MASSACHUSETTS FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

STOP

SCHOOL YEAR 2012 - 2013

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.

PART 1. ALL HOUSEHOLD MEMBERS List all household members including children seeking school meals, siblings and both parents of children living in home. Also, include other relatives and friends living in home if you live as a single economic unit. (See instructions- Q.13)

NAME OF **ALL** HOUSEHOLD MEMBERS (First, Middle Initial, Last)	NAME OF SCHOOL CHILD ATTENDS	CHECK IF A **FOSTER CHILD** (LEGAL RESPONSIBILITY OF WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5.	CHECK IF **NO** INCOME
			❑
			❑
			❑
			❑
			❑
			❑
			❑

PART 2. BENEFITS- MA SNAP OR MA TAFDC

IF **ANY** MEMBER OF YOUR HOUSEHOLD RECEIVES **MA SNAP or MA TAFDC benefits,** PROVIDE THE AGENCY IDENTIFICATION NUMBER* LOCATED ON THE DEPARTMENT OF TRANSITIONAL ASSISTANCE (DTA) BENEFIT LETTER. SKIP TO PART 5 AND SIGN THIS FORM IF YOU HAVE PROVIDED AN AGENCY ID NUMBER.

AGENCY ID:_____ * **Do not provide EBT card number.**

PART 3. HOMELESS, MIGRANT, RUNAWAY

IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, A RUNAWAY, OR MIGRANT, CHECK THE APPROPRIATE BOX AND CALL MARLENE DODYK AT 508-358-3756.

HOMELESS ❑ RUNAWAY ❑ MIGRANT ❑

PART 4. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE. DO NOT INCLUDE MONEY RECEIVED FROM MA SNAP OR MA TAFDC.

1. NAME (LIST **ONLY** HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (you must indicate how much and how often)
(Example) Jane Smith	$200	☒	☐	☐	☐	$150	☐	☒	☐	☐	$0	☐	☐	☐	☐	$0
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

A parent or caretaker adult must sign the application (see Use of Information Statement on the back of this page). I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information that I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last 4 digits of his or her Social Security Number or mark the "Check here if you do not have a Social Security Number" box. See Use of Information Statement on the back of this page.

Sign here: _____ Print Name: _____ Date:_____

Address: _____ City:_____ State: _____ Zip Code: _____

Phone Number:_____ Cell Phone Number:_____

Last four digits of Social Security Number * * * - * * - __ __ __ __ ☐ Check here if you do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)			
Choose one ethnicity:	*Choose one or more (regardless of ethnicity):*		
❑ Hispanic/Latino	❑ Asian	❑ American Indian or Alaska Native	❑ Black or African American
❑ Not Hispanic/Latino	❑ White	❑ Native Hawaiian or other Pacific Islander	

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: _____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free____ Reduced____ Denied_____ Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART School Year 2012-2013			
Household size	Yearly	Monthly	Weekly
1	$20,665	$1,723	$398
2	$27,991	$2,333	$539
3	$35,317	$2,944	$680
4	$42,643	$3,554	$821
5	$49,969	$4,165	$961
6	$57,295	$4,775	$1,102
7	$64,621	$5,386	$1,243
8	$71,947	$5,996	$1,384
Each additional person:	$7,326	$611	$141

Use of Information Statement: This explains how we will use the information you give us.

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 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: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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