

Detailed Instructions for Filling out your 2015-2016 Family Application for Meal Benefits

DEAR PARENT OR GUARDIAN:
 Meriden Public Schools participates in the National School Lunch and Breakfast Programs. Students may buy lunch for \$2.50 in elementary schools, \$2.65 in middle schools, and \$2.75 in the high schools, and/or breakfast for \$.80 in elementary, \$1.10 in middle schools, and \$1.25 in the high schools. Eligible students may receive meals free or at a reduced price of \$.40 for lunch and/or \$.00 for breakfast. Your children do not have to be a U.S. citizen to qualify for free or reduced price meals.

STEP 1 - LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12. Tell us how many infants, children and school students live in your household. They do NOT have to be related to you to be a part of your household.

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, or qualify as homeless or runaway youth; Students attending Meriden Public Schools, regardless of age.
 A) List each child's name. For each child, print their name, middle initial and last name. Use one line of the application for each child. Please print clearly. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
 B) List the name of the school and grade (if applicable) that each child attends and check the box to confirm if the child is a student at the school.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application, if you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.
 D) Are any children homeless or runaway? If you believe any child listed in this section may meet this description, please mark the "Homeless or Runaway" box next to the child's name and complete all steps of the application.
 STEP 2 - DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP OR TFA?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:
 • The Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA)
 A) If NO ONE in your household participates in any of the above listed programs, circle "YES" and provide a case number for SNAP or TFA. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact your DSS Social Worker. You must provide a case number on your application if you circled SNAP or TFA case number and skip to STEP 4.
 B) If this number is a medical number, check "yes" and skip to STEP 3 on your application.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS
 A) Report all income earned by children. Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the 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. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Earnings from work	Example(s)
• Social Security	• A child has a job where they earn a salary or wages.
• Disability Payments	• A child is blind or disabled and receives Social Security benefits.
• Survivor's Benefits	• A parent is disabled, retired, or deceased, and their child receives social security benefits.
• Income from parents outside the household	• A friend or extended family member regularly gives a child spending money.
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:
 Who should list here?
 When filling out this section, please include all members in your household who are:
 • Living with you and share income and expenses, even if 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 or children and students already listed in Step 1.
 How do I fill in the income amount and source?
 • Use the charts in this section 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 or deductions.

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/Other Income
• Salary, wages, cash bonuses	• Unemployment benefits	• Social Security (including railroad retirement and black lung benefits)
• Net income from self-employment (farm or business)	• Worker's compensation	• Private Pensions or disability
• Strike benefits	• Supplemental Security Income (SSI)	• Income from trusts or estates
If you are in the U.S. Military:	• Cash assistance from State or local government	• Annuities
• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	• Alimony payments	• Investment income
• Allowances for off-base housing, food, and clothing	• Child support payments	• Earned interest
	• Veteran's benefits	• Regular cash payments from outside household

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 address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
 B) Sign and print your name. Print your name in the box "Printed name of adult completing the form" and sign your name in the box "Signature of adult completing the form."
 C) Write Today's Date. In the space provided, write today's date in the box.
 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.
 Need Additional Assistance?

We're happy to help. Please call us at 203-630-4166. Meriden Public Schools Food and Nutrition Services.
 If my child is eligible for free meals, will my child and family also be eligible for SNAP benefits? Your child and family may be eligible for SNAP benefits if your child is eligible for free meals. For information regarding the SNAP Program and to contact the Department of Social Services office in your town, contact United Ways free referral number 2-1-1 INFOLINE (Free call, statewide).

INCOME ELIGIBILITY GUIDELINES - Use the income chart below to see if you qualify for the reduced price meal program, effective July 1, 2014 - June 30, 2015

Household Size	Annual		Every Two Weeks		Weekly
	Annual	Every Two Weeks	Every Two Weeks	Weekly	
1	\$21,775	\$1,815	\$908	\$938	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$587
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,316	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
9	\$83,343	\$6,945	\$3,472	\$3,207	\$1,603
10	\$91,039	\$7,586	\$3,792	\$3,504	\$1,751
11	\$98,735	\$8,227	\$4,112	\$3,801	\$1,900
12	\$106,431	\$8,868	\$4,432	\$4,098	\$2,048
13	\$114,127	\$9,509	\$4,752	\$4,395	\$2,196
14	\$121,823	\$10,150	\$5,072	\$4,692	\$2,344
15	\$129,519	\$10,791	\$5,392	\$4,989	\$2,492
16	\$137,215	\$11,432	\$5,712	\$5,286	\$2,640
17	\$144,911	\$12,073	\$6,032	\$5,583	\$2,788
18	\$152,607	\$12,714	\$6,352	\$5,880	\$2,936
19	\$160,303	\$13,355	\$6,672	\$6,177	\$3,084
20	\$168,000	\$14,000	\$7,000	\$6,474	\$3,232
21	\$175,696	\$14,645	\$7,320	\$6,771	\$3,380
22	\$183,392	\$15,290	\$7,640	\$7,068	\$3,528
23	\$191,088	\$15,935	\$7,960	\$7,365	\$3,676
24	\$198,784	\$16,580	\$8,280	\$7,662	\$3,824
25	\$206,480	\$17,225	\$8,600	\$7,959	\$3,972
26	\$214,176	\$17,870	\$8,920	\$8,256	\$4,120
27	\$221,872	\$18,515	\$9,240	\$8,553	\$4,268
28	\$229,568	\$19,160	\$9,560	\$8,850	\$4,416
29	\$237,264	\$19,805	\$9,880	\$9,147	\$4,564
30	\$244,960	\$20,450	\$10,200	\$9,444	\$4,712
31	\$252,656	\$21,095	\$10,520	\$9,741	\$4,860
32	\$260,352	\$21,740	\$10,840	\$10,038	\$5,008
33	\$268,048	\$22,385	\$11,160	\$10,335	\$5,156
34	\$275,744	\$23,030	\$11,480	\$10,632	\$5,304
35	\$283,440	\$23,675	\$11,800	\$10,929	\$5,452
36	\$291,136	\$24,320	\$12,120	\$11,226	\$5,600
37	\$298,832	\$24,965	\$12,440	\$11,523	\$5,748
38	\$306,528	\$25,610	\$12,760	\$11,820	\$5,896
39	\$314,224	\$26,255	\$13,080	\$12,117	\$6,044
40	\$321,920	\$26,900	\$13,400	\$12,414	\$6,192
41	\$329,616	\$27,545	\$13,720	\$12,711	\$6,340
42	\$337,312	\$28,190	\$14,040	\$13,008	\$6,488
43	\$345,008	\$28,835	\$14,360	\$13,305	\$6,636
44	\$352,704	\$29,480	\$14,680	\$13,602	\$6,784
45	\$360,400	\$30,125	\$15,000	\$13,899	\$6,932
46	\$368,096	\$30,770	\$15,320	\$14,196	\$7,080
47	\$375,792	\$31,415	\$15,640	\$14,493	\$7,228
48	\$383,488	\$32,060	\$15,960	\$14,790	\$7,376
49	\$391,184	\$32,705	\$16,280	\$15,087	\$7,524
50	\$398,880	\$33,350	\$16,600	\$15,384	\$7,672
51	\$406,576	\$33,995	\$16,920	\$15,681	\$7,820
52	\$414,272	\$34,640	\$17,240	\$15,978	\$7,968
53	\$421,968	\$35,285	\$17,560	\$16,275	\$8,116
54	\$429,664	\$35,930	\$17,880	\$16,572	\$8,264
55	\$437,360	\$36,575	\$18,200	\$16,869	\$8,412
56	\$445,056	\$37,220	\$18,520	\$17,166	\$8,560
57	\$452,752	\$37,865	\$18,840	\$17,463	\$8,708
58	\$460,448	\$38,510	\$19,160	\$17,760	\$8,856
59	\$468,144	\$39,155	\$19,480	\$18,057	\$8,999
60	\$475,840	\$39,800	\$19,800	\$18,354	\$9,148

NON-DISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, marital and where applicable political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint or discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.nal.usda.gov/foia/complaint-form>, or at any USDA office, or call (866) 632-9952 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; by fax (202) 690-7442 or email at usda.nal.usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 945-8138 (Spanish). USDA is an equal opportunity provider and employer.

FAIR HEARING: If you do not agree with the school's decision on your application or the result of verification, you may ask for a fair hearing by calling or writing: Ms. Donna Carrot, Director of Business Services, Meriden Board of Education, 22 Liberty Street, Meriden, CT 06450, (203) 630-4170.

SUBMIT: Please return completed meal applications to Food and Nutrition Services, 22 Liberty Street Meriden CT 06450, (203) 630-4166. We will let you know when your application is approved or denied.

CONFIDENTIALITY: 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 1 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 request the application to be used to get other benefits.