

2019-2020 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 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 Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

						Student?	ent? Foster Homeless Migran	Migrant	Runaway	
	Child's First Name	MI	Child's Last Name	School Name	Grade	Circle Yes or No	Check all that apply			
						ΥN				
						ΥN				
						ΥN				
						ΥN				
						ΥN				
						ΥN				
ST	EP 2 Do any Household Members (including yo	u) curre	ntly participate in one or more of the following a	ssistance programs: SNAP, TANF, or FDPIR?						
١	Write the Agency ID Number, then go to STEP 4 (Do not complete STEP 3) EBT number not accepted; SNAP award letter may be requested Agency ID Number:									
ST	EP 3 Report Income for ALL Household Membe	ers (Ski	pthisstepifyouanswered 'Yes' to STEP2)							
Revi	ew the charts titled "Sources of Income" for more information. The	"Sources	of Income for Children" chart will help you with the Child Inco	ome section.						

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here:

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly Bi-Weekly 2x Month Monthly	Public Assistance/ Child Support/ Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions / Retirement / All Other Income	How often? Weekly Bi-Weekly 2x Month Monthly
		0 0 0 0		$\bigcirc \bigcirc $		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
		$\bigcirc \bigcirc $		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc $		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc $		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
		\bigcirc \bigcirc \bigcirc \bigcirc		\bigcirc \bigcirc \bigcirc \bigcirc		\bigcirc \bigcirc \bigcirc \bigcirc
Total Household Members (Children and Adults)	-	cial Security Number (SSN) of r or Other Adult Household Member	XXX-XX-	Check if no SSN		
STEP 4 Contact Information and Adult Signature Mai	l Completed Form T	o: INSERT YOUR SCHOOL/DIS	STRICT MAILING ADDRESS	HERE		
"I certify (promise) that all information on this application is true and that all income is reported. children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws		mation is given in connection with the	receipt of Federal funds, and that sc	hool officials may verify (check) the information	. I am aware that if I purpos	ely give false information, my
Street Address (if available) Apt #	City	St	ate Zip	Daytime Phone and Email (optional)	
Printed name of adult signing the form	Signature of a	dult		Today's date		Error prone

Child Income

S

How often?

Bi-Weekly 2x Month Monthly

Neekly

C

INSTRUCTIONS Source

Sources of Income

Sources of Income for Children					Sources of Income for Adults				
Sources of Child Income - Earnings from work - Social Security - Disability Payments - Survivor's Benefits -Income from person outside the household -Income from any other source		Example(s) - A child has a regular full or part-time job where they earn a salary or wages - A child is blind or disabled and receives Social Security benefits - A child is blind or disabled, retired, or deceased, and their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money - A child receives regular income from a private pension fund, annuity, or trust		Earn	Earnings from Work Public Assistance / Alimony / Child Support		Pensions / Retirement / All Other Income		
				- Salary, wages, cash bonuses		- Unemployment benefits	Social Security (including railroad		
				employme If you are in th - Basicpayan	e from self- nt (farm or business) ne U.S. Military: dcashbonuses (do NOT batpay,FSSA,or privatized	 Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	 retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities 		
				housing allo - Allowances f	wances) oroff-base housing, food		Investment income Earned interest Rental income		
				and clothing		 Regular cash payments from outside household 			
Ethnicity (check one): Race (check one or more):					We are required to a	sk for information about your children's race	e and ethnicity. This information is		
Hispanic or Latino American Indian or Ala		or Alaskan Native 🔲 Native Hawaiian or Other Pacific Island		slander		nunity. Responding to this section is			
 Not Hispanic or Latino Asian White Black or African American 			optional and does not affect your children's eligibility for free or reduced price meals.						

OPTIONAL

Children's Racial and Ethnic Identities

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 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.

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.

For School Use Only								
Total Income Household Size Image: Comparison of the compariso	Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12	Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24			Categorical Eligibility			
Weekly Bi-Weekly 2x Month Monthl Annually	Date Confirming	Official's Signature	Date	Verifying Official's Signat	ure Date			