

**Milford Public Schools**  
**PARENT/GUARDIAN LETTER TO HOUSEHOLDS**  
**SCHOOL MEALS**

Rev. 8/08

Dear Parent/Guardian:

The Milford Public Schools offers a choice of healthy meals each school day. Children may buy lunch for \$2.00 at the elementary schools, \$2.25 at the middle schools, and \$2.75 at the high schools. Children may buy breakfast at the high schools for \$1.50 and where available \$1.25 at the middle schools, and \$1.00 at the elementary schools. Children who qualify under U.S. Department of Agriculture guidelines may get meals free or at a reduced price of \$.40 for lunch and \$.30 for breakfast. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal.

Please call the school for further information.

**How do I get free or reduced price school meals for my child?** You can get benefits in one of two ways. You must either complete the free and reduced price school meal application or bring in a letter from the Department of Social Services and return it to the school or the Food Service Office. **Note: A new application or letter from Social Services must be submitted each year.**

If your total household income is the same or below the amount on the Reduced Price Income Chart (at right), your child may get either free meals or reduced price meals.

Your child can get free school meals if you get food stamps, or Temporary Family Assistance (TFA). The Department of Social Services may provide you with a letter that will automatically qualify your child for free meals. This letter must be brought to school or the Food Service Office and can be substituted for completion of this application.

- **Households getting food stamps, or TFA:** You only have to include your child's name, case number and an adult household member must sign the application.
- **Households receiving medical benefits only:** You have to include the names of all household members, the amount of income each person received last month and where the income came from. An adult household member must sign the application and include his or her social security number.
- **Other households:** If you DO NOT have a case number, you have to include the names of all household members, the amount of income each person received last month and where the income came from. An adult household member must sign the application and include his or her social security number.
- **Household with children enrolled in the Head Start/Even Start Program** should contact the school for assistance in receiving benefits.
- **Households with a foster child:** You must include the child's name, the amount of personal use income the child received last month and an adult must sign the application. *Note: Subsidized adoptions and subsidized guardianships require the calculation of all household income plus the adoption/guardianship subsidy.*
- **An application that is not complete cannot be approved.**

<b>REDUCED PRICE INCOME CHART FOR SCHOOL YEAR 2008 - 2009 (GROSS INCOME)</b>				
<b>Household Size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Bi-Weekly</b>	<b>Weekly</b>
1	19,240	1,604	740	370
2	25,900	2,159	997	499
3	32,560	2,714	1,253	627
4	39,220	3,269	1,509	755
5	45,880	3,824	1,765	883
6	52,540	4,379	2,021	1,011
7	59,200	4,934	2,277	1,139
8	65,860	5,489	2,534	1,267
<b>Each Add'l Family Member</b>	<b>+6,660</b>	<b>+555</b>	<b>+257</b>	<b>+129</b>

**Will the application be verified?** Your eligibility may be checked at anytime during the school year. School officials may ask you to send papers that show that your child should get free or reduced price school meals.

**Can I appeal the school's decision?** You can call the Food Service Director, Eileen S. Faustich at 783-3490 if you do not agree with the Food Service Office decision on your application or the results of verification. You also may ask for a fair hearing by calling or writing: Philip G. Russell, Deputy Superintendent of Operations, 70 West River Street, Milford, Connecticut 06460, telephone 203-783-3405.

**Can homeless and runaway children get free meals?** If you have not been informed that they will get free meals, please call the school or the school homeless liaison, Sue Kelleher, Director Pupil Personnel Services (203) 783-3491, to see if your child(ren) qualify.

**If I get WIC can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

**We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do **not** include your housing allowance as income. All other allowances must be included in your gross income.

**Can I get other benefits such as health insurance for my child?** Your child may be eligible for a new health insurance program (called HUSKY) for children. Please refer to the attached addendums for additional benefits.

**Will information on my application be kept confidential?** We will use the information on your application to decide if your child should get free or reduced price meals. We may inform officials connected with Title I and the National Assessment of Educational Progress whether your child is eligible for free or reduced price school meals. They will use this information for funding and/or evaluation purposes. Information may also be disclosed if you want the application to be used to get other benefits.

**Can I apply for free and reduced price meals later?** You may apply for free and reduced price meals anytime during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get food stamps or TFA, then you can choose to complete an application.

**If my child is eligible for free meals, will my child and family also be eligible for Food Stamps?** Your child and family *may* be eligible for Food Stamps if your child is determined to be eligible for free meals. For information regarding the Food Stamp Program and to contact the Department of Social Services office in your town, contact United Way's free referral number **2-1-1 INFOLINE** (free call, statewide).

We will let you know if you are approved or denied.

Sincerely,  
 Eileen S. Faustich, MS., CD-N, Director Food Services, 783-3490

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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

# APPLICATION INSTRUCTIONS

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To apply for free and reduced price meals, complete this application using the instructions below, sign your name and return the application to the school or mail to the Food Services Department. If you need help, call the Food Service Department at 783-3490.

Part 1 - **STUDENT INFORMATION:** List each student's name, grade, and school. Indicate if your children are receiving Food Stamps or TFA. If your children are receiving Food Stamps or TFA, provide the Client ID Number for each child. An adult household member must sign the application in Part 7, but do not complete Part 5. (**Note: If you are receiving only medical benefits for your children, you must report all household income in Part 5.**) *If a child is a foster child, a separate application must be completed. They are considered a separate household because they are a legal ward of the State and must have a separate application.*

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 benefits.

Part 4 - **A FOSTER CHILD** who is a legal ward of the State may get free meals regardless of your household income.

Complete a separate application for each foster child. Also, **complete this Part 4 and Part 7. Licensed foster homes do not complete Part 5.**

**[Note: Subsidized adoptions and/or guardianships require you to provide all household income documentation in Part 5. These children are not considered to be legal wards of the state and therefore, are considered part of your household and all household income must be listed.]**

**FOSTER CHILD INCOME:** 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.**

\*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 5 - **ALL OTHER HOUSEHOLDS: Complete Part 5 if:** You did not give a Food Stamp/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.

**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. **Note: Do not include foster children in your regular household.**

**CURRENT INCOME:** Write the amount of income each person now gets on the same row as their 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.

**NO INCOME:** Check if you have no income.

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 answer this question to get free or reduced meals.

Part 7 - **SIGNATURE:** An adult household member must sign the application or it cannot be approved. 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:* A social security number is not needed if you have listed a Food Stamp 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

### 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.

### Child Support/Alimony

Alimony payments  
Child Support payments

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SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Please sign for those additional benefits below if you are interested in receiving them. By signing for the benefits, you are certifying that you are the parent/guardian of the child(ren) for whom the application is being made. Note: Sending in 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 High School Achievement/Advanced Placement Testing Fees.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Milford Public Schools Summer School Program
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with High School Summer Youth Program.

If you checked yes to any or all of the boxes above, complete the information below and sign the form. Your information will be shared only with the programs you checked.

Child's Name: School:
Child's Name: School:
Child's Name: School:
Child's Name: School:

Signature of Parent/Guardian: Date:

Printed Name:

Address:

If you have any questions, please call Eileen S. Faustich, Director of Food Services at (203) 783-3490. Please return this form with your Free and Reduced Family Application to: Milford Food Services, 70 West River Street, Milford, CT 06460 or your school.

Privacy Act Statement: This explains how we will use the information you give us. 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a food Stamp Program, Temporary Family Assistance (TFA) Program or Food Distribution Program on Indian Reservations (FDPIR) case number 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.