

2017-2018 Massachusetts Application for Free and Reduced Price School Meals

If you have received a **Notice of Direct Certification** – **FREE** from the school district for free meals, **do not** complete this application. **DO** let the school know if any children in the household are not listed on the **Notice of Direct Certification** – **FREE** letter you received.

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 <i>for Free and Reduced Price School Meals</i> for more information.	and shares	income	and e	xpense	s, ever	n if not	relate	d." Ch	ildren i	in Foste	er care a	ind child	lren wh	o mee	t the de	finitio	n of I	lomel	ess, M	grant			re eligib					
Child's First Name	МІ	MI Ch			hild's Last Name				S	School Name							l e	Stud Circle	lent?	Foster	Hon	neless	Migra	nt Ru	naway			
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Write the <u>Agency ID Number</u> , then go to STEP 4 (Do	not comple	te STE	<u>P 3)</u>			U	o no	. pro	viae E	ът си	rd nur	nber.					Ag	ency	ID N	ımbe	er:							
eview the charts titled "Sources of Income" for more information. The "Sources of Income for Adults" chart will help you with the All A						chart w	ill help	you v	with the	e Child I	ncome	section.									Нс	ow often	1?					
A. Child Income														C	Child Inc	ome				Veekly	Bi-Wee	kly 2x N	Month Mor	nthly				
Sometimes children in the household earn or receive income	. Please inclu	ude the	TOTA	L incon	ne rece	eived by	y all H	ouseh	old Mer	mbers li	sted in	STEP 1 h	nere:	9	5					0	О		$O \mid C$	\supset				
B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself)															ne, rep	ort to	tal gro	oss inc	ome (b	efore	taxes) f	or eacl	h source	in who	le dolla	rs (no ce	ents) oi	nly. If
they do not receive income from any source, write '0'. If you	enter '0' or	leave a	ny field	ds blan	k, you	are cer			•	that the	re is no		to repo		i			· 64 2				Pensio	ns / Retire	ment /		Heur	ofton?	
Name of Adult Household Members (First and La	st)		Earnin	gs from	Work	Week		How of eekly 2	x Month	Monthly			ort/ Alimo			y Bi-V	How o		h Month	ly			ner Income		Weekly	Bi-Weekly	often? 2x Mont	h Monthly
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Total Household Members (Children and Adults)				_		cial Secu r or Othe			(SSN) of ehold M	ember		XX	X-X	X -				Che	ck if no	SSN [
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certify (promise) that all information on this application is true and that all inc	ome is report	ed Lun	derstan	d that th	nis infor	mation i	is given	in con	nection v	with the r	receint of	Federal	funds ar	nd that s	chool of	icials i	nav ve	rify (ch	eck) the	inform	ation La	am awar	re that if L	nurnosel	ly give fa	lse inforr	nation r	my
nildren may lose meal benefits, and I may be prosecuted under applicable State			acistain			mation	13 814 C11		icction v		- CCCIPC OI		runus, ui	ia tilat s			nay ve	iiiy (cii	ccky tric			ann awan	c triat ii i	puiposci	IN BIVE IC			y
reet Address (if available) Apt #			(City						Sta	ate		Zip				Day	time F	hone a	nd En	nail (opt	tional)						
rinted name of adult signing the form			S	ignatu	re of a	dult										_	Too	lay's d	ate						Err	or pro	ne 🗆	

Determining Official's Signature

Sources of Income for Children									
Sources of Child Income	Example(s)								
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages								
- Social Security - 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 person outside the household	- A friend or extended family member regularly gives a child spending money								
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust								

Sources of Income for Adults										
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income								
Salary, wages, cash bonuses Net income from self- employment (farm or business) If you are in the U.S. Military: Basicpayand cash bonuses (doNOT includecombatpay, FSSA or privatized housing allowances) Allowancesforoff-base housing, food and clothing	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	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Regular cash payments from outside household								

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.

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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded

☐ Black or African American 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

■ Native Hawaiian or Other Pacific Islander

■ White

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

Ethnicity (check one):

☐ Hispanic or Latino

■ Not Hispanic or Latino

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(800) 877-8339. Additionally, program information may be made available in languages other than English.

Race (check one or more):

Asian

☐ American Indian or Alaskan Native

(202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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			For School	ol Use Only		
		2017-20	018 Massachusetts Application f	or Free and Reduced Price Sc	thool Meals	
Total Income H	Household Size					
		Annual Income Co	nversion:	E	Eligibility:	Categorical Eligibility
		Weekly Every 2 Weeks	x 52 x 26		Free Reduced Denied	
Only annualize income if there are multiple pa	y frequencies		x 24 x 12		0 0 0	
How often? Weekly Bi-Weekly 2x Month Monthl Annually	у					
0 0 0 0 0						
Determining Official's Signature		Date	Confirming Official's Signature	Date	Verifying Official's	ignature Date