

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 / Student ID Number	Grade	Circle Yes or No		Check all that apply		
								ΥN				
								ΥN				
								ΥN				
								ΥN				
								ΥN				
								ΥN				
ST	TEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?											
٧	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 (Skipthis step if you answered 'Yes' to STEP 2)

Review the char	ts titled "Sources o	f Income"	for more information.	The "Sourc	es of Income fo	or Children"	' chart will h	elp you with t	he Child Inco	me section.
The "Sources of	Income for Adults'	' chart wil	I help you with the All	Adult House	hold Members	section				

A. Child Income

Sometimes childr	en in the h	ouseho	ld earı	n 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.

	Earnings from Work How often?		Public Assistance/ Child	How often?	Pensions / Retirement /	How often?	
Name of Adult Household Members (First and Last)		Weekly Bi-Weekly 2x Month Monthly	Support/ Alimony	Weekly Bi-Weekly 2x Month Monthly	All Other Income	Weekly Bi-Weekly 2x Month Monthly	
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Total Household Members (Children and Adults)	-	ial Security Number (SSN) of or Other Adult Household Member	XXX-XX-	Check if no SSN			
STEP 4 Contact Information and Adult Signature Mai	l Completed Form	To: Food Service Office,	Kennedy Longfellov	w School, 158 Spring Street,	Cambridge, MA)2141	
"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.		nation is given in connection with the rec	eipt of Federal funds, and that so	chool officials may verify (check) the informatio	n. I am aware that if I purpose	ely give false information, my	
Street Address (if available) Apt #	City	State	e Zip	Daytime Phone and Email	(optional)	1	
Printed name of adult signing the form	Signature of a	lult		Today's date			

				How	often?	
Child Inc	ome		Weekly	Bi-Weekly	2x Month	Monthly
\$			0	0	0	\bigcirc

INSTRUCTIONS Source

Sources of Income for Children	
Sources of Income	

	Sources of Income f	or Children		Sources of Income for Adults					
Sources of Child Income - Earnings from work - Social Security - Disability Payments - Survivor's Benefits -Income from person outside the household -Income from any other source		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 - A child receives regular income from a private pension fund, annuity, or trust		Earnings from Work - Salary, wages, cash bonuses - Net income from self- employment (farm or business) If you are in the U.S. Military: - Basicpayandcash bonuses (do NOT include combatpay,FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing		Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
						 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 		
						 Child support payments Veteran's benefits Strike benefits 	 Investment income Earned interest Rental income 		
						Strike benefits	 Regular cash payments from outside household 		
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 Latino 👘 🗍 American Indian or Alaskan Native 👘 Native Hawaiian or Other Pacific Islam		lander		o make sure we are fully serving our comm					
Not Hispanic or Latino	Asian	White				optional and does not affect your children's eligibility for free or reduced price meals.			
	Black or African	American			L				

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-0508-0002-508-11-28-17Fax2Mail.pdf</u>, 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 Us	<u>se Only</u>		
	2022-2023	3 Massachusetts Application for I	Free and Reduced Price	e School Meals	
Total Income Household Size Image: Income if there are multiple pay frequencies	Annual Income Con Weekly Every 2 Weeks Twice A Month			Free Reduced Denied O O O	Categorical Eligibility
How often? Weekly Bi-Weekly 2x Month Month Annually Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signati	ure Date