

Printed name of adult signing the form

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** – **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 **School Name** MI Circle Yes or No Check all that apply Y N Y N 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 (Skipthisstep if you answered '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 Neekly 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: Saint John Paul II Catholic Academy - Neponset Campus, 239 Neponset Ave., Dorchester, MA 02122 "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 Daytime Phone and Email (optional) Apt# City State Error prone

Today's date

Signature of adult

INSTRUCTIONS						
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Sources of Income

S.	ources of Income for Children				Sources of Income for Adu	ılts	
Sources of Child Income Example(s)		ple(s) ull or part-time job where they	Earni	ngs from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Social Security		earn a salary or wages - A child is blind or disabled and receives Social Security benefits		ges, cash bonuses - Unemployment benefits - Worker's compensation		Social Security (including railroad retirement and black lung benefits)	
- Disability Payments - Survivor's Benefits		tired, or deceased, and their child	employme	nt (farm or business)	Supplemental Security Income (SSI) Cash assistance from State or local government	Private pensions or disability benefits Regular income from trusts or estates	
-Income from person outside the household - A friend or extended a child spending mo		family member regularly gives oney	Basic payand cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Member regularly gives Allowances for off-base housing, food and of thing.		- Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	
-Income from any other source	from any other source - A child receives regular income from a private pension fund, annuity, or trust				- Strike beliefits		
Ethnicity (check one):	Race (check one or more):			We are required to a	ck for information about your children's rac	a and othnicity. This information is	
Hispanic or Latino	American Indian or Alaskan Native	Native Hawaiian or Other Pacific Isl	lander	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.		•	
Not Hispanic or Latino	☐ Asian	■ White					
	☐ Black or African American						
ORTIONAL							

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

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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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:

U.S. Department of Agriculture 1. mail:

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410

2. fax: (202) 690-7442; or

program.intake@usda.gov. email:

This institution is an equal opportunity provider.

For School Use Only						
		2020-20	021 Massachusetts Application for	Free and Reduced Price	School Meals	
Only annualize income if there are mu. How often? Weekly Bi-Weekly 2x Month Month		Annual Income (Weekly Every 2 Weeks Twice A Month Monthly			Eligibility: Free Reduced Denied O O	Categorical Eligibility
Determining Official's Signatu	re	Date	Confirming Official's Signature	Date	Verifying Official's Signa	ature Date