionados se considera niño en acogimiento, marque la casilla "Niño en acogimiento familiar" junto al nombre del menor. Si S.O.L.O presenta la solicitud para niños en acogimiento, después de completar el PASO 1, proceda con el PASO 4. *Los niños en acogimiento que residen con usted pueden considerarse miembros de su grupo familiar y deben incluirse en su solicitud.* Si presenta la solicitud para niños en acogimiento y de otra naturaleza, proceda con el Paso 3. Nota: Los niños adoptados no se consideran niños adoptivos. Un niño de crianza es un niño menor de edad que ha sido puesto bajo custodia estatal y colocado con un adulto con licencia estatal, que cuida al niño en lugar de su padre o tutor.

**D) ¿Alguno de los menores no tiene hogar, se fugó de su hogar o participa en el Programa Head Start?** Si considera que alguno de los menores mencionados en esta sección cumple con esta descripción, marque la casilla "Head Start o Sin hogar/Fugado" junto al nombre del menor y *complete todos los pasos de la solicitud.* El estado de personas sin hogar, fugitivo y Head Start debe confirmarse con el personal apropiado del programa. Si el estado no puede confirmarse, entonces el distrito escolar se comunicará con usted para completar una solicitud basada en los ingresos. Puede optar por proporcionar información de ingresos ahora para evitar que el distrito escolar necesite comunicarse con usted más adelante.

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

Si algún miembro del grupo familiar (incluido usted) participa en el Programa de Asistencia Nutricional Suplementaria (SNAP) or Asistencia Temporal Familiar (TFA), sus hijos reúnen los requisitos para recibir comidas gratuitas en la escuela.

#### A) Si ningún miembro del grupo familiar participa en los programas mencionados anteriormente:

- Deje en blanco el PASO 2 y proceda con el PASO 3.

#### B) Si un miembro del grupo familiar participa en alguno de los programas mencionados anteriormente:

- Escriba un número de caso para SNAP o TFA. Solo debe proporcionar un número de caso. Si participa en uno de estos programas y no sabe su número de caso, comuníquese con su asistente social de DSS.

**Nota: No use un número de beneficios médicos de HUSKY puesto que este número no corresponde a un número de caso de SNAP o TFA. También se recomienda (aunque no es obligatorio) que presente un comprobante de este número de caso de SNAP o TFA al presentar la solicitud para su procesamiento. El comprobante NO incluye una copia de la tarjeta CONNECT.**

- Proceda con el PASO 4.

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

#### ¿Cómo informo mi ingreso?

- Use las tablas "Fuentes de ingresos" y "Ejemplos de Fuentes de ingresos para niños", 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 en esta solicitud NO haya sido reducido para pagar impuestos o primas de seguros ni se haya deducido ningún otro importe de su salario.
  - Escriba "0" en los campos donde no haya ningún ingresos para informar. Todos los campos de ingresos que se dejen vacíos o en blanco también se calcularán como cero. Si escribe "0" o deja algún campo en blanco, certifica (promete) que no hay ingresos para informar. Si los funcionarios locales sospechan que su ingreso familiar no se informó de forma correcta, se investigará su solicitud.
  - Marque con qué frecuencia se recibe cada tipo de ingreso mediante las casillas a la derecha de cada campo.



## Cómo Solicitar Comidas Gratuitas y a Precio Reducido en la Escuela

### 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 compartan el ingreso y los gastos, *incluido 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 o bebés, niños y alumnos ya mencionados en el PASO 1.

**B) Incluya los nombres de los miembros adultos del grupo familiar.** Escriba en letra de imprenta el nombre de cada miembro del grupo familiar en las casillas "Nombres de los miembros adultos del grupo familiar (nombre y apellido)." *No incluya ningún miembro del grupo familiar mencionado en el PASO 1* percibe un ingreso, siga las instrucciones en el PASO 3, parte A.

**C) Informe los ingresos del trabajo.** Informe todos los ingresos del trabajo en el campo "Ingresos del trabajo" en la solicitud. Generalmente, esto se refiere al dinero percibido por hacer un trabajo. Si trabaja de forma independiente en un negocio o es el propietario de una granja, debe informar su ingreso neto. El ingreso neto es su ingreso después de que se hayan restado los impuestos y las deducciones.

**¿Qué pasa si tengo varios trabajos?** Incluye cada trabajo por separado ingresando su nombre e ingresos de cada trabajo en una nueva línea. Agregue una hoja de papel adicional si es necesario.

**¿Qué sucede si soy trabajador independiente?** Informe el ingreso de ese trabajo como un importe neto. Esto se calcula restando de los ingresos brutos el total de los gastos operativos de su negocio.

**E) Informe el ingreso de pensiones/jubilaciones/otros ingresos.** Informe todos los ingresos correspondientes en el campo "Pensiones/jubilaciones/otros ingresos" de la solicitud.

**¿Qué pasa si recibo ingresos de múltiples fuentes en esta categoría?** Incluye cada fuente por separado ingresando su nombre e ingresos de cada fuente en una nueva línea. Agregue una hoja de papel adicional si es necesario.

**D) Informe el ingreso de la asistencia pública/manutención de menores/pensión alimenticia.** Informe todos los ingresos correspondientes en el campo "Asistencia pública/manutención de menores/pensión alimenticia" de la solicitud. *No informe el valor en efectivo de ningún beneficio de asistencia pública que NO se incluya en el cuadro.* Si se percibe algún ingreso por manutención de menores o pensión alimenticia, solo informe los pagos por orden judicial. Se deben informar los pagos informales, aunque regulares, como "otros" ingresos en la parte siguiente.

**G) Proporcione los últimos cuatro dígitos de su número del seguro social.** Un miembro adulto del grupo familiar debe ingresar los últimos cuatro dígitos de su número del seguro social en el espacio proporcionado. Usted reúne los requisitos para solicitar los beneficios incluso si no tiene un número del seguro social. Si ningún miembro adulto del grupo familiar tiene un número del seguro social, deje este espacio en blanco y marque la casilla a la derecha titulada "Marque si no tiene un número de Seguro Social".

### Paso 4: Información de contacto y firma del adulto

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

**A) Brinde su información de contacto.** Escriba su dirección postal actual en los campos proporcionados si esta información se encuentra disponible. Si no tiene una dirección permanente, esta bien. Es opcional compartir un número de teléfono, un correo electrónico o ambos; sin embargo, nos ayuda a comunicarnos con usted rápidamente si necesitamos contactarlo.

**B) Escriba en letra de imprenta y firme su nombre.** Escriba en letra de imprenta el nombre del adulto que firma la solicitud. Esa persona firma en la casilla "Firma del

Por favor, devuelva la solicitud a Brookfield Public Schools.  
NO envíe por correo, fax o correo electrónico las solicitudes completadas o las preguntas sobre las solicitudes a la Oficina del Secretario Adjunto de Derechos Civiles del USDA o la elegibilidad de su hijo para comidas gratuitas o a precio reducido se retrasará.

**C) Envíe formulario completo a:**

**Brookfield  
Public Schools  
100 Pocono  
Road  
Brookfield, CT  
06804**

**D) Comparta las identidades raciales y étnicas de los menores (opcional).** En el reverso de la solicitud, le pedimos que comparta información sobre la raza y la etnia de sus hijos. Este campo es opcional y no afecta la elegibilidad de sus hijos para recibir comidas gratuitas o a precio reducido en la escuela.

# Addendum A: Sharing Information with Other Programs

Dear Parent/Guardian:

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

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

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

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

**If you checked YES for any boxes above, complete the information below and sign the form.** Your information will be shared only with the people and applicable programs you checked.

**Please Print**

Child’s name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s name: \_\_\_\_\_ School: \_\_\_\_\_

Parent/guardian’s name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please call **Joan Reynolds** at 203-775-7700 Return this form to **100 Pocono Road Brookfield, CT 06804.**

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or 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 or no-cost coverage and free enrollment help

**Don't have health and dental insurance?** Complete one application using some basic information about your household and see what Access Health CT has to offer. Most Connecticut residents qualify for some type of **financial help, low or no-cost coverage.**

**Check your options and enroll now! Get started at [AccessHealthCT.com](https://AccessHealthCT.com). If you're already on HUSKY Health, don't lose it! Complete your renewal on time to prevent a gap in coverage.**

- ✓ HUSKY A or HUSKY B
- ✓ State HUSKY A & B for children—now more can enroll\*
- ✓ Covered Connecticut Program
- ✓ Qualified Health Plans and Financial Help
- ✓ Qualified Health Plans
- ✓ Low-cost Dental Insurance
- ✓ Free enrollment help



### Don't miss out.

Compare Your Options, Enroll or Get Help Online at [AccessHealthCT.com](https://AccessHealthCT.com) today. **All help is free and available in many different languages.**

If you recently lost your HUSKY Health coverage, you may still have time to re-enroll without a gap or choose an affordable plan. Visit [AccessHealthCT.com](https://AccessHealthCT.com) today to find out.

### Take action now:

- For general information about HUSKY Health visit [www.ct.gov/HUSKY](https://www.ct.gov/HUSKY)
- For all other questions visit [AccessHealthCT.com](https://AccessHealthCT.com)
- Scan the QR code above

\*State HUSKY A & B: Now, more children can enroll no matter their immigration status, but you must call Access Health CT to apply for coverage.

**1-855-805-4325 | [AccessHealthCT.com](https://AccessHealthCT.com) | Find free help online, by phone or in person**

If you are deaf or hearing impaired, you may use the TTY at 1-855-789-2428 or contact us with a relay operator.

Follow us on:



## Addendum C: Information on the Supplemental Nutrition Assistance Program (SNAP) New Increased Income Guidelines Effective October 1, 2022

Dear Parent/Guardian:

***New increased income guidelines are in effect as of October 1, 2022.*** If your children qualify for free school meals or milk, you might also qualify for **SNAP** (formerly called Food Stamps). SNAP helps people buy food for themselves and their families. SNAP benefits are issued each month on plastic debit cards. You can use SNAP benefits to buy food at major supermarkets, neighborhood grocery stores, online at participating retailers, and some farmers' markets authorized to accept SNAP.

### 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, 2022		
Household size	Gross monthly income	Gross annual income
1	2,265	27,180
2	3,052	36,620
3	3,839	46,060
4	4,625	55,500
5	5,412	64,940
6	6,199	74,380
7	6,985	83,820
8	7,772	93,260
For each additional member	+787	+9,440
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) or visit [www.ct.gov/dss/fieldoffices](http://www.ct.gov/dss/fieldoffices).
- You can find a list of all **Connecticut Department of Social Services (DSS)** offices, or you can apply online at [www.connect.ct.gov](http://www.connect.ct.gov) (click "Apply for Benefits"). You can get the paper SNAP application in English and Spanish at <https://www.ct.gov/snap> (Click "Apply").
- The following two organizations that conduct outreach and can assist with applying for SNAP benefits:
  1. **End Hunger CT!** provides a SNAP outreach call center (866-974-SNAP (7627)) to assist in applying for as well as maintaining eligibility for SNAP benefits. If you are eligible for SNAP, you will stretch your food dollars, support your school and community, and your kids get school meals at no cost. Many families are surprised they qualify – it is quick, easy, and confidential to check by calling one of our trained associates
  2. **The Connecticut Association for Community Action (CAFCA)** works with community action agencies that will help you enroll in SNAP (see table on page 2):

## Addendum C: Information on SNAP

Agency	Phone number	Areas served
The Access Community Action Agency (Access)	860-450-7400	Windham and Tolland Counties
Alliance for Community Empowerment (Alliance)	203-366-8241	Greater Bridgeport Area and Upper Fairfield County
Community Action Agency of New Haven, Inc. (CAANH)	203-387-7700	Greater New Haven Area
The Community Action Agency of Western Connecticut, Inc. (CAAWC)	203-744-4700	Northwestern CT and Lower Fairfield County
Community Renewal Team, Inc. (CRT)	860-560-5600	Hartford and Middlesex County
Human Resources Agency of New Britain, Inc. (HRA)	860-225-8601	New Britain and Bristol Areas
New Opportunities, Inc. (NOI)	203-575-9799	Greater Waterbury, Meriden, and Torrington Areas
Thames Valley Council for Community Action, Inc. (TVCCA)	860-889-1365	Southeastern CT- New London County
Training Education and Manpower, Inc. (TEAM)	203-736-5420	Naugatuck Valley

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of affirmative action/ equal opportunity for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of age, ancestry, color, civil air patrol status, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status, mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, retaliation for previously opposed discrimination or coercion, sex (pregnancy or sexual harassment), sexual orientation, veteran status or workplace hazards to reproductive systems, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes.

Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Coordinator (ADA), Connecticut State Department of Education, 450 Columbus Boulevard, Suite 505, Hartford, CT 06103, 860-807-2071, [levy.gillespie@ct.gov](mailto:levy.gillespie@ct.gov).

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

## Welcome to BollingerSchools.com

### Why Is Student Accident Insurance More Important Than Ever?

Protecting the health and welfare of students is a concern that all school administrators (public K-12 school districts, diocese, nursery and daycare centers, etc.) face each and every day. Student Accident Insurance helps ease those concerns by providing benefits for injuries that occur during school hours and or school-sponsored and supervised activities (i.e., athletics, gym class, playground, field trips, JROTC, etc.).

With the increasing trend of high deductible plans, and more of the cost share shifting to the insured, Student Accident Coverage has become an even greater tool to bridge the coverage gaps that are inherent in most insurance plans.

Here are some key reasons why providing Student Accident Insurance coverage can help your school:

- Reduces or completely eliminates any out-of-pocket expenses not paid by primary coverage, including copays, deductibles, coinsurance, etc.
- Pays on a primary basis in the absence of other collectible coverage
- Helps decrease the type of claims submitted to the school's General Liability policy often resulting in reduced premiums
- Institutions may be eligible for General Liability premium discounts
- Provides protection when parents do not have health insurance
- Helps foster a healthy learning environment

### Why Bollinger Specialty Group?

Bollinger Specialty Group, has been proudly administering Student Accident Insurance for over 70 years. We have become known as a leader in the industry with experience protecting over 36 million students since 1946.

Key program features that differentiate us in the marketplace include:

#### Carrier Relationships

We have built strong relationships with several carrier partners. As a result, we are able to provide numerous market options, which will allow you to select a program that works best both in terms of cost and plan design.

#### Service

Relationships are the lifeline of our business; by not outsourcing our services, we make sure our clients receive the attention that they deserve. Our experienced team of in-house claim professionals, account managers, program administrators and underwriters are dedicated to providing you with the best possible service.

#### No Outsourcing of Claims

Our claims are administered in-house to ensure a level of exceptional service. We do not outsource. There is only one place to go to have all your questions answered.

#### Enhanced Claim Reporting Capabilities

We provide our clients with monthly, bimonthly or quarterly reports. Our enhanced claim reporting capabilities serve as a great tool to assist in risk management and cost-containment efforts.

#### Online Access to Student Accident Claim Status

Parents can easily and conveniently check the status of their child's claim from any computer or tablet, offering more control for the parents while reducing the volume of claim inquiries to district administrators.

### Claims Info

[Check Your Child's Claim Status](#)

[Get a Claim Form](#)

[Claims Data: Improving School Safety By Knowing Your Numbers](#)

### Parents

[Purchase Coverage](#)  
[Life Policy Renewals](#)  
[Dental Policy Renewals](#)  
[Plan Information/Pricing](#)  
[Get a Claim Form](#)  
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### School Officials

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[Crum & Forster Consumer Blanket Accident Update](#)

# WELCOME BACK!



## DEAR FAMILY,

The beginning of the school year is approaching, and we would like to extend a warm welcome to let you know that Whitsons Culinary Group 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 School community to join us on this journey.

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

- All eligible reduced students will receive lunch at no charge. The only students paying for lunch this school year will be the "paid" students, who are those not eligible for free or reduced lunch.

## SCHOOL MEAL MENUS

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 child(ren)'s school meals.



## INTRODUCING REAL MEALS™ BY WHITSONS

We're excited to introduce Real Meals™, a fresh vibe for our K-12 meal solution. In keeping with our mission of Enhancing Life One Meal at a Time™, we are dedicated to nourishing students within the communities that we serve with fresh, delicious meals made from scratch using wholesome, local ingredients whenever possible. Our Real Meals™ let the wholesome ingredients, that they are prepared from, shine through. Real Meals™ by Whitsons are made from fresh ingredient the way nature intended and they fuel the minds of our customers. Look for Real Meals at your school this fall.

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. 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 and special event Pop-up Shops 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 Brookfield community.

Your opinion matters to us. If you have any suggestions for the school nutrition program, please contact Whitsons' General Manager, Alfonso De Masi at 203 994-7332 or 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

