

**NEW MILFORD PUBLIC SCHOOLS**  
**Office of the Superintendent**  
**50 East Street**  
**New Milford, Connecticut 06776**  
**(860) 355-8406 FAX (860) 210-4132**



JeanAnn C. Paddyfote, Ph.D.  
 Superintendent of Schools

**APPLICANT LETTER FOR DETERMINATION  
 OF INDIGENCY STATUS**

Dear Applicant:

If your total household income is the same or below the amount on the Income Chart below you will be determined indigent.

You will be determined indigent 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 you for indigency status. This letter must be brought to the Office of the Superintendent, and can be substituted for this application.

- **Households getting food stamps or TFA:** You only have to include your case number and complete Item 1 and 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. You must sign the application and include your 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. You must sign the application and include your social security number.

<b><u>INDIGENCY INCOME CHART FOR FISCAL YEAR</u></b>				
<b><u>2015-2016</u></b>				
<b>Number in Family</b>	<b>Annual Gross Income</b>	<b>Monthly Gross Income</b>	<b>Every two weeks Gross Income</b>	<b>Weekly Gross Income</b>
1	21,775	1,815	838	419
2	29,471	2,456	1,134	567
3	37,167	3,098	1,430	715
4	44,863	3,739	1,726	863
5	52,559	4,380	2,022	1,011
6	60,255	5,022	2,318	1,159
7	67,951	5,663	2,614	1,307
8	75,647	6,304	2,910	1,455
Each add'l Family Member	+7,696	+642	+296	+148

**Will the application be verified?** Your eligibility may be checked at anytime during the year.

**Can I ask for reconsideration of the decision?** You may ask for reconsideration by calling or writing: Dr. JeanAnn C. Paddyfote  
 Phone: (860) 355-8406 Address: 50 East Street, New Milford, CT 06776

**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 indigency status.

**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 on your gross income.

**Will information on my application be kept confidential?** We will use the information on your application to decide if you are indigent. Information may be disclosed if necessary for you to receive benefits. The information will be kept as confidential as allowed by law.

We will let you know if your request for indigency status is approved or denied.

Sincerely,

JeanAnn C. Paddyfote

New Milford Board of Education

Application # \_\_\_\_\_

Application for Determination of Indigency Status

Applicant: Complete this application to request a determination of indigency. You must list the names of all members of the household in Part 3. Return the application to the office of the Superintendent.

1. Do you receive Food Stamps or TFA? If yes, provide client ID number
- yes / no \_\_\_\_\_
- yes / no \_\_\_\_\_
- yes / no \_\_\_\_\_
- yes / no \_\_\_\_\_
- yes / no \_\_\_\_\_

2. Are you homeless? \_\_\_\_\_

3. Household Members and Monthly Income: You must report all income and complete part 3. If you gave a client ID number for food stamps or TFA, skip part 3.

a. Name (List <b>everyone</b> in household including children.)	b. Gross Income and how often it was received. Indicate if income was received monthly, twice a month, every other week, weekly or annually. Example: \$100/monthly, \$100/twice a month, \$100/every two weeks, \$100/weekly, \$28,000 annually				c. Check if <b>NO</b> Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other Income	
1	\$ ____ /	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>
2	\$ ____ /	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>
3	\$ ____ /	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>
4	\$ ____ /	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>
5	\$ ____ /	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>
6	\$ ____ /	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>
7	\$ ____ /	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>

4. Signature and Social Security Number: I certify that all of the above information is true and correct and that all income is reported. I understand that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X \_\_\_\_\_  
Signature of Adult Household Member

X \_\_\_\_\_  
Social Security Number

OR  No Social Security Number

\_\_\_\_\_  
Home Telephone No.

\_\_\_\_\_  
Work Telephone No.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street/Apt

\_\_\_\_\_  
City/State/Sip

\_\_\_\_\_  
Date

**For School Use Only – Do Not Write Below This Line**

Annual Income Conversion: Weekly x 52 ♦ Every 2 Weeks x 26 ♦ ♦ Twice a Month x 24 ♦ Monthly x 12

Food Stamp/TFA Household

Income Household: Total Household annual income: \_\_\_\_\_ Household Size: \_\_\_\_\_

Application approved for:  Indigency

Application denied because:

- Income over allowed amount  
 Incomplete/missing  
 Other

Date Notice Sent: \_\_\_\_\_ Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for a determination of indigency status, complete this application using the instructions below, sign your name and return the application to the Office of the Superintendent. If you need assistance, call 860-355-8406.

Part 1 – Indicate if you are receiving Food Stamps or TFA. If you receive Food Stamps or TFA, do not complete Part 3.

Part 2 – Indicate if you are homeless.

Part 3 – **Complete Part 3 if: You did not give a Food Stamp/TFA Client ID Number: you are receiving only medical benefits; or you receive no welfare benefits.**

- a. **HOUSEHOLD NAMES:** Write the names of everyone (related or unrelated) who live in your household. Include yourself, your spouse, all children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have space. **Note: Do not include foster children in your regular household.**
- b. **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 is 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.
- c. **NO INCOME:** Check the box if the person has no income.

Part 7 - **SIGNATURE:** You must sign the application or it cannot be approved. The social security number of the adult signer must be included unless otherwise noted. If you do 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 or TFA Client Number.

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### 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 a 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 within the household

**Child Support/Alimony**

Alimony payments  
Child support payments