

Printed name of adult signing the form

2020-2021 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** – **FREE** 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? Homeless Migrant Runaway Foster Child's First Name Child's Last Name MI School Name Circle Yes or No Check all that apply Y N Y N П П Y N Y N Y N Y N STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Write the **Agency ID Number**, then go to **STEP 4** (Do not complete STEP 3) EBT number not accepted; SNAP award letter may be requested Agency ID Number: STEP 3 Report Income for ALL Household Members (Skipthis step if you answered 'Yes' to STEP 2) 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. How often? The "Sources of Income for Adults" chart will help you with the All Adult Household Members section Child Income Weekly Bi-Weekly 2x Month Monthly A. Child Income Sometimes children in the household earn or receive income. 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 Public Assistance/ Child Pensions / Retirement / How often? How often? How often? Name of Adult Household Members (First and Last) Support/ Alimony All Other Income **Earnings from Work** Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly **Total Household Members** Last Four Digits of Social Security Number (SSN) of XXX-XX-Check if no SSN (Children and Adults) Primary Wage Earner or Other Adult Household Member STEP 4 **Contact Information and Adult Signature** Mail Completed Form To: FOOD SERVICE DEPARTMENT, 300 QUAKER HIGHWAY, UXBRIDGE MA 01569 "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) Zip Apt# City State Daytime Phone and Email (optional) Error prone

Today's date

Signature of adult

STF		

Sources of Income

Sources of Income for Children				Sources of Income for Adults				
Sources of Child Inco	ome		mple(s)	Earn	nings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Earnings from work		- A child has a regular full or part-time job where they earn a salary or wages		- Salary, wages, cash bonuses		- Unemployment benefits	Social Security (including railroad	
- Social Security - Disability Payments - Survivor's Benefits			abled and receives Social Security benefits retired, or deceased, and their child urity benefits	Net income from self- employment (farm or business) If you are in the U.S. Military:		 Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments 	retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities	
-Income from person outside the household		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		Basic pay and cash bonuses (do NOT 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 Regular cash payments from outside household	
-Income from any other source								
hnicity (check one): Race (check one or more):			We are required to a	sk for information about your children's rac	a and athnicity. This information is			
Hispanic or Latino	Hispanic or Latino 🔲 American Indian or Alaskan Native 🔲 Native Hawaiian or Other Pacific Isla		slander	'	nunity. Responding to this section is			
Not Hispanic or Latino	□ Asian		☐ White			t affect your children's eligibility for free or		

OPTIONAL

Children's Racial and Ethnic Identities

□ Black or African American

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:

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.

retaination for prior civil rights activity in any program or					
		For School Us	<u>e Only</u>		
	2020-2	2021 Massachusetts Application for F	ree and Reduced Price	School Meals	
Total Income Household Size	Annual Income	Conversion:		Eligibility:	Categorical Eligibility
Only annualize income if there are multiple pay frequencies	Weekly Every 2 Weeks Twice A Month Monthly	x 52 x 26 x 24 x 12		Free Reduced Denied	
How often?	L				
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signa	ature Date