

MASSACHUSETTS FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

SCHOOL YEAR 2014-2015

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.

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 SCHOOL CHILD ATTENDS RAME OF ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last) NAME OF SCHOOL CHILD ATTENDS RAME OF SCHOOL CHILD ATTENDS RAME OF SCHOOL CHILD ATTENDS RANNENBURY OF WILD MEMBERS (AND ARE INCOME) PART 2. BENEFITIS—NA SNAP OR MA TAFDC IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES MA SNAP OR MA TAFDC CHILD YOU ARE APPLYING FOR IS HOUSEHOLD RECEIVES MA SNAP OR MA TAFDC CHILD YOU ARE APPLYING FOR IS HOUSEHOLD RECEIVES MA SNAP OR MA TAFDC CHILD YOU ARE APPLYING FOR IS HOUSEHOLD RECEIVES MA SNAP OR MA TAFDC CHILD YOU ARE APPLYING FOR IS HOUSEHOLD RECEIVES MA SNAP OR MA TAFDC CHILD YOU ARE APPLYING FOR IS HOUSEHOLD RECEIVES MA SNAP OR MA TAFDC CHILD YOU ARE APPLYING FOR IS HOUSEHOLD RECEIVES MA SNAP OR MA TAFDC CHILD YOU ARE APPLYING FOR IS HOUSEHOLD RECEIVES MA SNAP OR MA TAFDC CHILD YOU ARE APPLYING FOR IS HOUSEHOLD RECEIVES MA SNAP OR MA TAFDC. 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 offen it is received. RECORD EACH INCOME ONLY ONCE. DO NOT INCLUDE MONEY RECEIVED FROM MA SNAP OR MA TAFDC. LAME (LIST ONLY HOUSEHOLD MEMBERS) REFORM THE STAP OR THE	PART 1. ALL HOUSEHOLD) MEMBERS	List	t all	hou	ısel	nold membe	rs i	nclu	ıdi	ng c	hildren seeking sch	ool	me	als.	sib	olings and both	parents of
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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																Ē	\$	
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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 T	HIS PART. THIS IS FOR SCHOOL U	ISE ONLY.				
Annual Income Con	version: Weekl	y x 52, Every 2 Weeks x 26, Twice A Mor	nth x 24, Monthly x 12				
C	Only annualize	income if there are multiple pay frequenc	ries				
Total Income: Per: \square Week, \square Every 2 Weeks, \square Twice A Month, \square Month, \square Year Household size:							
Dual Eligibility: Foster child(ren) – Free	No	n-foster child(ren) – Free Reduce	d Denied				
Categorical Eligibility: Date Withd	rawn:	Eligibility: Free Reduced Deni	ied Reason:				
☐ Check if this is an error prone applic	ation – utilize f	or verification standard sample size – see elig	ibility manual for instructions.				
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.

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 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.

FEDERAL ELIGIBILITY INCOME CHART								
School Year 2014-2015								
Household size	Yearly	Monthly	Weekly					
1	\$21,590	\$1,800	\$416					
2	\$29,101	\$2,426	\$560					
3	\$36,612	\$3,051	\$705					
4	\$44,123	\$3,677	\$849					
5	\$51,634	\$4,303	\$993					
6	\$59,145	\$4,929	\$1,138					
7	\$66,656	\$5,555	\$1,282					
8	\$74,167	\$6,181	\$1,427					
Each additional person:	+7,511	+626	+145					

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis 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 <u>USDA Program Discrimination Complaint Form</u>, found online at http://www.ascr.usda.gov/complaint_filing_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.

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 employer.