

Printed name of adult signing the form

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** – **FREE** 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? Homeless Migrant Runaway Foster Child's First Name Child's Last Name MI School Name Circle Yes or No Check all that apply Y N Y N П П Y N Y N Y N Y N STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? 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 STEP 2) 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. How often? The "Sources of Income for Adults" chart will help you with the All Adult Household Members section Child Income Weekly Bi-Weekly 2x Month Monthly A. Child Income Sometimes children in the household earn or receive income. Please include 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. Public Assistance/ Child Pensions / Retirement / How often? How often? How often? Name of Adult Household Members (First and Last) Earnings from Work Support/ Alimony All Other Income Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly **Total Household Members** Last Four Digits of Social Security Number (SSN) of XXX-XX-Check if no SSN (Children and Adults) Primary Wage Earner or Other Adult Household Member STEP 4 **Contact Information and Adult Signature** Mail Completed Form To: LPS FOOD SERVICE DEPARTMENT, ATTN: FOOD SERVICE DIRECTOR, 174 PAXTON ST, LEICESTER, MA 01524 "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." Street Address (if available) Zip Apt# City State Daytime Phone and Email (optional) Error prone

Today's date

Signature of adult

INST		

Sources of Income

Sources of Income for Children			Sources of Income for Adults				
Sources of Child Inco		nple(s) full or part-time job where they	Earni	ngs from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Social Security - Disability Paymer - Survivor's Benefit	- A Parent is disabled, re	oled and receives Social Security benefits etired, or deceased, and their child	- Net income employment of you are in the - Basicpayance	nt (farm or business) ne U.S. Military: dcashbonuses (doNOT	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities	
-Income from person outside the household - A friend or extended a child spending m		family member regularly gives oney	- Allowances for off-bas		Child support payments Veteran's benefits Strike benefits	Investment income Earned interest Rental income	
-Income from any other source	- A child receives regu pension fund, annu	lar income from a private uity, or trust	and clothing		- Strike beliefits	Regular cash payments from outside household	
Ethnicity (check one):	Race (check one or more):			We are required to as	k for information about your children's race	a and athnicity. This information is	
Hispanic or Latino	American Indian or Alaskan Native	☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Is		'	to ask for information about your children's race and ethnicity. This information is elps to make sure we are fully serving our community. Responding to this section is		
Not Hispanic or Latino	☐ Asian	☐ White			affect your children's eligibility for free or		
	☐ Black or African 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: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

2. fax:

(833) 256-1665 or (202) 690-7442; or

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						
Only annualize income if there are How often? Weekly Bi-Weekly 2x Month Mo		Annual Income Weekly Every 2 Weeks Twice A Month Monthly			Eligibility: Free Reduced Denied O O	Categorical Eligibility
Determining Official's Sign	ature	Date	Confirming Official's Signature	Date	Verifying Official's Signat	ure Date