

## 2018-2019 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

Printed name of adult signing the form

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)

d's First Name	MI	Child's Las	t Wall	2			School N	anie			Grade	Circle Yes or No		61 1 11.1		
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Do and Household Marchan (including and		the mantining			ana af tha fe	. II a do a . a .	-:-t		CNIAD TANE	- " EDDID3						
Do any Household Members (including you) the Agency ID Number, then go to STEP 4 (Do not co			e in on		not provide	<u> </u>		ograms: s		or FDPIR? Agency ID Nu	mbor					
					•		idiliber:		<i>,</i>	Agency ID Nu	imber:					
Report Income for ALL Household Members							··									
charts titled "Sources of Income" for more information. The "S es of Income for Adults" chart will help you with the All Adult Ho				nart will h	ielp you with t	he Child Incor	ne section.	C	hild Income	Г		How often?				
ld Income								•	hild Income		Veekly B	i-Weekly 2x Mor	th Monthly			
netimes children in the household earn or receive income. Pleas  Adult Household Members (including yourself)	e include	the TOTAL incor	ne recei	ved by al	l Household M	embers listed	in STEP 1 here	e: Þ			0	0 0				
all Household Members not listed in STEP 1 (including yourself) y do not receive income from any source, write '0'. If you enter '									ne, report total	gross income (b	efore tax	es) for each s	ource in v	vhole dollars	(no cents)	only. If
	U UI IEAN	,		re certify	How often?	, that there is	Public Ass	sistance/ Child	Но	w often?			/ Retiremen	t/	How often	1?
ne of Adult Household Members (First and Last)		Earnings from	Work	Weekly	Bi-Weekly 2x Month	Monthly	Support/	Alimony	Weekly Bi-Week	kly 2x Month Month	ly	All Other	Income	Weekly B	-Weekly 2x M	Month!
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(Children and Adults)		_			dult Household		XXX	-XX-		Check if no	SSN					
		il Commisted F	orm To	: Schoo	l Nutrition D				rtown, MA 0							
Contact Information and Adult Signature																n my
Contact Information and Adult Signature omise) that all information on this application is true and that all income is close meal benefits, and I may be prosecuted under applicable State and Fe	reported.	I understand that t	his inform	nation is gi	ven in connectior	with the receip	ot of Federal fund	is, and that so	chool officials may	verify (check) the	informatio	on. I am aware i	hat if I purp	oosely give fals	e informatio	, y
contact information and Adult Signature onise) that all information on this application is true and that all income is	reported.	I understand that t	his inform	nation is gi	ven in connection	n with the receip	ot of Federal fund	is, and that so	chool officials may	verify (check) the	informatio	on. I am aware	hat if I purp	oosely give fals	e informatio	

Today's date

Error prone

Signature of adult

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

Sources of Income for Adults						
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income				
Salary, wages, cash bonuses  Net income from self- employment (farm or business) f you are in the U.S. Military:  Basicpayandcash 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     Strike benefits	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     Regular cash payments from outside household				

## **OPTIONAL**

Total Income

## Children's Racial and Ethnic Identities

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 **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, 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.

Household Size

Ethnicity (check one): Race (check one or more):

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

Not Hispanic or Latino Asian White

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.

## <u>For School Use Only</u> 2018-2019 Massachusetts Application for Free and Reduced Price School Meals

Total Income	riousciloiu size						
		Annual Income Co	nversion: × 52		Eligibility:  Free Reduced Denied	Categorical Eligibility	
Only annualize income if there are multiple p	pay frequencies	Twice A Month	x 26 x 24 x 12		0 0 0		
How often?  Weekly Bi-Weekly 2x Month Month Annua	ılly						
Determining Official's Signature		Date	Confirming Official's Signature	Date	Verifying Official's Si	gnature	Date
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