UXBRIDGE PUBLIC SCHOOLS RESIDENCY FORMS

Form A - Affidavit of Applicant Seeking Enrollment

School Choice applicants please complete all residency forms using your out-of-town residential information

Last arent(s)/Guardian(s) Name(s):	First	Middle
arem(s), Guarman(s), Isamo(s),		in test of its
Läst	First.	Middle
ddress:		
ia.	, the Parent/	Guardian/Foster parent/Adult
ecking to enroll the student of	herel	ov certify that the attached
constant in apprinte and on state in	nder the pains and penalties of pe	erjury. I also certify that I will
notify the principal immediately if the	re is any change in address and	provide all documentation
equired if moving to another in-town	out of town location.	
Furthermore, I understand that if t	he above-named student is not	an Uxbridge resident or a
School Choice student as defined by	y the law, then M.G.L. c. 76 §5	allows the School Committee to
obtain the full cost of the above-na		
Lastly, I understand that if this pac	ket is deemed "incomplete" in	any way by the Uxbridge Publi
Schools, the above named student	will not be granted enrollment	unfil such time as it is
determined to be complete.		
*,		
		·
Signature of Parent/Guardian/Foster	Parent/Adult (Uxbridge Residen	
DISHOLD DE L		

UXBRIDGE PUBLIC SCHOOLS RESIDENCY FORM

Form B - Supporting Documentation for School Registration Checklist

Student's Name			
	Last	First	Middle
Parent(s)/Guardian(s) Name	(s)		*
	Last	First	Middle
Address:			
PROOF OF THE CHILD	'S AGE AND LEGA	L NAME	•-
Original and/or Public Schools)	copy birth certificate (*the original birth certific	eate will not be retained by Uxbridge
Valid driver's li	cense showing an Uxb	ridge home address or sch	nool choice address
Parent(s)/Guard	ian(s) Visa (if not a U.	S. citizen)	
PROOF THAT THE PAR	ENT OR LEGAL G	JARDIAN OF THE ST	UDENT LIVES IN UXBRIDGE, MA
or SCHOOL CHOICE RES	IDENCE		
At least one document fro	m this category:		
	•	sor and lessee or tenant a School choice residence;	nd landlord to show that the or
	rtgage agreement/prope , MA/School Choice re	_	the parent/guardian owns a home and
Uxbridge, MA/Sch Landlord/Shared To days of expiration of	ool Choice resident AN mancies. This form is or the student shall be w	ID record of most recent ponly valid for six (6) mon	how that a family and student reside in payment (Form F Residency Affidavit aths and must be refiled within five (5) Public Schools). A current copy of ion form.
Copy of HUD	ease or other housing	lease AND record of mos	t recent rental payment.

	document from this category – Utility bill or work order dated within the past sixty (60) days showing including:
	Gas bill
• .	Oil bill
	Electric bill
	Home telephone bill (not a cell phone bill)
	Cable bill
	Water bill
At least on	e document from this category:
****	Valid driver's license showing an Uxbridge, MA/School Choice home address
	Current vehicle registration showing an Uxbridge, MA/School Choice home address
	Valid Massachusetts Photo identification card

Please be advised that if any questions arise as to whether or not the prospective student is residing in the Town of Uxbridge/School Choice resident and has the intention of remaining, or if questions arise after enrollment, an appropriate investigation will be conducted. Therefore, if the student is not living in the Town of Uxbridge/School Choice resident, please do not attempt to enroll him/her. Further, please be aware that M.G.L. c. 76 §allows the School Committee to obtain the full cost of any student's education from any adult who enrolled the student in Uxbridge Public schools, knowing that the student was not a resident/school choice.

If you are not the biological or adoptive parent, then you must submit a copy of the guardianship decree, if applicable, evidence from DCF naming you as the foster parent, and a copy of the student's/parent's/guardian's visa of the United States and living in the United States on a visa.

UXBRIDGE PUBLIC SCHOOLS RESIDENCY FORM

Form C - Residency Policy Acknowledgement

Student's Name	*
Parent(s)/Guardian(s) Name(s)	

The Uxbridge School Committee has adopted the following policy regarding the residency and enrollment of students. This policy has been adopted to ensure that only families who actually reside in the Town of Uxbridge have full access to educational opportunities. Furthermore, the Uxbridge School District requires stringent proof of residency in order to maintain compliance with this policy.

Pursuant to M.G.L. c. 76 §5, all children of school age who actually reside in the Town of Uxbridge are entitled to attend the Uxbridge Public Schools. In addition, children who do not actually reside in the Town of Uxbridge may enroll in the Uxbridge Public Schools, if the School Committee adopts School Choice or another school district tuitions the student into the Uxbridge Public Schools through an agreement between the Superintendent of the Uxbridge Public Schools and the superintendent of the other city or town.

When a student enrolls in the Uxbridge Public Schools, the parent/guardian or the student him/herself must provide documentation, acceptable to the administration, which establishes the residency of the student. The Uxbridge Public Schools may conduct an investigation into the residency of any student, either upon enrollment or thereafter, if any question about the student's residency arises.

In order to attend Uxbridge Public Schools, a student must actually reside in the Town of Uxbridge, unless one of the exceptions below applies. The residence of a minor child is ordinarily presumed to be the legal residence of the child's parent or legal guardian having physical custody of the child. A student's actual residence is considered to be the place where he or she lives permanently. In determining residency, Uxbridge Public Schools retains the right to require verifiable documentation and to investigate where a student actually resides. (Legal Reference: M.G.L. Chapter 76, Section 5). Moreover, staff has been advised to maintain compliance with regard to the district's residency policy, which includes the completion of all required forms. No substitutes will be permitted and registration will not be allowed without the required documents.

The principal at each school will verify the telephone number and home address of all students at least annually. Verification of residency, including updated documentation, will be required when students enter the Uxbridge School District, move from grade 2 to grade 3, move from grade 5 to grade 6, move from grade 8 to grade 9, or move to or re-enter Uxbridge Public Schools from an out-of-district program or vocational/agricultural high school.

If there is any change in residency status, the parent(s)/guardian(s) will be required to notify the building principal in the school where their child is enrolled within five (5) business days of the change of address. Uxbridge Public Schools reserves the right to request additional documents and/or to conduct an investigation; therefore, the district may enlist the services of a Residency Officer/Investigator to verify a family's residency.

If, in fact, a determination is made that the student does not actually reside in the Town of Uxbridge, the student's enrollment will be terminated immediately (Legal Reference: M.G.L. Chapter 76, Section 5). Immediate termination of enrollment will also apply for students currently enrolled who do not reside in the Town of Uxbridge. A parent, legal guardian, or student who has reached the age of majority (18), may appeal this determination of ineligibility for enrollment to the Superintendent of Schools, whose decision shall be final.

The district reserves the right to request documentation at times other than those specified.

Pursuant to M.G.L. c. 71 §37L, the parent/guardian or the student him/herself are required to bring a copy of the student's complete school record from previous school districts. The student cannot be enrolled until the complete school record is received. The administration will assist the parent/guardian or the student in obtaining a complete school record.

Exceptions

The Residency Requirements shall be waived under the following conditions:

- Students who fall under the McKinney-Vento Homeless Assistance Act. If a family qualifies under this act, a letter validating residency in non-permanent housing may be required as confirmation that the family is living in non-permanent housing.
- Students who are currently and legitimately enrolled in Uxbridge Public Schools who move out on or after February 1st of a given school year, or
- Students who are currently and legitimately enrolled in Uxbridge Public Schools in grade 8 or high school seniors who move out after the end of the first quarter of a given school year. These students may complete the current school year provided they have made the Superintendent of Schools aware of the move in writing within five (5) business days of such move.
- Students whose parents divorce or separate and share physical custody, provided one custodial parent remains a resident of the Town of Uxbridge and the student resides at least 50% of the time with the parent who resides in the Town of Uxbridge. (*Legal documentation must be provided to school office- Custodial Court Documentation)

Verification of Residency

Before any student is enrolled in Uxbridge Public Schools, a number of documents <u>must be</u> <u>provided</u> (see *Form B – Documentation Required for School Registration*):

• If the family is currently living with a family member or a friend, a Landlord Affidavit must be completed.

- No child will be denied access to Uxbridge Public Schools because of immigration status.
- All documents used to verify residency will become part of the student's record whereby confidentiality will be protected under The Family Educational Rights to Privacy Act (FERPA).

Potential Waiver When Residency is in Transition

For students whose residency is in transition, the following exceptions to the general policy may apply, with prior written approval from the Superintendent of Schools:

<u>Pending Purchase of Dwelling:</u> The children of families who have signed and accepted Purchase and Sale Agreement to purchase and reside in a dwelling in the Town of Uxbridge may be enrolled up to 30 calendar days in advance of the time actual physical residence occurs. If actual residence occurs later than 30 days after enrollment, students may be asked to leave the Uxbridge Public Schools until actual residence occurs.

<u>Construction of New Dwelling:</u> Children of families who are building a primary residence in the Town of Uxbridge may enroll in the Schools at the beginning of the school year if they have obtained a certificate of occupancy from the Town.

Notification

The residency policy of Uxbridge Public Schools will be published in the district's School Committee Policy Manual, school handbooks, and on the district website. At the time of enrollment, parent(s)/guardian(s) will endorse in writing that they have read and agree to the district policy. If there is any suspicion of residency violations, concerns may be reported by calling 1-508-278-8648.

A determination of any violation of the residency policy via falsification or misrepresentation of information may result in immediate termination of enrollment as well as the enforcement of certain penalties (e.g., reimbursement for educational costs for the time the student did not actually reside in the Town of Uxbridge).

Signature of Parent/Guardian/Foster Parent/Adult (Uxbridge Resident)	-
Date	
Please check if you are School Choice Resident:	

UXBRIDGE PUBLIC SCHOOLS RESIDENCY FORM

Form D - Transfer of Parental Educational Rights

Student's Nam	e:
Parent(s)/Guar	dian(s) Name(s):
than a parent or legal guard have the "Cer	t be completed by the parent or legal guardian if the student is living with anyone other or legal guardian. It must be accompanied by a copy of a photo identification of the parent an who signs this form. In lieu of picture identification, the parent/legal guardian can ification of Residency" notarized.
T	, have physical custody of (Name of Child)
(Name o	Petitioner) (Name of Child)
I am currently	a resident of, but I want
	(Name of Child) (City/Town) (City/Town) (Name of Child) (Dity/Town) (Name of Child) (Name of Child)
to reside with	(Address) (Address) (Address) (Address)
	to act in my place on behalf of my child in
educationally (1	me of Adult) -related matters. The following includes, but is not limited to, the actions which may take with regard to my child as if those were ame of Adult)
my actions:	
*	Release any and all educational records to third parties
-	Receive and review any and all educational records
	Deny access to any and all educational records
-	Meet and conference with school staff regarding my child's education
-	services provided and educational progress
	Participate in all team or other meetings
-	Participate in all disciplinary meetings and hearings in my place, if
,	such meetings and/or hearings are necessary
	Receive and act on all notices typically sent from the school
	system to a parent and/or guardian
	Consent to testing, assessments, valuation, the delivery of
	services, whether regular, education, special education and/or
	related services Consent to emergency medical treatment during the school day
	Consent to emergency medical detailed to the consent to have certain named individuals pick up or drop off
	my child at school
	Consent to participate in field trips and any other school-related
	functions
*	Page 1 of 2 (Form D)

I understand and agree that this form will remain in effect so long as I have not revoked it in
writing and such revocation is received by the building principal. Attached to this form is a copy
of a legal document verifying that I am the parent of the above-named child. Signed and sworn
under the pains and penalties of perjury.
·

Signature:		
Date:		

UXBRIDGE PUBLIC SCHOOLS RESIDENCY FORM

Form E - Affidavit of Residency

Student	i's Name:
Name o	of School Attending:
Parent/	Guardian Name:
1.	My relationship with the above-named student is as follows:
2. 3. 4. 5. 6. 7.	which is located in the Town of Uxbridge, Commonwealth of Massachusetts. actually resides and lives with me at said address. I acknowledge that a residency investigator official or School Department designee may visit this residence for the purpose of verifying such residency. I acknowledge that this affidavit is being signed for the purpose of verifying such residency. In support of this affidavit, I have attached certain exhibits which are true, accurate and correct. If an Affidavit —Landlord-Shared Tenancies (Form F) has been completed and #3 states I have no utility bills in my name, I will provide an updated driver's license, motor vehicle registration, or a postal change of address within 30 days. All of the information contained herein is true and accurate.
actua Any restit c. 76 claim	I on M.G.L. c. 76 §5 no School Committee is required to enroll a person who does not ally reside in the town unless enrollment is authorized by law or by the School Committee. Deerson who violates or assists in the violation of this provision may be required to remit full aution to the town of the improperly-attended public schools. Additionally, based on M.G.L. §5, a school can now recover tuition from any person who assists a student with a fraudulent of residency.
Date	**************************************
	e of Verifying Employee (Print) Signature of Verifying loyee

Date

UXBRIDGE PUBLIC SCHOOLS RESIDENCY FORM

Form F - Residency Affidavit - Landlord/Shared Tenancies

Student's Name:		-
Parent(s)/Guardian(s) Name(s):		
Address:		
Instructions: Any applicant seeking to ha who cannot produce a property deed or let the applicant lives to complete and sign the (not the person who completes this affidate affidavit affirms in #3 below that the tens	eve their child(ren) attend ease must ask the owner o his legal affidavit. It is the vit) to attach a record of i	or lessee of the property where e responsibility of the applicant recent rent payment, unless this
My name is	, and I	hereby depose and certify as
follows:		
1. I am the owner/lessee of the property located 2, the p	at	in Uxbridge, MA.
leases/subleases this property as their principal month to month. 3. Check All That Apply: I have received within the last thirty (30) I hereby state that the above-named particle in their name.	residence with me without a v 0) days rental payment for the ty resides with me at the add rty resides with me at the add	e lease/sublease of said premises. Tess above with no rental payment. Tress above and has no utility bills in
Signed under the pains and penalties of perjury	this day of	, 20
Signature:		
Print Signature: Print Address (including City, State, Zip):		
COMMONWEALTH O	F MASSACHUSETTS – O.	ATH NOTARY
Inon this	day of	20, before me
personally appeared and after reading the above Affidavit and after f said Affidavit.	irst being placed under oath, o	lid swear to the truth and accuracy of
	Notary Commission Expin	es;
Signature of Notary Public		

Note: The information contained in this legal affidavit is subject to verification by a residency investigator.

UXBRIDGE PUBLIC SCHOOLS RESIDENCY FORM

Form G - Waiver When Residency is in Transition

Student's Name:
Parent(s)/Guardian(s) Name(s):
Address:
For students whose residency is in transition, the following exceptions to the general policy may apply, with prior written approval from the Superintendent of Schools. Please check the appropriate box and accompany this form with the required documentation (outlined in red).
1. Pending purchase of Dwelling
Copy of signed and accepted Purchase & Sales Agreement
Projected date of occupancy: (specify date here)
2. Construction of New Dwelling
Certificate of Occupancy from Town of Uxbridge Public Schools
Notification: If actual residence occurs later than thirty (30) days after enrollment, students may be asked to leave the Uxbridge Public Schools until actual residence occurs.
Signature of Parent/Guardian Date
This form will be returned to you with approval or denial of the request.
ApprovedDenied
Comments:

Parent/Student Handbook Signature Form

Student Name:
The Massachusetts Department of Elementary and Secondary Education requires all public schools to ensure that the parent(s)/guardian(s) are informed of our school policies on a yearly basis. To comply with these regulations, we ask that you indicate that you have reviewed this handbook. Our handbooks may be found on our district website, under each individual school at www.uxbridgeschools.com.
Please select one:
I have reviewed on-line the following Parent/Student Handbook(s) and I agree to conform to its rules and regulations.
Taft Early Learning Center Parent/Student Handbook
Whitin Intermediate School Parent/Student Handbook
Uxbridge High School Parent/Student Handbook
I do not have Internet access and request a printed copy of the Parent/Student Handbook (and I understand I will need to return a written verification form that will be included in the handbook, acknowledging receipt of the Parent/Student Handbook and agreeing to conform to its rules and regulations). If you select, this option, please stop by the school after signing and return this sheet to the school and we will print and send home a copy of the Parent/Student Handbook.
Parent/Guardian Name: Signature:
Student Name: Signature:

UXBRIDGE PUBLIC SCHOOLS

Attn: Kelly Haley, Food Service Director, 300 Quaker Highway, Uxbridge, MA 01569

Dear Parent/Guardian:

Children need healthy meals to learn. Uxbridge Public Schools offers healthy meals every school day. In School Year 2022-2023, all students will receive free breakfast and lunch at school. The Commonwealth of Massachusetts has provided money to do this for one year through the State budget. We need your help to keep providing free meals to all students in future years. Please fill out this application for free and reduced price school meals. If many families fill out and return this form, we will get more money from the federal government for free school meals now and in the future. We will also get more money for other school programs. Filling out this form also helps our community provide free summer meals to all kids, and free meals to kids in childcare. The information you provide is confidential. We follow strict federal rules to keep your information private.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for free or reduced-price school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling Project Bread's FoodSource Hotline at 1-800-645-8333 and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect https://dtaconnect.eohlis.mass.gov/apply

Frequently Asked Questions

DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Uxbridge Public Schools, Attn: Kelly Haley, Food Service Director, 300 Quaker Highway, Uxbridge, MA 01569.

SHOULD I FIEL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?

No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Kelly Haley, Food Service Director, at khaley@uxbridge.k12.ma.us or 508-278-8633 immediately.

MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

MAY' APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN.

Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

WHO QUALIFIES FOR FREE OR REDUCED PRICE MEALS?

This year, all students in our schools will get free breakfast and lunch at school. But only some students qualify as "eligible" for free meals. These are:

- All children in households receiving benefits from MA SNAP, MA TAFDC, FDPIR, or specific categories of Medicaid are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

			
FEDERALIELI	GIBILITY INCOME CHART FOR SC	nool Year 2022 - 2023	
Household size	The day wearly to the term of	Monthly	Weekly
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Each additional person:	387325455	7728	4168点。

HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?

Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Ann Knapp, Special Education Director at aknapp@uxbridge.k12.ma.us or 508-278-8648.

LGET WIC CAN MY CHILDREN GET FREE MEALS?

Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in a completed application.

if you have any questions about the online application.

WILL THE INFORMATION I GIVE BE CHECKED?

Yes. We may also ask you to send written proof of the household income you report.

IF I DON'T QUALIFY NOW, MAY I APPLY LATER?

Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

WHAT IF I' DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?

You should talk to school officials. You also may ask for a hearing by calling or writing to: **Don Aicardi, Finance- Director at <u>daîcardi@uxbridge.k12.ma.us</u> or 508-278-8648.**

WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing

allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?

List any additional household members on a separate piece of paper and attach it to your application. Contact Kelly Haley, Food Service Director, at khaley@uxbridge.kf2:ma.us or 508-278-8633 to receive a second application.

MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for MASNAP or other assistance benefits, contact your local assistance office or call the MA SNAP Hotline at 1-866-950-3663.

If you have other questions or need help, call 508-278-8633.

Sincerely,

Kelly Haley

Kelly Haley, Food Service Director khalev@uxbridge.k12.ma.us Phone: 508-278-8633

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the înformation, bût li you de not submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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 Familles (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.

Non-Discrimination Statement:

lh accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means. of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or

contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASGR%20P-Complaint-Form-0508-0002-508-11-28-17 Fax 2 Mail pdf; from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- 2. fax: (833) 256-1665 or (202) 690-7442; or
- 3: email: program.intake@usda.gov

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

children attend more than one school in Ischool District!. The application must be filled out completely to certify your children for free or reduced price school meals. Please Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submittene application per heusily even if your follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do hext, please contact [sehool/school:district:contact:here; phone:and amail preferred];

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Tell us how many infants, children, and school students live in Your household. They do NOT have to be related to you to be a part of your household.

- Who should I list here? When filling out this section, blease include ALL members in your household who are:
 - Children age 18 of under AND are supported with the household's Income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
 Students attending (school/school system here), regardless of age.

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franyone in your household (including you) currently participates in one or more participates assistance programs. Isted below, your children are eligible for free school meaks.

- The Supplemental Nutrition Assistance Program (SNAP) or (insert-State-SNAP) here(..., Tresser, Assistance Brognam (SNAP) or (insert-State-SNAP) or (insert-SNAP) or (insert-State-SNAP) or (insert-State-SNAP) or (insert-State-SNAP) or (insert-SNAP) or (insert-State-SNAP) or (insert-State-State-SNAP) or (insert-State-State-
 - Témporary Assistance for Needy Families (TANE) or [Insert State TANE here]
- The Food Distribution Program on Indian Reservations (FDPIR)

STEPRA REPORTING OM FLOR AUTHOUSEHOUD IN ENBERB

How do I report my Income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine for household has Income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include bents,
 - o Gross Income is the fotal income received before taxes.
- Many people think of income as the amount they "take Home" and how the total." gross" amount. Make sure that the Income your eport on this application has NOT been regliced to pay for takes, Insurance premiums, of any other amounts taken from your pay.

STEP 3; REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
 - Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child in come only count foster children's income if you are applying for them together with the rest of your household.

What is child income? Child the one is money received from outside your household that is, baid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own
 - Do NOT include:
- People who live with you but are not supported by your household's income AND do not contribute income to your household. 0

The state of the s	m work, Report all income from work in the support income from public assistance, unity the field on the application. This is usually the	"Public Assistance/Child: Support/Alimony Tield Off une	application borner is assistance benefits Nor listed on the chart: If income is	received from child support or allmony, only report court-	reported as "other" income in the next part.		G) Provide the last four digits of your Social Security	Number, An addit nouselloid illerings critical control of the space.	Tour algus of their social security warmers in the social do	The state of the s	mountaire a social Security Number, leave this space	blank and mark the box to the right labeled "Check if no SSN."	· · · · · · · · · · · · · · · · · · ·	
	"Earnings from Work" field on the application. This is usually the	money received from working at jobs. If you are a self-employed	business	What If I am self-employed? Report Income from that Work as a net.	amount. This is calculated by subtracting the total operating	expenses of your business from its gross receipts or revenue.	F) Report total household size. Enter the total number of household. G) Provide the last four digits of your social security.	members in the field "Total Household Members (Children and	Adults)." This number MUST be equal to the number of household	••	your household that you have not listed on the application, go back in a second the montant to list all household members, as	the size of your household affects your eligibility for free and reduced. blank and mark the box to the right labeled "Check if no SSN."	price meals:	Iditanci Hara
 Infants, Children and students already listed in STEP 1. 	B) List adult household members' names. Print the name of each	household member in the boxes marked		householdsmembers you listed in STEP	1. If a child listed in STEP 1 has income,	follow the instructions in STEP 3, part A.	E) Report Income from			"Pensions/Retirement/ All Other	Income" field on the application.	"我们的"的"我们",我们就是一个"我们"的"我们",我们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们		EGI HANOIO THE GA CLEAN COLUMN TO STREET OF THE STREET

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

(optional), On the back of the application, we ask you ethnicity. This field is optional and does not affect yo to share information about your children's race and children's eligibility for free or reduced price school All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully D) Share children's racial and ethnicidentities. and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application. Form to: Insert B) Print and sign your name and Completed School/District address here write today's date. Print the name of the adult signing the signs in the box "Signature of" application and that person. address in the fields provided it this information is available. It Sharing a phone number, email address, or both is optional, A) Provide your contact information. Write your current. you have no permanent address, this does not make your children in eligible for free or reduced price school meals.

adult."

but helps us reach you guickly if we need to contact you.



2022-2023 Massachusetts Application for Free and Reduced Price School Meals

ly you have received a Notice of Direct Continued from the school district for free meals, do not complete this application. If you have received a Notice of Direct Centricistion - REDUCED PRICE from the aghor district request in the application may be submitted. DO let the school know if any children in the household are not listed on the Notice of Direct Certification—PARE letter you received.

O 0 gelinion of Household Member, Antrope who is living with you and shares income and experies, even in tot related? Children in totter care and children who meet the definition of Homeless, Antropoless, Listali Housenid Menhers horisted in STEP 1 (Including you'riself) even lither do not receive not represent the property of th ilerit/Kiponisk) hat all high myloren is the and that all highles is pported. Tonderstand that the independent of the model of the independent of Error prone: 🗀 O 0 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 \Box Parylots / Rollrement / Mail Completed Form To!: Uxbridge Public Schools; Attn: Kelly Haley, Food Service Director; 9 North Main St; Uxbridge, MA 01569 0 24 Month Agendy ID: Number: Daytime Phone and Email (optional) Z Z Z Z Z Z بخ ÷ W-Weekly C > ⊱ Cheak If no SSN Ö A(see) Month O 0 O Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Today's:date: Wheely Brithesty I 21 Month 0 0 0 How often? O 0 0 0 C Child Income EBT humber not accepted; SNAP award letter may be requested Ó Public Assistantel/Child XX-XX-| Schoo||Name 717 Sometimes children'in the housekold epimor properation income. Please include the TOTAL income received by all Household Members listed in Step 4 heres Review.the shorts their sources of Income." for more information. The Asperses of Income for Scholandrent section. The Scurces of Income for Adults" charkwill help you with the All Adult Household Members section. State Leyk Folyt Digits bf sáchal Sachulty Number (55k) of Primingy Wage Kamper of Other Adult Hospefiold Mamber 0 0 0 0 Report Income for ALL Household Members (Skipthisstepifyouanswered 'Yes' to STEP 2) C 0 O Wheth O 0 O Signature of adult: Child's Last Name Eprillings from Work 品 Write the Agency ID Number, then go to STEP 4 (Do not complete STEP 5) Σ Confact Information and Adult Signature Name of Adult Household Members (First and Last) April B. All Adult Household Members (including yourself) Total Household Members (children and Adults) of Meals for more. Printed name of adult signing the form ir Free and Reduced Price Soho Street Address (If available) A. Child Income STEP 4 STEP 3 STEP 1

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Uxbridge Public Schools – FY22 Sharing Information with OTHER PROGRAMS

ear Parent/Guardian:
save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with her programs for which your children may qualify. For the following programs, we must have your permission to share your formation. Sending in this form will not change whether your children get free or reduced price meals.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with [Uxbridge HS Athletics].
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with [Uxbridge Town Sports].
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with [Verizon, Spectrum, Comcast].
you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the nild(ren) listed below. Your information will be shared only with the programs you checked.
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ignature of Parent/Guardian:
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or more information, you may call or email Kelly Haley, School Nutrition Director, at 508-278-8633, x2215 or haley@uxbridge.k12.ma.us leturn this form to: Kelly Haley, School Nutrition, Uxbridge High School, 300 Quaker Highway, Uxbridge, MA 01569