

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.

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.

	Child's First Name	м	Child's Last Nar	ne	School Name	ę	Circle	Foster	Homeless	Migrant	Runaway
			Child S Last Nai		School Name	Grac	Yes or No		Check all that	apply	
							ΥN				
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				
S	TEP 2 Do any Household Members (including	you) cu	rrently participate in	one or more of the following	assistance programs: SNAP, TANF, or FDP	IR?					
	Write the Agency ID Number, then go to STEP 4 (Do	not comp	lete STEP 3)	Do not provide EBT car	d number. Agency	ID Number	r:				

STEP 3 Report Income for ALL Household Members (Skipthisstepifyouanswered 'Yes' to STEP 2)

Review the char	ts titled "	Sources of	Income"	for more inforr	nation.	The	"Sources of Income for C	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 Members section									

Child Income Weekly Bi-Weekly 2x Month Monthly

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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.

Dublic Assistance / Child

			How often?	Public Assistance/ Clillu	How often?	Pensions / Retirement /	How often?
Name of	Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Support/Alimony	Weekly Bi-Weekly 2x Month Monthly	All Other Income	Weekly Bi-Weekly 2x Month Monthly
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			$\bigcirc \bigcirc $		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
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			\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 Ma	il Completed Form T	o: LYA, 1148 Converse St. Lon	gmeadow, MA 01106			
	hat all information on this application is true and that all income is reported. eal benefits, and I may be prosecuted under applicable State and Federal law		mation is given in connection with the re	eceipt of Federal funds, and that sc	chool officials may verify (check) the information.	I am aware that if I purpos	sely give false information, my
treet Address (if	available) Apt #	City	Sta	te Zip	Daytime Phone and Email (o	ptional)	
rinted name of a	dult signing the form	Cignoture of a	dult		Todov/s data		

INSTRUCTIONS

Sources of Income

Sources of Inc	come for Children		Sources of Income for Adults					
Sources of Child Income Example(s)		Earnings from Work	Public Assistance / Alimony /	Pensions / Retirement / All Other				
- Earnings from work	 A child has a regular full or part-time job where they earn a salary or wages 		Child Support	Income				
 Social Security Disability Payments Survivor's Benefits 	 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 (doNOT 	 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 	 includecombatpay, FSSA or privatized housing allowances) Allowancesforoff-base housing,food 	 Child support payments Veteran's benefits 	Investment income Earned interest				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	and clothing	- Strike benefits	 Rental income Regular cash payments from outside household 				

OPTIONAL

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.

	Ethnicity (check one):	Race (check one or more):	
lps	Hispanic or Latino	American Indian or Alaskan Native	Native Hawaiian or Other Pacific Islander
	Not Hispanic or Latino	Asian	White
		Black or African American	

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.

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.

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2017-2018 Massachusetts Application for Free and Reduced Price School Meals										
Total Income Household Size	Annual Income Conv		-	bility: Categorical Eligibility						
Only annualize income if there are multiple pay frequencies How often? Weekly Bi-Weekly 2x Month Monthil Annually O O O O O	Every 2 Weeks x Twice A Month x	52 26 24 12	Fi	Reduced Denied O O						
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date					