

# 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	C	Child's Last Name		School Name	Grade	Circle Yes or No	Check all that apply			
									ΥN				
									Y N				
									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?												
۷	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 children in the household earn or receive income. Please include the TOTAL income received by all Household Members I	listed in STEP 1 here:
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#### 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 Weekly Bi-Weekly 2x Month Monthly	Public Assistance/ Child How often? Support/ Alimony Weekly Bi-Weekly 2x Month Monthly	Pensions / Retirement / How often? All Other Income Weekly Bi-Weekly 2x Month Monthly
		$\square \square $	$\square \square $
Total Household Members (Children and Adults)	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	Check if no SSN	
STEP 4 Contact Information and Adult Signature Mail Contact Information Adult Signature	Completed Form to: East Longmeadow Food Servi	ces, 180 Maple Street, East Longmeadow, MA	01028 or return to your child's school office
'l certify (promise) that all information on this application is true and that all income is reported. hildren may lose meal benefits, and I may be prosecuted under applicable State and Federal laws		Federal funds, and that school officials may verify (check) the inform	nation. I am aware that if I purposely give false information, my
treet Address (if available) Apt #	City State	Zip Daytime Phone and En	nail (optional)

Child Inc	ncome		Weekly	Bi-Weekly	2x Month	Monthly			
5			0	0	0	0			

How often?

# INSTRUCTIONS Sources

Sources of Income

Sources of Income for 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		<ul> <li>Earnings from Work</li> <li>Salary, wages, cash bonuses</li> <li>Net income from self- employment (farm or business)</li> <li>If you are in the U.S. Military:</li> <li>Basic payand cash bonuses (do NOT include combat pay, PSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>		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	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>			
						<ul> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>				
									Ethnicity (check one): Race (check one or more):	
Hispanic or Latino     American Indian or Ala       Not Hispanic or Latino     Asian		an or Alaskan Native	or Alaskan Native  IN Native Hawaiian or Other Pacific Is IWhite		important and helps t	orland and does not affect your children's eligibility for free or reduced price meals.				
	Black or Africa	an 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: <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:

- 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 fax:
- 2. fax:
- (833) 256-1665 or (202) 690-7442; or email:
- 3. email:

program.intake@usda.gov This institution is an equal opportunity provider.

For School Use Only 2022-2023 Massachusetts Application for Free and Reduced Price School Meals **Total Income** Household Size Annual Income Conversion: **Eligibility: Categorical Eligibility** Weekly x 52 Every 2 Weeks x 26 Free Reduced Denied Twice A Month x 24 Only annualize income if there are multiple pay frequencies Monthly x 12 How often? Weekly Bi-Weekly 2x Month Monthl Annually Verifying Official's Signature Date Date Date **Confirming Official's Signature Determining Official's Signature**