

2019-2020 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. If you have received a Notice of Direct Certification - REDUCED PRICE from the school district for reduced price meals, this application may be submitted. 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 and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

						Student?	Foster	Homeless	Migrant	Runaway
	Child's First Name	MI	Child's Last Name	School Name	Grade	Circle Yes or No	Check all that apply			
						ΥN				
						ΥN				
						ΥN				
						ΥN				
						Y N				
						ΥN				
ST	EP 2 Do any Household Members (including yo	ou) curre	ently participate in one or more of the following a	assistance programs: SNAP, TANF, or FD	PIR?					
V	Vrite the <u>Agency ID Number</u> , then go to STEP 4 (<u>Do no</u>			ward latter may be requested	Agency ID N	umber:				

STEP 3 Report Income for ALL Household Members (Skipthisstepifyouanswered 'Yes' to STEP 2)

Review the charts titled "Sources of	Income" for more information.	The "Sources of Income for Chi	ildren" chart will help you w	ith the Child Income section.
The "Sources of Income for Adults"	chart will help you with the All /	Adult Household Members secti	on	

A. Child Income

Sometimes child	lren in the ho	ouseho	ld ea	arn or	receive income.	e. Please include the TOTAL income received by all 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	How often?	Pensions / Retirement / All Other Income	How often? Weekly Bi-Weekly 2x Month Monthly
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Total Household Members (Children and Adults)	-	ial Security Number (SSN) of or Other Adult Household Member	XXX-XX-	Check if no SSN		
STEP 4 Contact Information and Adult Signature	ail Completed Form To	: INSERT YOUR SCHOOL/DISTRIC	CT MAILING ADDRESS H	HERE		
"I certify (promise) that all information on this application is true and that all income is reporter children may lose meal benefits, and I may be prosecuted under applicable State and Federal la		nation is given in connection with the receip	ot of Federal funds, and that sc	hool officials may verify (check) the information	. I am aware that if I purpos	ely give false information, my
Street Address (if available) Apt #	City	State	Zip	Daytime Phone and Email (optional)	
Printed name of adult signing the form	Signature of ac	lult		Today's date		Error prone

Child Income

\$

How often?

Bi-Weekly 2x Month Monthly

Weekly

C

INSTRUCTIONS Source

Sources of Income

Sources of Income for Children					Sources of Income for Adults					
Sources of Child Incor	ne	Example(s)		Earni	ings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Earnings from work - Social Security - Disability Payments - Survivor's Benefits -Income from person outside the household -Income from any other source		 A child has a regular full or part-time job where they earn a salary or wages 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 A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust 		- Salary, wages, cash bonuses		- Unemployment benefits	Social Security (including railroad			
				 Net income employme If you are in th Basicpayand 	from self- t (farm or business) e U.S. Military: cashbonuses (doNOT	 Worker's compensation Supplemental Security Income (SS Cash assistance from State or loca government Alimony payments 				
				include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food and clothing		 Child support payments Veteran's benefits Strike benefits 	Investment income Earned interest Rental income			
						Strike benefits	Regular cash payments from outside household			
thnicity (check one):	Race (check one o	or more):			We are required to a	sk for information about your children's	race and ethnicity. This information is			
Hispanic or Latino American Indian or Alaskan Native Native Hawaiian or Other Pacific Isla						required to ask for information about your children's race and ethnicity. This informatior ant and helps to make sure we are fully serving our community. Responding to this sectio				
Not Hispanic or Latino	AsianBlack or Africa			optional and does not affect your children's eligibility for free of			, , ,			

OPTIONAL

Children's Racial and Ethnic Identities

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 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 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.

This institution is an equal opportunity provider.

		For School Us			
Total Income Household Size		2020 Massachusetts Application for F	ree and Reduced Pric	e School Meals	
	Weekly Every 2 Weeks	x 52 x 26		Eligibility:	Categorical Eligibility
Only annualize income if there are multiple pay frequencies	Twice A Month Monthly	x 24 x 12		$\circ \circ \circ$	
How often? Weekky Bi-Weekky 2x Month Monthi Annually O O O O O					
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	e Date