

2021-2022 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 f	or more information.				Student?			
Child's First Name		Child's Last Name	School Name		e Circle			ant Runawa
					Yes or No		Check all that apply	
					Y N			1 7
					YN			
					YN	-		
					Y N			
CTER 0					Y IN			1 1
STEP 2 Do any Household Mo	• • • • • • • • • • • • • • • • • • • •	rently participate in one or more of the STER 2)	ne following assistance prograr pted; SNAP award letter may l	he requested				
	ingo to STEF 4 (Do not comple	LDT Humber not ucce	pteu, SNAF uwara letter may l	Agency II	O Number:			
STEP 3 Report Income for AL	L Household Members (Sk	ipthis step if you answered 'Yes' to ST	EP2)					
Review the charts titled "Sources of Income" to The "Sources of Income for Adults" chart will		es of Income for Children" chart will help you w	vith the Child Income section.		How often?			
	neip you with the All Adult Houser	iola Members Section		Child Income Week				
A. Child Income Sometimes children in the household of	earn or receive income. Please incl	ude the TOTAL income received by all Househo	old Members listed in STEP 1 here:	\$				
B. All Adult Household Members (in		ade the 10 mil moone reserved by an incuserio		•	, 0 0			
		if they do not receive income. For each Housel			re taxes) for each	source in wh	iole dollars (no ce	ents) only. If
they do not receive income from any s	ource, write 0 . If you enter 0 or	leave any fields blank, you are certifying (prom	Dublic Assistance	(child	Pensions	/ Retirement /	Цом	often?
Name of Adult Household Mem	nbers (First and Last)	Earnings from Work Weekly Bi-Weekly 2:	Support/ Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	All Other	Income	Weekly Bi-Weekly	
			0 0	0 0 0 0			0 0	0 0
				0 0 0 0			0 0	0 0
				0 0 0 0			0 0	0 0
				0000		$\dagger \dagger \dagger$	00	0 0
						+++		
	ehold Members	Last Four Digits of Social Security Number (* * * * * * *	Check if no SSN				
(Children a	nd Adults)	Primary Wage Earner or Other Adult House	hold Member					
	•							
STEP 4 Contact Information	n and Adult Signature	Mail Completed Form To: SSCPS 100 Lon	water Circle Norwell, MA 02061	Attn: Charlene Salamone_				
"I certify (promise) that all information on this applica children may lose meal benefits, and I may be prosec		ed. I understand that this information is given in conn laws."	ection with the receipt of Federal funds, and	that school officials may verify (check) the info	rmation. I am aware	that if I purpos	sely give false inform	nation, my
Street Address (if available)	Apt#	City	State Zip	Daytime Phone and	Email (optional)			
								
Printed name of adult signing the form		Signature of adult		Today's date			Error prone	

INSTRU		

Sources of Income

Sources of Income for Children			Sources of Income for Adults					
Sources of Child Income - Earnings from work		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 Parent is disabled, retired, or deceased, and their child receives Social Security benefits		- Salary, wages, cash bonuses - Net income from self- employment (farm or business) If you are in the U.S. Military: - Basicpayand cash bonuses (do NOT include combatpay, PSSA or privatized housing allowances) - Allowancesfor off-base housing, food and clothing		Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Social Security - Disability Payments						Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household	
- Survivor's Benefits -Income from person outside the household		A friend or extended family member regularly gives a child spending money						
-Income from any other source		- A child receives regular income from a private pension fund, annuity, or trust						
Ethnicity (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	Hispanic or Latino American Indian or Alaskan Native Native Hawaiian or Other Pacific Is		ander	important and helps to make sure we are fully serving our community. Responding to this section is				
□Not Hispanic or Latino □Asian		₩hite		optional and does		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

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, religious creed, disability, age, political beliefs, 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:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

by USDA.		,,						
For School Use Only								
Total Income Household Size Unity annualize income if there are multiple pay frequencies		2021-2022 Massachusetts Application for Fr Annual Income Conversion:		for Free and Reduced Pric		Cohegovical Elizibility		
		Weekly Every 2 Weeks Twice A Month Monthly			Free Reduced Denied	Categorical Eligibility		
Weekly Bi-Weekly 2x Month Monthl Annu	ally							
Determining Official's Signature		Date	Confirming Official's Signature	Date	Verifying Official's Signa	ature Date		