

## 2019-2020 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.

						Yes or No         Check all that apply           Y         N         I         I         I           Y         N         I         I         I         I           Y         N         I         I         I         I         I           Y         N         I         I         I         I         I         I           Y         N         I	Runaway			
Child	's First Name	MI	Child's Last Name	School Name	Grade		Check all that apply			
						Y N				
						Y N				
						Y N				
						Y N				
						Y N				
						Y N				
STEP 2	Do any Household Members (including yo	u) current	ly participate in one or more of the following as	sistance programs: SNAP, TANF, or	FDPIR?					
Write th	ne <u>Agency ID Number</u> , then go to STEP 4 <u>(Do not</u>	complete S	EBT number not accepted; SNAP av	vard letter may be requested	Agency ID Nu	ımber:				
STEP 3	Report Income for ALL Household Membe	ers (Skipt	hisstepifyouanswered 'Yes' to STEP 2)							
	harts titled " <b>Sources of Income</b> " for more information. The s <b>of Income for Adults</b> " chart will help you with the All Adul		Income for Children" chart will help you with the Child Inco Members section	ne section.		How often?				

## A. Child Income

Sometimes child	ren in the ho	ousehol	ld earr	n or	receive income. Please ir	nclude 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.

Child Income

\$

Bi-Weekly 2x Month Monthly

Weekly

О

Name of Adult Household Members (First and Last)	Earnings from Work	How often?	Public Assistance/ Child Support/ Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions / Retirement / All Other Income	How often?
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		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc $		$\bigcirc \bigcirc $
		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
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		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$		$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$
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 Mail	Completed Form T	p: Groton-Dunstable Regional	School District, Attn: She	erry Kersey, 344 Main Street, Groto	on, MA 01450	
"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.		mation is given in connection with the re	ceipt of Federal funds, and that sc	hool officials may verify (check) the informatio	n. I am aware that if I purpo	ely give false information, my
Street Address (if available) Apt #	City	Stat	ze Zip	Daytime Phone and Email	(optional)	
Printed name of adult signing the form	Signature of a	dult		Today's date		Error prone

## INSTRUCTIONS Source

S	our	ces	of I	ncor	ne

	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		Earn	Earnings from Work         Public Assistance / Alimony / Child Support           - Salary, wages, cash bonuses         - Unemployment benefits           - Net income from self-         - Worker's compensation		Pensions / Retirement / All Other Income		
							<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>		
				<ul> <li>employment (farm or business)</li> <li>If you are in the U.S. Military:</li> <li>Basicpayandcashbonuses (doNOT includecombatpay,FSSAorprivatized housing allowances)</li> <li>Allowances for off-base housing,food</li> <li>Supplemental Security Income Cash assistance from State or government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul>		<ul> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> </ul>	<ul> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> </ul>		
							Investment income     Earned interest     Rental income		
				and clothing		<ul> <li>Regular cash payments from outside household</li> </ul>			
thnicity (check one):	Race (check one or	more):			We are required to a	sk for information about your children's rac	e and ethnicity. This information is		
<ul> <li>Hispanic or Latino</li> <li>Not Hispanic or Latino</li> </ul>	<ul><li>American Indian</li><li>Asian</li></ul>	American Indian or Alaskan Native     Asian     White		Islander	important and helps	to make sure we are fully serving our comm	nunity. Responding to this section is		
	Black or African	American		optional and does not affect your children's eligibility for free or r					

**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 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.

		2019-202	For School Us O Massachusetts Application for F		School Meals	
Total Income Only annualize income if there are multipl	Household Size	Annual Income Co Weekly Every 2 Weeks Twice A Month Monthly			Eligibility:	Categorical Eligibility
How often? Weekly Bi-Weekly 2x Month Monthl And Determining Official's Signature		Date	Confirming Official's Signature	Date	Verifying Official's Signa	ture Date