

## 2017-2018 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. DO let the school know if any children in the household are not listed on the Notice of Direct Certification - FREE letter you received.

ST		

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)

Definition of <b>Household Member</b> : "Anyone who is living for Free and Reduced Price School Meals for more inform	•	shares inc	come and e	xpenses, e	ven if not re	lated." Childr	en in <b>Foster care</b>	and childre	n who mee	t the definit	ion of <b>Homel</b>	ess, Migrant	or <b>Runaway</b>	are eligible	for free me	als. Read <b>H</b>	ow to Apply
Child's First Name		Ch:Id/a	Child's Last Name				School Name				Student?	Foster	Homeless	Migrant	Runaway		
Child's First Name		MI	Child's	Last Na	me			School Na	ame			0 0 0	Circle Yes or No		Check all tha	t apply	
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Do any Household Members (inc	cluding you	ı) currei	ntly parti	cipate in	one or m	ore of the	following ass	istance pr	rograms:	SNAP, TA	NF, or FDF	PIR?					
Write the <u>Agency ID Number</u> , then go to STE	P 4 (Do not o	<u>complete</u>	e STEP 3)		Do	not provid	le EBT card no	umber.			Agency	ID Numbe	er:				
Report Income for ALL Househo	ld Membei	rs (Skip	this step	ifyouan	swered'\	es' to STEP	2)										
view the charts titled "Sources of Income" for more infor					n" chart will	help you with	the Child Incom	e section.					6	•			
e "Sources of Income for Adults" chart will help you with	the All Adult	Househol	ld Members	section					(	Child Income		Weekly	How ofte Bi-Weekly 2x	en? Month Month	nly		
A. Child Income	- i Di	:	l- +b - TOTA	. :				- CTED 1 b		1					)		
Sometimes children in the household earn or receive  B. All Adult Household Members (including you		ase mciuu	ie the TOTA	L income i	eceived by a	iii nouseiioiu	iviembers listed i	II STEP I Her	e.	ų				0   0			
List all Household Members not listed in STEP 1 (incl										me, report t	otal gross inc	ome (before	taxes) for ea	ch source ir	whole dolla	ırs (no cent	s) only. If
they do not receive income from any source, write '	0'. If you ente	r '0' or lea	ave any fiel	ds blank, y	ou are certif	ying (promisir How often			o report. ssistance/ Chilo	d	How often?		Pens	ions / Retireme	ent /	How oft	an?
Name of Adult Household Members (First	and Last)		Earnin	gs from Wo	rk Weekly	Bi-Weekly 2x Mo		Support/	/ Alimony	Weekly Bi	-Weekly 2x Monti	h Monthly	All O	ther Income	Weekly		Month Month
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Total Household Member (Children and Adults)	s					ty Number (SSN Adult Househol		XXX	(-XX-		Che	ck if no SSN					
STEP 4 Contact Information and Adult	t Cianatura		ail Canad	and Fam.	. T C		in Colonelle Bun	Offic	207 5-4	C C-		NAA 04007					
Contact Information and Adult							ic Schools, Bus						•	are that if I nu	rnosely give f	alse informati	on my
ildren may lose meal benefits, and I may be prosecuted under appl																	. ,
reet Address (if available)	Apt#		(	City			State	Zi	ip		Daytime P	hone and Er	mail (optional	)			
inted name of adult signing the form				Signature o	f adult						Today's d	ate					

Error prone

Sources of Incom	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 includecombatpay, FSSA or privatized housing allowances) Allowancesfor 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 bousehold				

## **OPTIONAL**

**Determining Official's Signature** 

## 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

Date

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

■ Native Hawaiian or Other Pacific Islander

Date

■ White

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:

Verifying Official's Signature

mail: U.S. Department of Agriculture

Ethnicity (check one):

☐ Hispanic or Latino

■ Not Hispanic or Latino

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(800) 877-8339. Additionally, program information may be made available in languages other than English.

Race (check one or more):

Asian

☐ American Indian or Alaskan Native

fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Date

## by USDA. **For School Use Only** 2017-2018 Massachusetts Application for Free and Reduced Price School Meals **Total Income Household Size Annual Income Conversion:** Eligibility: Categorical Eligibility Weekly x 52 Reduced Denied Every 2 Weeks x 26 Only annualize income if there are multiple pay frequencies Twice A Month x 24 Monthly x 12 How often? Weekly Bi-Weekly 2x Month Monthl Annually

**Confirming Official's Signature**