



STATE OF CONNECTICUT  
DEPARTMENT OF EDUCATION



**TO:** Potential 2013 Summer Food Service Program (SFSP) Sponsors

**FROM:** Fionnuala Brown, Associate Education Consultant  
Bureau of Health/Nutrition, Family Services and Adult Education

**DATE:** April 8, 2013

**SUBJECT: Operational Memorandum #06-13 – SFSP**

1. Income Eligibility Application
2. Income Guidelines
3. Parent Letter
4. Documenting Eligibility of Closed Enrolled Sites and Camps in the SFSP

1. Residential camps and sponsors with enrolled program sites (not located in low-income areas) will be revising and printing income eligibility applications for the 2013 program. An original, sample Income Eligibility Application is enclosed, to be used to make copies for the program. It can be copied back-to-back. Due to the small print, this original should be retained to make future copies to ensure a readable form. **It must be noted that the sample enclosed has been revised and only the 2013 version may be used.**
2. The Income Guidelines effective July 1, 2012, to June 30, 2013, are enclosed. These are for use by sponsors only to determine income eligibility categories and **are not distributed to parents or households**. New guidelines effective July 1, 2013, will be forwarded upon receipt from the U.S. Department of Agriculture. **Note: Eligibility determinations made prior to July 1, 2013, must be made using the guidelines in effect at the time the eligibility determination is made.**
3. A sample Letter to Parents containing the 2012-13 income guidelines for reduced price meals is enclosed. The letter must be distributed to parents/households with the income eligibility application. **Please note that the enclosed sample parent letter has been revised and only the 2013 version may be used.**
4. Sponsors may document an enrolled site (not located in a low-income area) or camp site's eligibility by:
  - a. obtaining lists of names and eligibility status of enrolled children for free and reduced price meals from schools where the children receive school lunch or breakfast; or
  - b. collecting completed income eligibility applications from the parent/guardian of each enrolled child.

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Note: The law permits all sponsors to use school-based eligibility information to document eligibility as noted on the prior page. The local School Food Authority does not need parental consent forms in order to provide this information to SFSP sponsors.

The income eligibility application, income guidelines and sample parent letter are available for download from the SFSP Web site. The SFSP Web site can be accessed at:

<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333792>.

Questions pertaining to this memorandum may be directed to Fionnuala Brown at 860-807-2129 or [fionnuala.brown@ct.gov](mailto:fionnuala.brown@ct.gov).

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Enclosures: (3)

Important: This is a numbered Operational Memorandum that contains important program information. Please read carefully and retain in a binder for your future reference. Operational Memoranda are also posted on the Child Nutrition Web site at the following link:  
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333792>.



## APPLICATION INSTRUCTIONS

Please complete the Income Eligibility Application using the instructions below. Sign your name and return the application to the sponsor. If you need help, contact (List determining official's name and phone number) \_\_\_\_\_.

Part 1-**CHILD INFORMATION:** List each child's name, grade and school. If a child is a foster child, check off "yes" and list personal use income. If all children are foster children, write each child's \*personal use income and how often it is received (such as weekly, every two weeks, twice a month, or monthly). Write "0" if the child has no personal use income. **An Adult household member must sign Part 6. Note: Subsidized adoptions and/or guardianships require you to provide all household income in Part 4. These children are not considered legal wards of the state and therefore, are considered part of your household and all household income must be listed.**

**\*Personal use income includes:** Funds provided by the welfare agency that are specifically identified by category for the personal use of the child, such as for clothing, school fees and allowances. Welfare funds paid to the foster parents identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income. Personal use income also includes other funds received by the child, including any income the child earns for full-time or regular part-time employment, and money provided by the child's family for personal use.

Part 2 – Indicate your children's potential eligibility or ineligibility to qualify for eligible meals.

Part 3 – If a member of your household receives SNAP or TFA benefits, list the person's name and case number. Do not complete Part 4 and skip to Part 5. (Note: If you are receiving only medical benefits (HUSKY) for your children, you must report all household income in Part 4.)

Part 4- **ALL OTHER HOUSEHOLDS: Complete Part 4 if: You did not give a SNAP/TFA Client ID Number; you are receiving only medical benefits; each child is not a legal ward of the state; or if each child is a subsidized adoption or you have subsidized guardianship.** Note: An adult household member **must** sign the application in Part 6.

- a. **HOUSEHOLD NAMES:** Write the names of everyone (related or unrelated) who live in your household. Include yourself and each child listed above, your spouse, all other children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- b. **CURRENT INCOME:** Write the amount of income each person now receives on the same row as his or her name in the column that corresponds with the income source. **Also, indicate if income was received monthly, twice a month, every two weeks, weekly, or annually.** Income is all money before taxes or anything else is taken out. **If the amount received most recently is higher or lower than usual, write instead that person's usual income.** Note: If you are in the Military Housing Privatization Initiative, do not include this housing allowance.
- c. **NO INCOME:** Check the box if the person has no income. (Note: "Person" includes adults and children in the household.)

Part 5- **RACIAL/ETHNIC IDENTITY:** Put a check mark next to the racial/ethnic group of your child. This information helps us to be sure everyone gets benefits on a fair basis. *You do not have to complete this section to apply for eligible meals.*

Part 6 - **SIGNATURE:** An adult household member must sign the application or it cannot be approved. The last four digits only of the social security number of the adult signer must be included unless otherwise noted. If the adult household member signing the application does not have a social security number, check the box "No Social Security Number." *Reminder:* The last four digits of a social security number are not needed if you have listed a SNAP Client Number, TFA Client Number or if the children are foster children.

## INCOME TO REPORT

**Earnings from Work**

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Workmen's compensation  
Net income from self-owned business or farm

**Child Support/Alimony**

Alimony payments  
Child Support payments

**Pensions/Retirement/Social Security**

Pensions  
Retirement income  
Social Security  
Veteran payments  
Supplemental Security income

**Other Income**

Earnings from second job  
Disability benefits  
Interest/dividends  
**Cash withdrawn from savings**  
Income from Estates/Trust/Investments  
Regular Contributions from persons not living in the household  
Royalties/Annuities/Rental Income  
Any other monies that may be available to pay for the child's meals or milk

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INCOME\*GUIDELINES FOR  
DETERMINING ELIGIBILITY  
FOR FREE AND REDUCED  
PRICE MEALS

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
Child and Adult Care Food Program and Summer Food Service Program

INSTRUCTIONS

Rev. 06/2012  
7CFR Part 245.3(a)

1. Income guidelines to be used by all persons reviewing applications.
2. Distribute to all schools/sites for use by determining officials.

The following income guidelines will be used in Connecticut from **July 1, 2012 to June 30, 2013** for determining eligibility of participants for free and reduced price meals in the Child Nutrition Programs.

**FREE MEALS/MILK**

**REDUCED PRICE MEALS**

Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income	Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income
1	14,521	1,211	559	280	1	20,665	1,723	795	398
2	19,669	1,640	757	379	2	27,991	2,333	1,077	539
3	24,817	2,069	955	478	3	35,317	2,944	1,359	680
4	29,965	2,498	1,153	577	4	42,643	3,554	1,641	821
5	35,113	2,927	1,351	676	5	49,969	4,165	1,922	961
6	40,261	3,356	1,549	775	6	57,295	4,775	2,204	1,102
7	45,409	3,785	1,747	874	7	64,621	5,386	2,486	1,243
8	50,557	4,214	1,945	973	8	71,947	5,996	2,768	1,384
Each Add'l Family Member	+5,148	+ 429	+198	+ 99	Each Add'l Family Member	+7,326	+ 611	+282	+141

If a household has only one source of income, or if all sources of income are the same frequency, **do not** use conversion factors. Compare the income or sum of the incomes to the chart above for the appropriate frequency and household size to make the eligibility determination.

Many households have different sources of income coming into the home at different frequencies, such as weekly or bi-weekly wages and monthly social security benefits. In these situations, all sources of income should be converted to an **annual** amount using the following calculations: **Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12**

\*Income means income before deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following: 1) Monetary compensation for services, including wages, salary, commissions or fees; 2) net income from non-farm self-employment; 3) net income from farm self-employment; 4) Social Security; 5) dividends or interest on savings or bonds or income from estates or trusts; 6) net rental income; 7) public assistance or welfare payments; 8) unemployment compensation; 9) government civilian employee or military retirement, or pensions or veterans' payments; 10) private pension or annuities; 11) alimony or child support payments; 12) regular contributions from persons not living in the household; 13) net royalties; and 14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources.

“Income” as used here does not include any income or benefits received under any Federal programs which are excluded from consideration as income by any legislative prohibition, for example, the value of benefits received under the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps).

In applying guidelines, a School Food Authority/institution **must** compare the household's size and total household income to the income guidelines to determine eligibility for free or reduced price meals. If one or more of a child's parents or guardians become unemployed and the family's income drops due to this unemployment so that the child should be eligible for free or reduced price meals during the period of unemployment, the School Food Authority/institution shall provide that child with the type of meal for which the child is eligible.

SAMPLE PARENT LETTER  
SUMMER FOOD SERVICE PROGRAM (SFSP)

*Enrolled Programs and Camps not Charging Separately for Meals*

Dear Parent/Guardian:

The \_\_\_\_\_ is planning to seek assistance for nutritious meals served under the Summer Food Service Program for Children. This program is funded by the U.S. Department of Agriculture (USDA) and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced price school meals. We must document the eligibility of these children by obtaining family-size and income data. Households with incomes less than or equal to the guidelines on the following page are eligible for free meals. Please complete, sign, date and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM or SNAP (formerly known as Food Stamps)/TFA HOUSEHOLDS:** If you currently receive SNAP (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits for your child, you only have to list your child's name, SNAP or TFA case number and sign the application. A child who receives SNAP or TFA benefits is automatically eligible for free meals in the Program.

**ALL OTHER HOUSEHOLDS:** If your household income is at or below the level shown on the scale on the attached page, it is necessary to provide the following information for your application to be processed.

**HOUSEHOLD MEMBERS:** List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives and unrelated people who live in your household.

**SOCIAL SECURITY NUMBER:** List the last four digits of the social security number of the adult household member who signs the application. If the adult does not have a social security number, print "None".

**CURRENT INCOME:** List the amount of income each person earned **last** month (BEFORE deductions for taxes, social security, etc.), the frequency of income and where it is from, such as wages, retirement or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.

**SIGNATURE:** An adult household member must sign the application.

**FOSTER CHILDREN:** In certain cases, foster children are eligible for these benefits regardless of the household income. If a household has a child living with them who is a legal ward of the State of Connecticut, that child is considered a family of one, and monthly income from the State must be listed.

**NONDISCRIMINATION:** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**REAPPLICATION:** If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-priced meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals.

**Note: Attach the current reduced price income guidelines**

**Attach to Parent Letter**

**GROSS INCOME GUIDELINES FOR REDUCED PRICE MEALS**

**EFFECTIVE FROM JULY 1, 2012 - JUNE 30, 2013**

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL</u>	<u>MONTHLY</u>	<u>BIWEEKLY</u>	<u>WEEKLY</u>
1	<b>20,665</b>	<b>1,723</b>	<b>795</b>	<b>398</b>
2	<b>27,991</b>	<b>2,333</b>	<b>1,077</b>	<b>539</b>
3	<b>35,317</b>	<b>2,944</b>	<b>1,359</b>	<b>680</b>
4	<b>42,643</b>	<b>3,554</b>	<b>1,641</b>	<b>821</b>
5	<b>49,969</b>	<b>4,165</b>	<b>1,922</b>	<b>961</b>
6	<b>57,295</b>	<b>4,775</b>	<b>2,204</b>	<b>1,102</b>
7	<b>64,621</b>	<b>5,386</b>	<b>2,486</b>	<b>1,243</b>
8	<b>71,947</b>	<b>5,996</b>	<b>2,768</b>	<b>1,384</b>
Each Additional Family Member	<b>+ 7,326</b>	<b>+ 611</b>	<b>+282</b>	<b>+141</b>