

2020-2021 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.

							a	Student?	Foster	Homeless	Migrant	Runaway
	Child's First Name	M		Child's Last Name		School Name	Grade	Circle Yes or No	Check all that apply			
								ΥN				
								Y N				
								Y N				
								Y N				
								Y N				
								Y N				
ST	TEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?											
۷	Write the <u>Agency ID Number</u> , then go to STEP 4 (Do not complete STEP 3) EBT number not accepted; SNAP award letter may be requested Agency ID Number:											

STEP 3 Report Income for ALL Household Members (Skipthisstep if you answered 'Yes' to STEP 2)

Review the charts titled "Sources of Income" for more information. The "Sources of	of Income for Children" chart will help you with the Child Income section.
The "Sources of Income for Adults" chart will help you with the All Adult Household	d 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 A	Adult Household Members (First and Last)	Earnings from Work	How often?	Public Assistance/ Child Support/ Alimony	How often?	Pensions / Retirement / All Other Income	How often? Weekly Bi-Weekly 2x Month Monthly
			Weekly Bi-Weekly 2x Month Monthly		Weekly Bi-Weekly 2x Month Monthly		
			$\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 or Other Adult Household Member	XXX-XX-	Check if no SSN		
STEP 4	Contact Information and Adult Signature Mail	Completed Form T	o: INSERT YOUR SCHOOL/DIS	STRICT MAILING ADDRESS	HERE		
	at all information on this application is true and that all income is reported. I al benefits, and I may be prosecuted under applicable State and Federal laws.		mation is given in connection with the r	receipt of Federal funds, and that sc	hool officials may verify (check) the information	. I am aware that if I purpose	ely give false information, my
treet Address (if a	vailable) Apt #	City	Sta	ate Zip	Daytime Phone and Email (optional)	

Child Income

\$

How often?

Bi-Weekly 2x Month Monthly

Weekly

С

INSTRUCTIONS So	urces of Income	i i i i i i i i i i i i i i i i i i i								
Sources of Income for Children					Sources of Income for Adults					
Sources of Child Income		Example(s) - A child has a regular full or part-time job where they		Earnings from Work		Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
 Social Security Disability Payments Survivor's Benefits 		earn a salary or wages - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits		 Salary, wages, cash bonuses Net income from self- employment (farm or business) If you are in the U.S. Military: Basicpayandcashbonuses (do NOT include combatpay, FSA, 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 	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities 			
-Income from person outside the household		- A friend or extended family member regularly gives a child spending money - A child receives regular income from a private				Child support paymentsVeteran's benefitsStrike benefits	Investment incomeEarned interestRental income			
-Income from any other source		pension fund, annuity, or trust					 Regular cash payments from outside household 			
Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino	r Latino				important and helps t	k for information about your children's rac o make sure we are fully serving our comm : affect your children's eligibility for free or	unity. Responding to this section is			

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 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, disability, age, 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:

- 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410
- 2. fax: (202) 690-7442; or
- 3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

		For School Use	e Only		
	2020	0-2021 Massachusetts Application for Fi	ree and Reduced Pric	e School Meals	
Total Income Household Size Image: Income if there are multiple pay frequencies How often? Weekly Bi-Weekly 2x Month	Annual Incon Weekly Every 2 Week Twice A Mont Monthly			Eligibility: Free Reduced Denied	Categorical Eligibility
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date