

Printed name of adult signing the form

## 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.

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)

Child's First Name	МІ		Child's I	ook Nic					Cabasi	None					a	Student?	Foster	Homeless	Migran	t Runawa
Child's First Name			Child's L	ast Nai	me				School	Name					Grade	Circle Yes or No		Check all th	at apply	
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Do any Household Members (include										orograms er may be										
Write the <u>Agency ID Number</u> , then go to STEP 4	(Do not compl	iete S	STEP 3)	EBIN	umbei	not acc	ертеа; з	onar aw	ara iette	r may be	reques	tea		Agency I	D Nu	ımber:				
Report Income for ALL Household I was the charts titled "Sources of Income" for more informations.								hild Incom	e section											
"Sources of Income for Adults" chart will help you with the					CHAIL WI	ii neip you	with the t	Lillia IIICOIII	e section.		Child Inco	ome		Wee	ıklı B	How often?	nth Monthly			
A. Child Income  Sometimes children in the household earn or receive in-	como Diosco inc	cludo	the TOTAL inc	omo roc	oived by	all Hausal	hald Mam	hare listad i	n CTED 1 ha		<b>\$</b>	Jilic		wee	NIY B	SI-Weekly 2x Mor	) Nonthly			
B. All Adult Household Members (including yourse	lf)										Ψ					0 0				
List all Household Members not listed in STEP 1 (including they do not receive income from any source, write '0'. I											ome, repo	ort tota	l gross in	ome (befo	ore tax	(es) for each s	source in v	whole dolla	rs (no cent	s) only. If
Name of Adult Household Members (First an	d Last)		Earnings fro	om Work	Weekly		often?	Ionthly		Assistance/ Ch rt/ Alimony			low often? ekly 2x Mon	th Monthly		Pensions All Other	/ Retiremen Income		How oft	en? : Month Month
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Total Household Members (Children and Adults)			Last Four D Primary W	•				nber	XXX	X-XX-			Che	ck if no SS	N 🗌					
			J																	
Contact Information and Adult Si	gnature	Mai	il Completed	Form T	o: Food	dservice	Office 10	71 Washii	ngton St.	Abington,	MA 023	<u>51</u>								
rtify (promise) that all information on this application is true and that Iren may lose meal benefits, and I may be prosecuted under applicab				t this info	rmation is	given in co	nnection wi	th the receipt	of Federal fu	unds, and that	t school off	icials ma	ay verify (cl	eck) the inf	ormatio	on. I am aware	that if I purp	oosely give fa	lse informat	ion, my
et Address (if available)	Apt#		City					State		Zip		_	Daytime	hone and	l Email	l (optional)				
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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 Income			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 - Net income from self- employment (farm or business)  If you are in the U.S. Military:		- Unemployment benefits	Social Security (including railroad retirement and black lung benefits)     Private pensions or disability benefits     Regular income from trusts or estates     Annuities			
- 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				Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local government     Alimony payments				
-Income from person outside the household -Income from any other source		A friend or extended family member regularly gives a child spending money      A child receives regular income from a private pension fund, annuity, or trust		includecoml housing allo	•	Child support payments     Veteran's benefits     Strike benefits	Investment income     Earned interest     Rental income			
				Allowancesforoff-base housing, food and clothing		- Strike benefits	Regular cash payments from outside household			
Ethnicity (check one): Race (check one or more):			We are required to ask for information about your children's race ar		e and ethnicity. This information is					
☐ Hispanic or Latino ☐ American India		an or Alaskan Native 🔲 Native Hawaiian or Other Pacific Isl				helps to make sure we are fully serving our community. Responding to this section is				
□ Not Hispanic or Latino □ Asian □ Black or African American		n American	□ White		optional and does no					

**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 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, 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:

1. mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410

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

3. email: <a href="mailto:program.intake@usda.gov.">program.intake@usda.gov.</a>

This institution is an equal opportunity provider.

	2020	For School Use 1-2021 Massachusetts Application for Fr	<del></del>	e School Meals	
Total Income House  Only annualize income if there are multiple pay frequency.	Annual Incor Weekly Every 2 Weel Twice A Mont	ne Conversion:  × 52  x × 26			rical Eligibility 🔲
How often?     Weekly   Bi-Weekly   2x Month   Month   Annually	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date