

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		MI	Child's Last Name		School Name			Circle Yes or No	Check all that apply			
									ΥN				
									ΥN				
									ΥN				
									ΥN				
									ΥN				
									ΥN				
Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?													
Write the	Agency ID Number, then go to STEP 4 (Do)	not	complet	EBT number not accepted;	SNAP aw	ard letter may be requested Age	ncy ID I	Nun	nber:				
STEP 3		ha	*** (CL:	this stop if you approved (Vestte STED 2)									

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

Review the charts titled "Sources of Income" for more information. The "Sources 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 Members section

A. Child Income

Sometimes children in the household earn or recei	e 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.

Child Income

\$

How often?

Weekly

C

Bi-Weekly 2x Month Monthly

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?	Pensions / Retirement / All Other Income	How often? Weekly Bi-Weekly 2x Month Monthly
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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 Mail	Completed Form T	o: INSERT YOUR SCHOOL/DI	STRICT MAILING ADDRESS I	HERE		
"I certify (promise) that all information on this application is true and that all income is reported. I children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.		mation is given in connection with the	e receipt of Federal funds, and that sc	hool officials may verify (check) the informatic	in. I am aware that if I purpose	ly give false information, my
Street Address (if available) Apt #	City	S	tate Zip	Daytime Phone and Email	(optional)	
Printed name of adult signing the form	Signature of a	dult		Today's date		Error prone

INSTRUCTIONS Sources of Inco

Sources of Income for Children				Sources of Income for Adults					
Sources of Child Inco - Earnings from work	- A child has a regular t	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		ings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income - 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			
 Social Security Disability Paymen Survivor's Benefit: 	- A Parent is disabled, re			ges, cash bonuses e from self- ent (farm or business) he U.S. Military: dcashbonuses (doNOT	 Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments 				
Income from person outside the				bat pay, FSSA, or privatized wances)	 Child support payments Veteran's benefits Strike benefits 				
-Income from any other source	5	 A child receives regular income from a private pension fund, annuity, or trust 		oroff-base housing, food					
thnicity (check one):	Race (check one or more):			We are required to as	k for information about your children's rac	e and ethnicity. This information is			
Hispanic or LatinoNot Hispanic or Latino	 American Indian or Alaskan Native Asian Black or African American 			important and helps t	to make sure we are fully serving our comm t 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:

mail:	U.S. Department of Agriculture
	Office of the Assistant Secretary for Civil Rights
	1400 Independence Avenue, SW Washington, D.C. 20250-9410
	mail:

2. fax: (202) 690-7442; or

3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

		For School Us	e Only		
	2020-20	021 Massachusetts Application for F	ree and Reduced Pric	e School Meals	
Total Income Household Size Image: Income if there are multiple pay frequencies How often? Image:	Annual Income Weekly Every 2 Weeks Twice A Month Monthly	Conversion:		Free Reduced Denied	Categorical Eligibility
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date