

**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

Student's Name:

Last	First	Middle
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Parent(s)/Guardian(s) Name(s):

Last	First	Middle
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Address:

I, _____, the Parent/Guardian/Foster parent/Adult seeking to enroll the student of _____ hereby certify that the attached information is accurate and so state under the pains and penalties of perjury. I also certify that I will notify the principal immediately if there is any change in address and provide all documentation required if moving to another in-town/out of town location.

Furthermore, I understand that if the above-named student is not an Uxbridge resident or a School Choice student as defined by the law, then M.G.L. c. 76 §5 allows the School Committee to obtain the full cost of the above-named student's education from me.

Lastly, I understand that if this packet is deemed "incomplete" in any way by the Uxbridge Public Schools, the above-named student will not be granted enrollment until such time as it is determined to be complete.

Signature of Parent/Guardian/Foster Parent/Adult (Uxbridge Resident)

Date

**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 LEGAL NAME

____ Original and/or copy birth certificate (*the original birth certificate will not be retained by Uxbridge Public Schools)

____ Valid driver's license showing an Uxbridge home address or school choice address

____ Parent(s)/Guardian(s) Visa (if not a U.S. citizen)

**PROOF THAT THE PARENT OR LEGAL GUARDIAN OF THE STUDENT LIVES IN UXBRIDGE, MA
or
SCHOOL CHOICE RESIDENCE**

At least one document from this category:

____ A copy of a current lease signed by lessor and lessee or tenant and landlord to show that the parent/guardian resides in Uxbridge, MA/School choice residence; or

____ A copy of a mortgage agreement/property tax bill showing that the parent/guardian owns a home and resides in Uxbridge, MA/School Choice residence or

____ A sworn affidavit from the owner or lessee of the residence to show that a family and student reside in Uxbridge, MA/School Choice resident AND record of most recent payment (Form F Residency Affidavit Landlord/Shared Tenancies. This form is only valid for six (6) months and must be refiled within five (5) days of expiration or the student shall be withdrawn from Uxbridge Public Schools). A current copy of the resident's mortgage or lease must be included with this registration form.

____ Copy of HUD lease or other housing lease AND record of most recent rental payment.

At least one document from this category – Utility bill or work order dated within the past sixty (60) days showing the address, including:

- ☐ Gas bill
- ☐ Oil bill
- ☐ Electric bill
- ☐ Home telephone bill (not a cell phone bill)
- ☐ Cable bill
- ☐ Water bill

At least one 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 must be provided (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:

Pending Purchase of Dwelling: 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.

Construction of New Dwelling: 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 Name: _____

Parent(s)/Guardian(s) Name(s): _____

Address: _____

This form must be completed by the parent or legal guardian if the student is living with anyone other than a parent or legal guardian. It must be accompanied by a copy of a photo identification of the parent or legal guardian who signs this form. In lieu of picture identification, the parent/legal guardian can have the "Certification of Residency" notarized.

I, _____, have physical custody of _____.
(Name of Petitioner) (Name of Child)

I am currently a resident of _____, but I want _____.
(City/Town) (Name of Child)

to reside with _____. I hereby knowingly and willingly consent for
(Address)

_____ to act in my place on behalf of my child in
(Name of Adult)

educationally-related matters. The following includes, but is not limited to, the actions which
_____ may take with regard to my child as if those were
(Name 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 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

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's Name: _____

Name of School Attending: _____

Parent/Guardian Name: _____

1. My relationship with the above-named student is as follows: _____
2. I currently reside at _____
which is located in the Town of Uxbridge, Commonwealth of Massachusetts.
3. _____ actually resides and lives with me at said address.
4. I acknowledge that a residency investigator official or School Department designee may visit this residence for the purpose of verifying such residency.
5. I acknowledge that this affidavit is being signed for the purpose of verifying such residency.
6. In support of this affidavit, I have attached certain exhibits which are true, accurate and correct.
7. 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.
8. All of the information contained herein is true and accurate.

Based on M.G.L. c. 76 §5 no School Committee is required to enroll a person who does not actually reside in the town unless enrollment is authorized by law or by the School Committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. Additionally, based on M.G.L. c. 76 §5, a school can now recover tuition from any person who assists a student with a fraudulent claim of residency.

Parent/Guardian's Signature

Date

The above information was verified by:

Name of Verifying Employee (Print)
Employee

Signature of Verifying

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 have their child(ren) attend the Uxbridge Public Schools who cannot produce a property deed or lease must ask the owner or lessee of the property where the applicant lives to complete and sign this legal affidavit. It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payment, unless this affidavit affirms in #3 below that the tenancy does not require rent payment.

My name is _____, and I hereby depose and certify as follows:

1. I am the owner/lessee of the property located at _____ in Uxbridge, MA.

2. _____, the parent/legal guardian of _____ leases/subleases this property as their principal residence with me without a written lease, as a tenancy at-will, month to month.

3. Check All That Apply:

☐ I have received within the last thirty (30) days rental payment for the lease/sublease of said premises.

☐ I hereby state that the above-named party resides with me at the address above with no rental payment.

☐ I hereby state that the above-named party resides with me at the address above and has no utility bills in their name.

Signed under the pains and penalties of perjury this _____ day of _____, 20____.

Signature: _____

Print Signature: _____

Print Address (including City, State, Zip): _____

COMMONWEALTH OF MASSACHUSETTS – OATH NOTARY

In _____ on this _____ day of _____ 20____, before me personally appeared _____

and after reading the above Affidavit and after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

Signature of Notary Public

Notary Commission Expires: _____

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.

____ Approved

____ Denied

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://dtacconnect.eohhs.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 FILL 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 I 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 meals.
- 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.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2022 - 2023			
Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional person:	\$8,732	\$728	\$168

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.

I GET WIC. CAN MY CHILDREN GET FREE MEALS?

Children in households participating in WIC may 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 daicardi@uxbridge.k12.ma.us 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.k12.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 MA SNAP 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

khaley@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 information, but if you do 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 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.

Non-Discrimination Statement:

In 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-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if you have more than one child in school. The application must be filled out completely to certify your child for free or reduced-price school meals. Please 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 next, please contact [school/school district contact here; phone and email preferred].

PLEASE USE A PEN NOT A PENCIL WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

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, please include ALL members in your household who are:

- Children age 18 or under AND are subordinated 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;

<p>A) Is each child's name printed on each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second page of paper with all required information on the additional child ren.</p>	<p>B) Is the child a student at (name of school/school system here)? Mark Yes or No under the column titled "Student" on all is. Which children attend (name of school/school district here)? If you marked Yes, write the grade level of the student in the Grade column on the right.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children after finishing STEP 5, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark that "Homeless," "Migrant," "Runaway," box next to the child's name and complete all steps on the application.</p>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP TAN FORTIFIED?

for anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or (Insert State SNAP here).
- Temporary Assistance for Needy Families (TANF) or (Insert State TANF here).
- The Food Distribution Program on Indian Reservations (FDPIR).

<p>A. If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B. If any one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write the Agency ID for SNAP, TANF, or FDI-R. You only need to provide one Agency ID. If you participate in one of these programs and do not know your Agency ID, contact the State/local agency contacts here. • Go to STEP 4.
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STEP 3: REPORTING COVER FOR ALL HOUSEHOLD MEMBERS

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 if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- o Gross income is the total income received before taxes.
 - o Many people think of income as the amount they "take home" and not the total. "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or 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 Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid 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.
 - 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 "Names of Adult Household Members (First and Last)." Do not list any household members 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. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

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.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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 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.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail Completed Form to: Insert School/District address here

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.



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.

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 additional sheet of paper.)

Child's First Name	Child's Last Name	School Name	Student's Name	Teacher's Name
Mr. [Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

For Free and Reduced Price School Meals, provide information on:

Child's First Name	Child's Last Name	School Name	Student's Name	Teacher's Name
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

[illegible]

STEP 2 Do you hold means (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

Agency ID Number: _____

STEP 3 **Consent** for all household members / skip this step if you answered 'Yes' to STEP 2)

	How often?			
	Weekly	M Weekly	2x Weekly	Monthly
Child Income				
\$				

A. Child Income

B. All Adult Household Members (Including Yourself)

[illegible]

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner of Other Adult Household Member

XXXX-XX-

Check if no SSN ☐

CONTACT INFORMATION AND ADULT SIGNATURE

I certify (promise) that all information on this application is true and that all income is reported, I will claim only those federal benefits, and I may be precluded under applicable state and Federal laws.

Printed name of adult signing the form		City		State		Zip	
Street address (if available)		Apt. #					
Daytime Phone and Email (optional)							
Today's date: _____ Error prone: <input type="checkbox"/>							

Error prone:

INSTRUCTIONS

Sources of Income

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	- A child is blind or disabled and receives Social Security benefits
Disability Payments	- A parent is disabled, retired, or deceased and their child receives Social Security benefits
Survivor's 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

Ethnicity (Check one)

☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

☐ Not Hispanic or Latino ☐ Asian ☐ White

☐ Black or African American

OPTIONAL

Children's Racial and Ethnic Identities

In 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, gender, 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 TARGET Center at (202) 726-2600 (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-OPASCRV20P-complaint-form-0508-0002-508-11-28-17Fax2Mail.pdf> from any USDA office, by calling (866) 632-9897, or by writing a letter addressed to USDA.

Total Income: Household Size:

Annual Income Conversions:

Weekly	x 52
Every 2 Weeks	x 26
Twice A Month	x 24
Monthly	x 12

Only annualize income if there are multiple pay frequencies:

Not often

Weekly	Bi-Weekly	Tri-Weekly	Monthly	Annually
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military, base pay and cash bonuses (do not include combat pay/RSAs or privatized housing allowances) Allowances for off base housing, food and clothing 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 Rental income 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 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:

- mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or
- fax: (833) 256-1665 or (202) 690-7442; or
- email: adocrv@usda.gov

This institution is an equal opportunity provider.

Eligibility:

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Categorized Eligibility ☐

Uxbridge Public Schools – FY22

Sharing Information with OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. 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].

If 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 child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call or email Kelly Haley, School Nutrition Director, at 508-278-8633, x2215 or khaley@uxbridge.k12.ma.us

Return this form to: Kelly Haley, School Nutrition, Uxbridge High School, 300 Quaker Highway, Uxbridge, MA 01569