

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.

					Colored Name	0	Student?	Foster	Homeless	Migrant	Runaway
	Child's First Name	MI	Child's Last Name		School Name	Grad	Circle Yes or No	Check all that apply			
							ΥN				
							ΥN				
							ΥN				
							ΥN				
							ΥN				
							ΥN				
ST	EP 2 Do any Household Members (including yo	ou) current	ly participate in one or more of the following a	assi	istance programs: SNAP, TANF, or FDPIR?						
V	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 (Skipthisstepifyouanswered 'Yes' to STEP2)

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 child	ren in the ho	ousehol	ld earr	n or rec	eive income. Pl	ease include the T	TOTAL income	received by	y 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? Weekly Bi-Weekly 2x Month Mon	Public Assistance/ Child Support/ Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions / Retirement / All Other Income	How often? Weekly Bi-Weekly 2x Month Monthly
		0000		$\bigcirc \bigcirc $		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
		0 0 0 0		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
		0 0 0 0		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
		0 0 0 0		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
		0 0 0 0		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		\bigcirc \bigcirc \bigcirc \bigcirc
Total Household Members (Children and Adults)	-	cial Security Number (SSN) of r or Other Adult Household Memb	er XXX-XX-	Check if no SSN		
STEP 4 Contact Information and Adult Signature Mail	Completed Form T	o: Plainville Public Schools	s 68 Messenger St Plainville 1	MA 02762		
'l 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 receipt of Federal funds, and that so	chool officials may verify (check) the information.	I am aware that if I purpos	ely give false information, my
itreet Address (if available) Apt #	City		State Zip	Daytime Phone and Email (o	ptional)	
ripted name of adult circuing the form	Signature of a	dul+		Today's date		Error prone

Child Income

\$

How often?

Bi-Weekly 2x Month Monthly

Weekly

О

INSTRUCTIONS Source

	Sources of Income	for Children			Sources of Income for Adults					
Sources of Child Inco	me		p ple(s) full or part-time job where they	Earn	ings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Othe Income			
 Social Security Disability Payment 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 - 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		 Net income employme If you are in the Basicpayane 	nt (farm or business) ne U.S. Military: dcashbonuses (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	nousehold			housing allo - Allowances f	or off-base housing, food	 Child support payments Veteran's benefits Strike benefits 	Investment income Earned interest Rental income			
-Income from any other source				and clothing		Strike Schents	 Regular cash payments from outside household 			
thnicity (check one):	Race (check one o	or more):			We are required to a	sk for information about your children's rac	e and ethnicity. This information is			
Hispanic or LatinoNot Hispanic or Latino	 American India Asian Black or Africa 	an or Alaskan Native	Native Hawaiian or Other PacificWhite	Islander	reduced price meals.					

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

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.

			For School U	<u>se Only</u>			
		2022-20	23 Massachusetts Application for	Free and Reduced Price	e School Meals		
Total Income Only annualize income if there are multiple p	Household Size	Annual Income C Weekly Every 2 Weeks Twice A Month Monthly	onversion: × 52 × 26 × 24 × 12		Eligibility: Free Reduced Denied	Categorical Eligibility	
How often? Weekly 2x Month Month Annua O O O O O Determining Official's Signature O O O O	aliy)	Date	Confirming Official's Signature	Date	Verifying Official's Signatur	re	Date