MC900411244[1]

❑ **Error prone**

**(Children and Adults)**

**Total Household Members**

Printed name of adult completing the form Signature of adult completing the form Today’s date

STEP 4 Contact information and adult signature

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

“I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give

false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”

*Complete one application per household. Please use a pen (not a pencil).*

If you have received a ***NOTICE OF DIRECT CERTIFICATION*** from the school district for free meals, **do not** complete this application.But **do** let the school know if any children in the household are not listed on the **Notice of Direct** **Certification** 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)

Homeless,

Student?

Yes No

Foster Migrant,

Child Runaway

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.

Child’s First Name MI Child’s Last Name

**$ $ $**

**$**

**B. All Adult Household Members (including yourself)**

**A. Child Income**

**Agency ID:**

**\*Do not provide EBT card number.**

**If you answered *NO*** > Complete STEP 3. **If you answered *YES*** > Write a agency id here then go to STEP 4 (Do not complete STEP 3)

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: **SNAP, TANF, or FDPIR?** Circle one: Yes / No

How often? Public Assistance/ How often? Pensions/Retirement/ How often?

Name of Adult Household Members (First and Last) Earnings from Work Weekly Bi-Weekly 2x Month Monthly Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly All Other Income Weekly Bi-Weekly 2x Month Monthly

How often?

Weekly Bi-Weekly 2x Month Monthly

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members

X X X X X Check if no SSN

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 income for each source in

whole dollars 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.

**$ $ $**

**$ $ $**

**$ $ $**

**$ $ $**

Please read How to

Apply for Free and

Reduced Price School

Meals for more

information. The

Sources of Income for

Children section will

help you with the Child

Income question. The

Sources of Income for

Adults section will help

you with the All Adult

Household Members

section.

listed in STEP 1 here .

Child income

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)

Last Four Digits of Social Security Number (SSN) of

Primary Wage Earner or Other Adult Household Member

**2015-2016** **Massachusetts Free And Reduced Price School Meals Household Application**

Check all that apply

OPTIONAL Children's Racial and Ethnic Identities

**Do NOt fill out this part. This is for school use only.**

|  |  |
| --- | --- |
| We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals. | |
| ***Ethnicity (check one):*** | ***Race (check one or more):*** |
|  | **🞏** American Indian or Alaskan Native |
| **🞏** Hispanic or Latino | **🞏** Asian |
| **🞏** Not Hispanic or Latino | **🞏** Black or African American |
|  | **🞏** Native Hawaiian or Other Pacific Islander |
|  | **🞏** White |

|  |
| --- |
| *Only annualize income if there are multiple pay frequencies*  **Total Income:** \_\_\_\_\_\_\_\_\_\_\_\_ **Household size:** \_\_\_\_\_\_\_\_\_\_  *Per*:  ❑ Week,  ❑ Every 2 Weeks,  ❑ Twice A Month,  ❑ Month,  ❑ Year  **Annual Income Conversion:**  *Weekly* x **52** *Every 2 Weeks* x **26** *Twice A Month* x **24** *Monthly* x **12**  ***Categorical Eligibility***  **⭘**Free **⭘**Reduced **⭘**Denied   Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dual Eligibility:  Foster child(ren) – Free \_\_\_\_\_\_\_\_\_  Non-foster child(ren) – Free \_\_\_\_\_\_\_\_ Reduced \_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_  Determining Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_  Confirming Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  Verifying Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ |

**Use of Information Statement:**

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.

**Non-discrimination Statement:**

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.ascr.usda.gov/complaint__ling_cust.html>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer

**2015-2016** **Massachusetts Free And Reduced Price School Meals Household Application**