

2022-2023 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.

							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				
STE	P 2 Do any Household Members (including yo	ou) curren	tly participate in one or more of the following a	assi	istance programs: SNAP, TANF, or FDPIR?						
W	rite the <u>Agency ID Number</u> , then go to STEP 4 (<u>Do no</u>	t complete	EBT number not accepted; SNAP a	awa	ard letter may be requested Agency	ID Nu	mber:				
STE	P3	1011									_

Report Income for ALL Household Members (Skip this stepifyou answered 'Yes' to STEP2)

Review the charts titled "Sources of	f 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 A	Adult Household Members section	

A. Child Income

Sometimes child	ren in the h	ousehold	d earn	or rece	ive income. Plea	ase 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 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?
Nume of Addit Household Members (Hist and East)		Weekly Bi-Weekly 2x Month Monthly		Weekly Bi-Weekly 2x Month Monthly		Weekly Bi-Weekly 2x Month Monthly
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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 <u>Return c</u>	ompleted applic	ations to your child's school	, or email front and b	ack pages to Melissa Watson, wa	tsonm@sbregion	al.org
"I certify (promise) that all information on this application is true and that all income is reported. I u children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	nderstand that this infor	mation is given in connection with the reco	eipt of Federal funds, and that so	chool officials may verify (check) the information. I	am aware that if I purpose	ly give false information, my
Street Address (if available) Apt #	City	State	Zip	Daytime Phone and Email (o	ptional)	
Printed name of adult signing the form	Signature of a	Jult		Today's date	ı	Error prone 🗆

Child Income

\$

How often?

Bi-Weekly 2x Month Monthly

Weekly

О

INSTRUCTIONS Source

Sources of Income

Sources of Income for Children					Sources of Income for Adults					
Sources of Child Inco	ome	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: Basicpayand cash bonuses (do NOT 		 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 		include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing		 Child support payments Veteran's benefits Strike benefits 	Investment incomeEarned interestRental income			
-Income from any other source pension fund, annuity, or trust Ethnicity (check one): Race (check one or more):						Regular cash payments from outside household				
 Hispanic or Latino Not Hispanic or Latino 	American IndiaAsian	American Indian or Alaskan Native			We are required to ask for information about your children's race and ethnicity. The important and helps to make sure we are fully serving our community. Responding optional and does not affect your children's eligibility for free or reduced price methods.					

OPTIONAL

Children's Racial and Ethnic Identities

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-

28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
 fax:
- 2. **fax:** (833) 256-1665 or (202) 690-7442; or
- 3. email:
- program.intake@usda.gov

This institution is an equal opportunity provider.

		For School Use	<u>e Only</u>			
	2022-2023 Mass	achusetts Application for Fr	ee and Reduced Pric	e School Meals		
Total Income Household Size Only annualize income if there are multiple pay frequencies	Annual Income ConversionWeeklyx 52Every 2 Weeksx 26Twice A Monthx 24Monthlyx 12	7		Eligibility: Free Reduced Denied	Categorical Eligibility	
How often? Weekly Bi-Weekly 2x Month Monthi Annualiy Determining Official's Signature	Date Confirr	ning Official's Signature	Date	Verifying Official's Signat	ture	Date