

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

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 Food Services Director, Eileen Faustich @ 203-783-3490 for further information.

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your school or the Food Services Office, 70 West River Street, Milford, CT 06460. **Applications may not be faxed.**
2. **Who can get free meals?** All children in households receiving benefits from the Special Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA), can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines. Households with children enrolled in the Head Start/Even Start Program should contact the school for assistance in receiving benefits. **Note:** Subsidized adoptions and subsidized guardianships are not automatically eligible for free meals. These require the calculation of all household income plus the adoption/guardianship subsidy.
3. **Can FOSTER children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **Can homeless and runaway children get free meals?** Yes, children who meet the definition of homeless or runaway qualify for free meals. If you have not been told your children will get free meals, please call or e-mail Cliff Bugyi, Supervisor of Student Support Services (203) 783-3498, email [cbugyi@milforded.org](mailto:cbugyi@milforded.org) to see if your child(ren) qualify.
5. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Eligibility Chart to the right on this page.
6. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call the Food Services Office if you have questions.
7. **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the Food Services Office told you that your child is eligible for the new school year.
8. **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.
9. **Will the information I give be checked?** Yes and we may also ask you to send written proof.
10. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit.
11. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to **Phillip G. Russell, Deputy Superintendent of Operations, 70 West River Street, Milford, CT 06460, Telephone 203-783-3405.**
12. **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 U.S. citizens to qualify for free or reduced price meals.
13. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. **We are in the military. Do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. **My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact the Food Services Office for more information.
17. **My family needs more help. Are there other programs we might apply for?** Your child and family *may* be eligible for SNAP benefits if your child is determined to be eligible for free meals. For information regarding the SNAP and to contact the Department of Social Services office in your town, contact United Way's free referral number **2-1-1** (free call, statewide). (Please see insert)
18. **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.
19. **Can I get other benefits such as health insurance, for my child?** Your child may be eligible for a health insurance program (called HUSKY) for children. Please contact the school nurse for more information regarding HUSKY.

Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income
1	20,147	1,679	775	388
2	27,214	2,268	1,047	524
3	34,281	2,857	1,319	660
4	41,348	3,446	1,591	796
5	48,415	4,035	1,863	932
6	55,482	4,624	2,134	1,067
7	62,549	5,213	2,406	1,203
8	69,616	5,802	2,678	1,339
Each Add'l Family Member	+ 7,067	+ 589	+ 272	+ 136

We will let you know if you are approved or denied.  
Sincerely, Eileen S. Faustich, MS., SNS, Director, Food Services (203-783-3490)

# APPLICATION INSTRUCTIONS

Rev. 8/11

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 Services Department at (203) 783-3490. **(Note: When filling out application, please print legibly.) (Applications cannot be faxed)**

Part 1 - **STUDENT INFORMATION:** List each child's name, grade and school. If a child is a foster child, check off "yes" and write each child's personal use income and how often it is received (such as weekly, every two weeks, twice a month, or monthly). Skip to Part 4 Write "0" if the child/children have no \*personal use income.

**\*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.

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 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.

Also, **complete this Part 4 and Part 7.** *[Note: Subsidized adoptions and/or guardianships require you to provide all household income documentation 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.]*

**FOSTER CHILD INCOME:** Write "0" if the child has no personal use income. **An Adult household member must sign Part 7.**

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.

**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: Include foster children if you want them to be part of the household when determining the eligibility of your children.**

**CURRENT INCOME:** Write the amount of income each person now receives 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 the box if the person has no income. **(Note: "Person" includes adults and children in 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.**

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:* A social security number is 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

### 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

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 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. USDA is an equal opportunity provider and employer.



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.

- Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application for waivers with High School PSAT/SAT/ACT/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.

- No! I do NOT want information from my Free and Reduced Price School Meals Application shared with any of these programs.

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 & Reduced Family Application to: Milford Public Schools, Food Services Department, 70 West River Street, Milford, CT 06460 or your school.

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