

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

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)

Child's First Name	МІ	Child's	s Last I	Name					School I	Name				-	Stude Circle Yes or I	ı	Foster	Homeless	Migrant	Runawa
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rite the <i>Agency ID Number,</i> then go to STEP 4 (<u>Do not</u>	complet	e STEP 3)			Do	not n	rovide F	BT card n	umher			,	\ aanay	D Numb	or:					
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w the charts titled "Sources of Income" for more information. The Sources of Income for Adults" chart will help you with the All Adult					hart wi	l help yo	u with th	Child Incon	e section.						Hov	v oftenî	?			
A. Child Income											Child Inco	me		Weekl	y Bi-Weekl	y 2x Mo	onth Monti	nly		
Sometimes children in the household earn or receive income. Ple	ease inclu	do the TOT	A 1 :	an rocai					CTFD 1 h	oro:	\$))		
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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 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						

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.

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. 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

■ 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:

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.

by OSDA.					
		<u>Fr</u>	or School Use Only		
	20:	L8-2019 Massachusetts Appli	ication for Free and Reduced Pric	e School Meals	
Total Income House	ehold Size				
Only annualize income if there are multiple pay frequency How often? Weekly Bi-Weekly 2x Month Month! Annually	Weekly Every 2 Week			Eligibility: Free Reduced Denied O O	Categorical Eligibility
Determining Official's Signature	Date	Confirming Official's Signat	ture Date	Verifying Official's Signat	ture Date