

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.

Child's E	First Namo		Child's	Child's Last Name		School Name	de	Student?	Foster	Homeless	Migrant	Runaway
Child's First Name		MI	Child S		School Name	Grad	Circle Yes or No	Check all that apply				
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								ΥN				
								ΥN				
								ΥN				
								Y N				
								ΥN				
STEP 2	Do any Household Members (including	you) cu	rrently parti	cipate in one or more of the followir	nga	ssistance programs: SNAP, TANF, or FDPIR?						
Write the	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 (Skip this step if you answered 'Yes' to STEP 2)												
	eview the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. he "Sources of Income for Adults" chart will help you with the All Adult Household Members section											
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.

		How often?	Public Assistance/ Child	How often?	Pensions / Retirement	/ How often?	
Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Month	Support/ Alimony	Weekly Bi-Weekly 2x Month	Monthly All Other Income	Weekly Bi-Weekly 2x Month Monthly	
		0 0 0 0		0 0 0	0	0 0 0 0	
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		$\bigcirc \bigcirc $		$\bigcirc \bigcirc \bigcirc \bigcirc$	0	0 0 0 0	
		$\bigcirc \bigcirc $		$\bigcirc \bigcirc \bigcirc \bigcirc$	0	0 0 0 0	
		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc$	0	0 0 0 0	
Total Household Members (Children and Adults)	0	cial Security Number (SSN) of r or Other Adult Household Membe	XXX-XX-	Chec	k if no SSN		
STEP 4 Contact Information and Adult Signature Mail	Completed Form T	o: Food Service Office, 300	Quaker Highway, Uxbridge	<u>Ma 01569</u>			
"I certify (promise) that all information on this application is true and that all income is reported. I children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.		mation is given in connection with th	e receipt of Federal funds, and that so	chool officials may verify (che	ck) the information. I am aware that if I purp	osely give false information, my	
Street Address (if available) Apt #	City		State Zip	Daytime Ph	none and Email (optional)		
Printed name of adult signing the form	Signature of a	dult		Today's da	te	Error prone	

Sources of Income					Sources of Income for Adults				
Sources of Child Inc		Example(s) - A child has a regular full or part-time job where they		Earnings from Work		Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
Social Security Disability Payments Survivor's Benefits Income from person outside the household		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		 Salary, wages, cash bonuses Net income from self- employment (farm or business) If you are in the U.S. Military: Basicpayand cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-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 	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income 		
-Income from any other source		 A child receives regular income from a private pension fund, annuity, or trust 				- Strike benefits	 Earned interest Rental income Regular cash payments from outside household 		
Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino	or Latino		slander	We are required to ask for information about your children's race and ethnicity. The important and helps to make sure we are fully serving our community. Responding optional and does not affect your children's eligibility for free or reduced price mea					

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.

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Total Income Household Size	Annual Income Converse Weekly x 52 Every 2 Weeks x 26			zibility: Categorical Eligibi	lity 🗌					
Only annualize income if there are multiple pay frequencies How often? Weekly Bi-Weekly 2x Month Month Annually	Twice A Month x 24 Monthly x 12		(
Determining Official's Signature	Date Co	onfirming Official's Signature	Date	Verifying Official's Signature	Date					