

## 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 <b>Household Member</b> : "Anyone who is living with you a <i>for Free and Reduced Price School Meals</i> for more information.	and shares i	income	e and ex	xpenses	, even i	f not r	elated."	Childre	en in <b>Fos</b> t	<b>ter care</b> ar	nd childre	en who m	eet the	e defin	ition of	f Hom	eless, M	grant	or <b>Runa</b>	<b>way</b> a	re eligible	for free m	eals. R	ead <i>Ho</i>	w to Appl
Child's First Name	D.A.I.		المالما	Loct N	Jama					<b>S</b> 6	haal N							a a	Stud	ent?	Foster	Homeless	Mig	rant	Runaway
Child's First Name	MI	C	hild's	Last r	vame					SC	hool N	ame						Grade	Circle Yes or	No		Check all tl	at apply		
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TED 2																									
TEP 2 Do any Household Members (including y Write the <i>Agency ID Number</i> , then go to <b>STEP 4</b> (Do n			•							ng assist AP award															
Three tile <u>rigeries is warned</u> , then go to <b>512</b> 1 1,001	iot comple	ic ore	<u> 37</u>	_	51 man			CCCPTC	<i>(a)</i> 5717		a retter	may 20	- 104	ucsic	-		Agenc	у ю г	Numbe	er:					
view the charts titled " <b>Sources of Income</b> " for more information. T	he " <b>Source</b>	es of In	come fo	or Child	l <b>ren</b> " ch	art wil	l help y	ou with	the Child	I Income s	ection.														
e "Sources of Income for Adults" chart will help you with the All Ad	lult Househ	old M	embers	section	1								Child	d Incom	e			Veekly		w often	1? Ionth Mont	hlv			
A. Child Income													\$									)			
Sometimes children in the household earn or receive income.  B. All Adult Household Members (including yourself)	Please incli	ude th	e IOTAI	L incom	e receiv	ed by	all Hous	sehold N	/lembers	listed in S	TEP 1 he	re:	φ												
List all Household Members not listed in STEP 1 (including you													come,	report	total g	ross in	come (b	efore 1	taxes) fo	or each	n source i	n whole do	llars (no	cents)	only. If
they do not receive income from any source, write '0'. If you e	nter '0' or	leave a	any fielo	ds blank	, you ar	re certi			g) that th	nere is no i		o report. Assistance/ C	'hild							Poncio	ns / Retirem	ont /			
Name of Adult Household Members (First and Las	t)		Farning	gs from \	Nork	Weekly		w often? ly 2x Mon	th Monthly	,		t/ Alimony		Weekly		v often? 2x Mo	nth Month	ly			er Income			ow ofter ekly 2x N	lonth Month
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Total Household Members (Children and Adults)								ber (SSN) ousehold	of   Member		XXX	<b>(-XX-</b>				Cŀ	eck if no	ssn [							
certify (promise) that all information on this application is true and that all inco			nderstand	d that th	is inform	ation is	given in	connectio	on with the	e receipt of I	Federal fu	nds, and th	at scho	ol officia	ıls may v	verify (c	heck) the	inform	ation. I a	m awar	e that if I p	urposely give	false inf	ormatio	n, my
ildren may lose meal benefits, and I may be prosecuted under applicable State	and Federal	laws."							7 [																
reet Address (if available) Apt #				City						tate		Zip			Da	aytime	Phone a	nd Em	nail (opt	ional)					
												-													
inted name of adult signing the form			S	ignatur	e of adu	ult									To	oday's	date					Erro	r pro	ne 🗆	

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Sources of Income

					Comment to an fact Addition					
Sources of Income for Children					Sources of Income for Adults					
Sources of Child Inco	me		nple(s)	Earnings from Work		Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Earnings from work		- A child has a regular full or part-time job where they earn a salary or wages		- Salary, wages, cash bonuses		- Unemployment benefits	- Social Security (including railroad			
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>		- A Parent is disabled, r	child is blind or disabled and receives Social Security benefits Parent is disabled, retired, or deceased, and their child receives Social Security benefits		ne from self- ent (farm or business) the U.S. Military: ndcashbonuses (do NOT	Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local government     Alimony payments	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		include combat pay, FSSA, or privatized housing allowances)  - Allowances for off-base housing, food		- Child support payments - Veteran's benefits - Strike benefits	- Investment income - Earned interest - Rental income			
-Income from any other source		- A child receives regular income from a private pension fund, annuity, or trust		and clothin	g	Strike beliefits	Regular cash payments from outside household			
Ethnicity (check one): Race (check one or more):				Ma are required to as	k for information about your shildren's roo	a and athnisity. This information is				
☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islam			slander		e and ethnicity. This information is nunity. Responding to this section is					
□ Not Hispanic or Latino	☐ Asian	□ White			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.

Black or African American

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.

by OSDA.						
			For School Use Only			
		2019-2020	) Massachusetts Application for Free and	d Reduced Price Sc	hool Meals	
Total Income	Household Size					
		Annual Income Cor	version:	_		
Only annualize income if there are multiple	pay frequencies	Every 2 Weeks Twice A Month	< 52 < 26 < 24 < 12	E	Free Reduced Denied	Categorical Eligibility
How often?     Weekly   Bi-Weekly   2x Month   Month   Annu	ually			L		
Determining Official's Signature		Date	Confirming Official's Signature	Date	Verifying Official's Signatur	re Date