

Printed name of adult signing the form

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** – **FREE** 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? Homeless Migrant Runaway Foster Child's First Name Child's Last Name **School Name** MI Circle Yes or No Check all that apply Y N П Y N Y N П Y N Y N Y N STEP 2 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 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 Income for Children" chart will help you with the Child Income section. How often? The "Sources of Income for Adults" chart will help you with the All Adult Household Members section Child Income Neekly Bi-Weekly 2x Month Monthly 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. Public Assistance/ Child Pensions / Retirement / How often? How often? How often? Name of Adult Household Members (First and Last) Earnings from Work Support/ Alimony All Other Income Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly **Total Household Members** Last Four Digits of Social Security Number (SSN) of XXX-XX-Check if no SSN (Children and Adults) Primary Wage Earner or Other Adult Household Member STEP 4 Mail Completed Form ToCCLCS 195 Route 137 Harwich, MA 02645 **Contact Information and Adult Signature** "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." Street Address (if available) Zip Apt# City State Daytime Phone and Email (optional) Error prone

Today's date

Signature of adult

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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		Earni	ings from Work Public Assistance / Alimony / Child Support		Pensions / Retirement / All Other Income
- Social Security - Disability Payments - Survivor's Benefits			oled and receives Social Security benefits etired, or deceased, and their child	- Salary, wages, cash bonuses - Net income from self- employment (farm or business) If you are in the U.S. Military: - Basicpayand cashbonuses (do NOT)		Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates
-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) - Allowancer or off-base housing, food		Alimony payments Child support payments Veteran's benefits Strike benefits	 Annuities Investment income Earned interest Rental income
- A child receives regular income from a private pension fund, annuity, or trust		and clothing			Regular cash payments from outside household		
Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino	☐ Asian	an or Alaskan Native	☐ Native Hawaiian or Other Pacific I☐ White	slander	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.		
	Black or Africa	n American					

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:

1. mail:

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

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 Only							
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Only annualize income if there are multiple pay frequencies How often? Weekly Bi-Weekly 2x Month Month Annually		Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12			Eligibility: Free Reduced Denied	Categorical Eligibility	
Determining Official's Signatu	re	Date	Confirming Official's Signature	Date	Verifying Official's Signatu	re Date	