



## APPLICATION INSTRUCTIONS

An application must be on file each year for every family. To apply for free and reduced price meals or free milk, complete this application using the instructions below, sign your name and return the application to the school of your YOUNGEST child. If you do not believe your child(ren) qualify, please fill out the information in Part 1, check the "Do not Qualify" box in Part 3 and return to your YOUNGEST child's school. Please return during the first week of school. If you need help, please call the Superintendent's Office at 860-349-7200.

**Part 1-STUDENT 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, skip to Part 6. Note: 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 7. Note: Subsidized adoptions and/or guardianships require you to provide all household income in Part 5. 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 if the child you are applying for is homeless or a runaway. You must contact the school (or homeless liaison) to notify them of the child's status.

**Part 3 –** Indicate your children's potential eligibility or ineligibility to qualify for free or reduced price meal or free milk benefits.

**Part 4 –** If a member of your household receives SNAP or TFA benefits, list the person's name and case number. Do not complete Part 5 and skip to Part 6. (**Note: If you are receiving only medical benefits (HUSKY) for your children, you must report all household income in Part 5.**)

**Part 5- ALL OTHER HOUSEHOLDS: Complete Part 5 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 7.**

- 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. Include foster children if you want them to be part of the household when determining the eligibility of your children.
- 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 6- 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 get free or reduced meals or free milk.*

**Part 7 - 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