

## 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.

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 with <i>for Free and Reduced Price School Meals</i> for more informati		nd share	es inc	ome an	d expe	enses, e	even if no	ot relat	ted."(	Childr	en in <b>Fost</b> e	er care a	nd childre	en who me	et the d	efiniti	ion of	Homel	ess, Mig	grant o			e eligible	for free	meals	. Read	How to	Appl
Child's First Name		МІ		Child	d's La	ast Na	me					Sc	hool N	ame						de	Stude Circle	nt?	Foster	Homele	ss	Migrant	Runa	way
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TEP 2																												
Write the <u>Agency ID Number</u> , then go to <b>STEP</b> 4	(Do no	ot comi	olete	STEP 3)	)			Do n	ot pr	ovid	e EBT ca	rd nun	nber.				Ag	ency	ID Nu	mber	:							
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eview the charts titled "Sources of Income" for more informate	ion. Th	ie " <b>Sou</b>	rces o	of Incom	ne for	Childre	<b>n</b> " chart	will he	elp you	u with	the Child	Income s	ection.															
e "Sources of Income for Adults" chart will help you with the															Child In	come			<u></u>	eekly		often?	nth Month	nly				
A. Child Income  Sometimes children in the household earn or receive in:	D	N !:		- +b - TO	STAL :			la				: : 6	TED 4 b -		\$						O		) (	)				
B. All Adult Household Members (including yourse List all Household Members not listed in STEP 1 (including they do not receive income from any source, write '0'. I	ng yours														ome, rep	ort to	otal gr	oss inc	ome (be	fore t	axes) fo	r each	source ir	n whole d	ollars	(no cer	nts) only	y. If
Name of Adult Household Members (First an	d Last	:)		Ear	rnings	from Wo	rk We	ackly Ri		often?	nth Monthly	]		ssistance/ Ch Alimony		klv Ri		often?	n Monthly	,			s / Retireme r Income		klv Bi	How o	ften? 2x Month	Month
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Total Household Members (Children and Adults)							f Social Se				) of d Member		XXX	(-XX-				Che	ck if no s	SSN _								
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certify (promise) that all information on this application is true and that	all incom	ne is rep	orted.	I unders	stand t	hat this ir	nformatio	n is give	en in co	nnecti	on with the	receipt of	Federal fu	nds, and tha	t school o	fficials	may ve	rify (ch	eck) the i	nforma	tion. I am	aware	that if I pu	ırposely gi	ve false	e informa	ation, my	/
ildren may lose meal benefits, and I may be prosecuted under applicab	e State a	nd Feder	ral law	rs."																								
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inted name of adult signing the form					Sigr	nature o	of adult										Too	day's d	ate						Erro	r pro	ne 🗆	

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) if you are in the U.S. Military: - Basicpayandcashbonuses (do NOT includecombatpay, FSSA or privatized housing allowances) - Allowancesforoff-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**

**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

□ Not Hispanic or Latino □ Asian □ White
□ Black or African American

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.

■ Native Hawaiian or Other Pacific Islander

Date

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

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

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

Race (check one or more):

☐ American Indian or Alaskan Native

fax: (202) 690-7442; or
email: program.intake@usda.gov.
This institution is an equal opportunity provider

Date

<u>For School Use Only</u> 2017-2018 Massachusetts Application for Free and Reduced Price School Meals									
Total Income	Household Size								
Only annualize income if there are multiple  How often?  Weekly Bi-Weekly 2x Month Month! Annu		Annual Income C Weekly Every 2 Weeks Twice A Month Monthly	x 52 x 26 x 24 x 12		Eligibility: Free Reduced Denied	Categorical Eligibility			

**Confirming Official's Signature**