

NORTH BRANFORD SCHOOL FOOD SERVICE
1332 Middletown Avenue
P.O. Box 129
Northford, CT 06472

PLEASE FILL IN THIS SECTION AND RETURN TO YOUR CHILDS' TEACHER.

Childs Name _____

School _____ Grade _____

August 22, 2016

Dear Parent / Guardian:

It is most important your child(ren) return this page of the Free/Reduced Lunch Forms to the school they are attending. **Please return this page even if you are not applying for Free or Reduced Lunches.**

_____ Applying for Free or Reduced Lunches

_____ Not Eligible for Free or Reduced Lunches

Thank you for your cooperation.

2016-2017 School Lunch Prices:

| | |
|------------------------------------|--------|
| Jerome Harrison School | \$2.50 |
| Totoket Valley Elementary School | \$2.50 |
| North Branford Intermediate School | \$2.75 |
| North Branford High School | \$3.00 |

On-Line Lunch Payment Site: <https://northbranford.revtrak.net/tek9.asp>

Frequently Asked Questions (FAQs) About

FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **North Branford Public Schools** offers healthy meals every school day. **Your children may qualify for either free meals or reduced-price meals.** This packet includes an application for free or reduced-price meal benefits and detailed instructions.

NOTE: Children receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA) benefits may be directly certified and automatically eligible for free meals without applying for benefits. Questions regarding SNAP/TFA and direct certification should be sent to the determining official **North Branford Food Service**. If you have received a **NOTICE OF DIRECT CERTIFICATION** for free meals, **do not** complete the application. Let the school know if any children in your household are **not** listed on the **Notice of Direct Certification** letter you received.

The answers to common questions below can help you with the application process.

1. Who can get free or reduced-price meals?

- All children in households receiving SNAP or TFA benefits are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

| Reduced Federal Eligibility Income Chart Effective 7/1/2016 to 6/30/2017 | | | |
|---|----------|---------|--------|
| Household size | Yearly | Monthly | Weekly |
| 1 | \$21,978 | \$1,832 | \$423 |
| 2 | 29,637 | 2,470 | 570 |
| 3 | 37,296 | 3,108 | 718 |
| 4 | 44,955 | 3,747 | 865 |
| 5 | 52,614 | 4,385 | 1,012 |
| 6 | 60,273 | 5,023 | 1,160 |
| 7 | 67,951 | 5,663 | 1,307 |
| 8 | 75,647 | 6,304 | 1,455 |
| Each additional person | +7,696 | +642 | +148 |

2. **How do I know if my children qualify as homeless or runaway?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and you have not been told your children will get free meals, please call or e-mail maugur@northbranfordschools.org.

FAQS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS, continued

3. **Do I need to fill out an application for each child?** No. 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
4. **Should I fill out an application if I received a letter this school year saying my children are already approved for free meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Michael Augur at maugur@northbranfordschools.org or (203) 484-1440. immediately.
5. **My child's application was approved last year. Do I need to fill out a new 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 school told you that your child is eligible for the new school year.
6. **I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
7. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.
8. **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 and reduced-price meals if the household income drops below the income limit.
9. **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 Michael Augur at maugur@northbranfordschools.org or (203) 484-1440.
10. **May I apply if someone in my household is not a U.S. citizen?** Yes. You, your children or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
11. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 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.
12. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. When this happens, please write "0" in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

13. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, these must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. **What if there isn't enough space on the application for my family?** List any additional household members on a separate piece of paper and attach to your application. Contact Michael Augur at maugur@northbranfordschools.org or (203) 484-1440 to receive a second application.
15. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP benefits 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).

If you have other questions or need help, call 203-484-1440.

Sincerely,

Michael Augur
Food Service Manager
North Branford Public Schools
203-484-1440

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;*
- (2) fax: (202) 690-7442; or*
- (3) email: program.intake@usda.gov.*

This institution is an equal opportunity provider.

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

| Child's First Name | MI | Child's Last Name | School | Grade | Student? | | Foster | Head Start | Homeless or Runaway |
|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | Yes | No | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check all that apply

Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.
 Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4. (Do not complete STEP 3.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: _____
 Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and Last) | Earnings from Work | How often? | | | Public Assistance/ Child Support/Alimony | Old Income | How often? | | | Persons/Retiree/ All Other Income | How often? | | | | | |
|--|-------------------------|--------------------------|--------------------------|--------------------------|--|-------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|-----------|----------|---------|
| | | Weekly | Bi-Weekly | 2x Month | | | Monthly | Weekly | Bi-Weekly | | 2x Month | Monthly | Weekly | Bi-Weekly | 2x Month | Monthly |
| | | How often? | How often? | How often? | | | How often? | How often? | How often? | | How often? | How often? | | | | |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
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Total Household Members (Children and Adults – Step 1 & Step 3)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.
 The "Sources of Income for Children" chart will help you with the Child Income section.
 The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

STEP 4 Contact Information and Adult Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) Apt # City State Zip

Printed name of adult signing the form Signature of adult

Daytime Phone and Email (optional)

Today's date

2016-17 Application for Free and Reduced-price School Meals or Free Milk

| SOURCES OF INCOME FOR CHILDREN | | SOURCES OF INCOME FOR ADULTS | | |
|---|---|--|---|--|
| Sources of Child Income | Examples | Earnings from Work | Public Assistance/Alimony/ Child Support | Pensions/Retirement/ All Other Income |
| Earnings from work | A child has a regular or part-time job where they earn a salary or wages | <ul style="list-style-type: none"> • Gross income for salary, wages, cash – bonuses • Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) • Allowances for off-base housing, food and clothing | <ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from state or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits | <ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability • Regular income from trusts or estates • Annuities • Investment income • Earned Interest • Rental income • Regular cash payments from outside household |
| Income from persons outside the household | A child is blind or disabled and receives Social Security benefits | | | |
| | A parent is disabled, retired, or deceased, and their child receives social security benefits | | | |
| Income from any other source | A friend or extended family member regularly gives a child spending money | | | |
| | A child receives income from a private pension fund, annuity, or trust | | | |

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Program or Food Distribution Program on Indian Reservations (FDPIR), case number or other FDPIR identifier for your child 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442, or
email: program.intake@usda.gov
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School Use Only - Do Not Write Below This Line

Determining Officials (DO) for the school/district MUST complete this section. (Only convert to annual income if there are different frequencies of income listed in Step 3.)
 Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

- Directly Certified Based on the State Direct Certification List Date Certified on DC List: _____
- SNAP/TFA Household (Reminder: The DO must confirm a handwritten SNAP/TFA number) Foster Child Head Start Confirmed Homeless or Runaway
- Income Household: Total household income: _____ per _____ Household Size: _____ Application Denied
- Application approved for:** Free Meals Reduced-price Meals

Date Notice Sent: _____ Signature of DO: _____ Date: _____

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in North Branford Public Schools. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact North Branford Food Service at (203) 484-1440 or maugur@northbranfordschools.org.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

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.

Who should I list here? 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 [North Branford Public Schools], regardless of age.

| | | | |
|--|--|---|---|
| <p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, 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.</p> | <p>B) Is the child a student in the district? List the name of the school, the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.</p> | <p>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. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p> | <p>D) Are any children homeless, runaway or in a Head Start Program? If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and complete all steps of the application.</p> |
|--|--|---|---|

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP OR TFA?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)

| | |
|--|---|
| <p>A) If no one in your household participates in any of the above listed programs:</p> <p>• Leave STEP 2 blank and go to STEP 3.</p> | <p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker. <p>Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.</p> <ul style="list-style-type: none"> • Go to STEP 4. |
|--|---|

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Children" and "Sources of Income for Adult," printed on the back side of the application form, 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.
 - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your 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.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are 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.
 - Infants, children and students already listed in STEP 1.

B) List adult household members' names.
Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." *Do not list any household members you listed in STEP 1.* If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.
What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. *Do not report the cash value of any public assistance benefits NOT listed on the chart.* If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from pensions/retirement/all other income.
Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

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) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

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.

Addendum A

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you provided on your Free and Reduced-price School Meals/Milk Application may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. Please sign below for any additional benefits you are interested in receiving. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made.

Note: Submitting this form will not change whether your children get free or reduced-price meals or free milk.

- NO, I do NOT want information from my Free and Reduced-price School Meals/Milk Application shared with any of these programs.
YES, I DO want school officials to share information from my Free and Reduced-price School Meals/Milk Application with the programs checked below.
CLOTHES FOR KIDS (COAT) - ROTARY CLUB.
NIGHT TO CARE - FOOD BASKET AND GIFTS.
NBIS SPORTS ACTIVITY FEE.
NBHS SPORTS ACTIVITY FEE.

If you checked YES for any boxes above, complete the information below and sign the form. Your information will be shared only with the people and applicable programs you checked.

Child's Name: School:

Parent/Guardian Name:

Address: City: State: Zip:

Signature of Parent/Guardian: Date:

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. List all children in your home regardless of age as some programs may apply.

For more information, please call North Branford School Food Service at 203-484-1440. Return this form to your child's school.

Child's Name: Age: Size/Top: Size/Bottom: School:
Child's Name: Age: Size/Top: Size/Bottom: School:
Child's Name: Age: Size/Top: Size/Bottom: School:
Child's Name: Age: Size/Top: Size/Bottom: School:

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