

# 2020-2021 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.

Child/a First Norma	D.AL	Child/a Loot Nome	Calcad Nama	l e	Student?	Foster	Homeless	Migrant	Runaway
Child's First Name	MI	Child's Last Name	School Name	Grad	Circle Yes or No	Check all that apply			
					ΥN				
					Y N				
					ΥN				
					Y N				
					ΥN				
					ΥN				

# 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:

Weekly

С

Child Income

How often?

Bi-Weekly 2x Month Monthly

#### STEP 3 Report Income for ALL Household Members (Skipthisstep if you answered 'Yes' to STEP 2)

Review the charts titled "Sources of	Income" for more informati	on. The "Sources of Inc	<b>come for Children</b> " ch	nart will help you with the Child I	ncome section.
The "Sources of Income for Adults"	chart will help you with the	All Adult Household Me	embers section		

### A. Child Income

Sometimes children in the household e	earn or receive ir	come. 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.

		How often?	Public Assistance/ Child	How often?	Pensions / Retirement /	How often?
Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Support/ Alimony	Weekly Bi-Weekly 2x Month Monthly	All Other Income	Weekly Bi-Weekly 2x Month Monthly
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Total Household Members (Children and Adults)	-	cial Security Number (SSN) of r or Other Adult Household Member	XXX-XX-	Check if no SSN		
STEP 4 Contact Information and Adult Signature Mail	Completed Form T	<u>o: Saint John Paul II Catholic Acad</u>	lemy - Columbia Cam	pus, 790 Columbia Road Dorcheste	<mark>r, MA 02125</mark>	
I certify (promise) that all information on this application is true and that all income is reported. I hildren may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.		mation is given in connection with the receip	t of Federal funds, and that so	thool officials may verify (check) the information	. I am aware that if I purpose	ely give false information, my
treet Address (if available) Apt #	City	State	Zip	Daytime Phone and Email (	optional)	
						Error prope

Today's date

INSTRUCTIONS So	ources of Income	i i i i i i i i i i i i i i i i i i i							
Sources of Income for Children				Sources of Income for Adults					
Sources of Child Income		Example(s) - A child has a regular full or part-time job where they		Earnings from Work		Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
Social Security     Oisability Payments     Survivor's Benefits -Income from person outside the household		earn a salary or wages - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money		<ul> <li>Salary, wages, cash bonuses</li> <li>Net income from self- employment (farm or business)</li> <li>If you are in the U.S. Military:</li> <li>Basicpayand cash bonuses (do NOT include combatpay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>		<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul>	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> </ul>		
-Income from any other source		<ul> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>				- Strike benefits	<ul> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>		
Ethnicity (check one):       Race (check one or more):         Hispanic or Latino       American Indian or Alaskan Native       Native Hawaiian or Other Pacific Isl         Not Hispanic or Latino       Asian       White         Black or African American       Black or African American			Islander	important and helps t	k for information about your children's rac o make sure we are fully serving our comm : affect your children's eligibility for free or	unity. Responding to this section is			

**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 programs, auditors for program reviews, and law enforcement officials to help them look into violations of 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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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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:

- 1. mail:
   U.S. Department of Agriculture

   Office of the Assistant Secretary for Civil Rights

   1400 Independence Avenue, SW Washington, D.C. 20250-9410
- 2. fax: (202) 690-7442; or
- 3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

	For School Use Only									
		2020-20	21 Massachusetts Application for	Free and Reduced Price	School Meals					
Total Income         Only annualize income if there are multiple p	Household Size	Annual Income C Weekly Every 2 Weeks Twice A Month	× 52 × 26 × 24		Eligibility:	Categorical Eligibility				
How often?		Monthly	× 12		000					
Determining Official's Signature		Date	Confirming Official's Signature	Date	Verifying Official's Signatu	re	Date			