

**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)

**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.**

Child's First Name	MI	Child's Last Name	School	Grade	Student?			Foster	Head Start	Homeless or Runaway
					Yes	No				
							Check all that apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 NO, > Go to STEP 3

**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.

		How often?			
Child income		Weekly	Bi-Weekly	2x Month	Month
\$	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

**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	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

**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**

X	X	X	X	X
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Check if no SSN ☐

### 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."

<div></div>		<div></div>	<div></div>	<div></div>	<div></div>
Street Address (if available) Apt #		City	State	Zip	Daytime Phone and Email (optional)
<div></div>		<div></div>			<div></div>
Printed name of adult signing the form		Signature of adult			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"> <li>Gross income for salary, wages, cash – bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from state or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability</li> <li>Regular Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned Interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>
Social Security <ul style="list-style-type: none"> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	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	<b>If you are in the U.S. Military:</b> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)</li> </ul>		
Income from persons <b>outside</b> the household	A friend or extended family member <b>regularly</b> gives a child spending money	<ul style="list-style-type: none"> <li>Allowances for off-base housing, food and clothing</li> </ul>		
Income from any other source	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

**Race** (check one or more): ☐ 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](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](mailto: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 approved for:** ☐ Free Meals ☐ Reduced-price Meals ☐ Application Denied

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 Fairfield, Connecticut*. 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 **Fairfield Public Schools, Food Services Department, Karen Sanborn, 203-255-8370, ksanborn@fairfieldschools.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 Fairfield Public Schools, *regardless of age*.

**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.

**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.

**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.

**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*.

### 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)

**A) If no one in your household participates in any of the above listed programs:**

- Leave **STEP 2** blank and go to **STEP 3**.

**B) If anyone in your household participates in any of the above listed programs:**

- 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.

**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.**

- 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.

## 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. **Check all that apply.**

- ☐ [Fairfield Public Schools Summer School Principals (for fee waivers)].
- ☐ [Fairfield Public Schools Principals (for prom tickets, caps/gowns)].
- ☐ [Fairfield Public Schools Principals (for musical instruments)].
- ☐ [Fairfield Public Schools Principals (for field trips)].
- ☐ [Town of Fairfield, Recreation Department (for camp discounts)].

**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.

### PLEASE PRINT

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature** of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please call **Karen Sanborn** at **203-255-8370**. Return this form to **Fairfield Public Schools, Food Services** attention **Karen Sanborn, 501 Kings Highway East, Suite 210, Fairfield, CT 06825** by October 17, 2016

*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](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](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*





## Does Your Child Have Health Insurance?

**Connecticut offers low-cost or free coverage!**

Dear Parent / Guardian,

Is your child protected by health insurance? If not, your school and the State of Connecticut want to help. Connecticut's HUSKY Health program, for example, pays for doctor visits (including physical exams), prescriptions, emergency care, vision and dental care, mental health care, special healthcare needs and more. It's for children under age 19 in families of all incomes. Approximately 300,000 Connecticut children now have their health care covered by the HUSKY Health program.

There are two parts to the HUSKY Health program for children:

- I. **HUSKY A** (or Medicaid) - For children in families with limited income. Parents, relative caregivers and pregnant women may also be eligible.
- II. **HUSKY B** (or Children's Health Insurance Program) - For children in families with higher incomes.

To apply online, please visit [AccessHealthCT.com](http://AccessHealthCT.com). To apply by phone, please call 855-805-4325 (TTY: 855-789-2428). For general information about HUSKY Health, please visit [HuskyHealth.com](http://HuskyHealth.com).

**You can apply for HUSKY A or HUSKY B any time of the year.**

### **Your child needs YOU to stay healthy, too!**

**When you apply for HUSKY Health for your child, see what Access Health CT has to offer you.**

Most Connecticut residents have to wait until the next Open Enrollment period (**November 1, 2016 -January 31, 2017**) to get health care coverage through Access Health CT. You may be able to get coverage earlier if you have a **Qualifying Life Event** OR if you qualify for Medicaid (HUSKY A or D) or CHIP (HUSKY B).

### **What is a Qualifying Life Event?**

Qualifying Events include\*:

- Just married an Access Health CT customer
- Having or adopting a child
- Permanently moving to Connecticut from another state
- Losing other affordable, minimum Essential Health Benefits
- Having a change in income or household status

\*For more information visit [Learn.AccessHealthCT.com/Special](http://Learn.AccessHealthCT.com/Special)



## Addendum C

### INFORMATION ON THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Dear Parent/Guardian:

If your children qualify for free school meals or milk, you might also qualify for **SNAP** (formerly called Food Stamps). SNAP helps people buy food for themselves and their families. SNAP benefits are issued each month on plastic debit cards. You can use SNAP benefits to buy food at major supermarkets, neighborhood grocery stores and some farmers' markets authorized to accept SNAP.

#### HOW TO QUALIFY

If and how much SNAP you qualify for depends on:

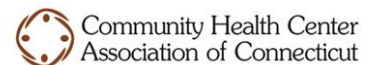
- your household's income;
- allowable deductions to your household's income (examples include monthly shelter expenses, medical bills, court ordered child support);
- your household size; and
- at least 5 years U.S. residency for Legal Permanent Resident non-citizens.

Household Size	Gross Monthly Income	Gross Annual Income
1	\$1,815	\$21,600
2	\$2,456	\$29,100
3	\$3,098	\$36,624
4	\$3,739	\$44,136
5	\$4,380	\$51,636
6	\$5,022	\$59,160
7	\$5,663	\$66,672
8	\$6,304	\$74,172
For each additional member	+642	+146
Larger households = higher incomes		

If you have access to the Internet, you can go online to see if you are eligible for SNAP. Go to [www.connect.ct.gov](http://www.connect.ct.gov) and click "Am I Eligible?" **Owning your own home or owning a car will not prevent you from being eligible for SNAP.**

#### TO APPLY OR GET MORE INFORMATION

- To find your local Connecticut Department of Social Services (DSS) office, call **United Way's free referral number 2-1-1** (free call statewide).
- You can apply online at [www.connect.ct.gov](http://www.connect.ct.gov) (click "Apply for Benefits"). You can get the paper SNAP application in English at [www.ct.gov/dss/lib/dss/pdfs/applications/w-1e.pdf](http://www.ct.gov/dss/lib/dss/pdfs/applications/w-1e.pdf) or in Spanish at [www.ct.gov/dss/lib/dss/pdfs/applications/w-1es.pdf](http://www.ct.gov/dss/lib/dss/pdfs/applications/w-1es.pdf).
- The Community Health Center Association of Connecticut works with the following community health centers, which will help you enroll in SNAP.



HARTFORD COUNTY AND TOLLAND COUNTY	WINDHAM COUNTY AND NEW LONDON COUNTY	MIDDLESEX COUNTY	NEW HAVEN COUNTY	LITCHFIELD COUNTY	FAIRFIELD COUNTY
<b>Community Health Services</b> Hartford 860-249-9625  <b>Charter Oak Health Center</b> Hartford 860-550-7500  <b>Intercommunity, Inc.</b> East Hartford 860-569-5900  <b>First Choice Health Centers</b> East Hartford, Manchester, Vernon 860-528-1359, ext. 241  <b>Wheeler Clinic</b> Bristol 860-920-4175	<b>Generations Family Health Center</b> Willimantic, Norwich, Putnam 860-450-7471, ext. 6300  <b>United Community &amp; Family Services</b> Norwich, New London, Plainfield, Jewett City 860-822-4353	<b>Community Health Center Association of Connecticut</b> Middlesex County 860-667-7820, ext. 318	<b>Cornell Scott Hill Health Center</b> New Haven 203-503-3000  <b>StayWell Health Center</b> Waterbury 203-756-8021, ext. 3814  <b>Fair Haven Community Health Center</b> New Haven 203-777-7411, ext. 5082	<b>Community Health &amp; Wellness Center of Greater Torrington</b> 860-387-0448	<b>Norwalk Community Health Center</b> Norwalk 203-899-1770, ext. 1203  <b>Optimus Health Care</b> Bridgeport, Stamford, Stratford 203-696-3260, ex. 3326  <b>CIFC Greater Danbury Community Health Center</b> 203-743-0100, ext. 254  <b>Southwest Community Health Center</b> Bridgeport 203-332-3542



This handout is available at [www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/AddC.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/AddC.pdf).

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
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