

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 – 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.

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 for Free and Reduced Price School Meals for more information.	and shares in	come and expens	es, even if no	ot related." Children ir	Foster care	and children who mee	t the definition of Homeless, M	igrant o					
Child's First Name	MI	Child's La	st Name			School Name		Grade	Student? Circle	Foster	Homeless		Runawa
								<u> </u>	Yes or No		Check all the	at apply	
									YN				
									YN				
									1				
									YN				+
									YN				
									YN				
TEP 2 Do any Household Members (including	you) curre												
Write the <u>Agency ID Number</u> , then go to STEP 4 (Do	not complet	STEP 3)	EBT numb	er not accepted;	SNAP awa	ırd letter may be ı	requested Agend	y ID N	umber:				
TEP 3 Report Income for ALL Household Men	nbers (Skij	this step if yo	uanswere	d'Yes'toSTEP2)									
view the charts titled "Sources of Income" for more information. ` e "Sources of Income for Adults" chart will help you with the All A				will help you with the	Child Income				How often?		1		
A. Child Income						C	Child Income	Weekly	Bi-Weekly 2x Mor	nth Monthly			
Sometimes children in the household earn or receive income.	Please inclu	le the TOTAL inco	me received	by all Household Mem	nbers listed ir	STEP 1 here:	\$	0	O C				
B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including you	urself) even if	they do not recei	ve income. F	or each Household Me	ember listed,	if they do receive incor	me, report total gross income (b	efore ta	xes) for each	source in v	whole dollar	s (no cents)	only. If
they do not receive income from any source, write '0'. If you		•				o income to report.			·			,	•
Name of Adult Household Members (First and La	st)	Earnings from	n Work We	How often?	Monthly	Public Assistance/ Chilo Support/ Alimony	How often? Weekly Bi-Weekly 2x Month Mont	nly	All Other	/ Retiremen Income		How ofter Bi-Weekly 2x N	
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Total Household Members (Children and Adults)				ecurity Number (SSN) of ther Adult Household Me	mhar	XXX-XX-	Check if no	SSN					
(clinaten and Addits)		rimary was	e Lamer or O	iner Addit Household We	imber	L			•				
STEP 4 Contact Information and Adult Signat	ure M	il Completed F	orm To: Sa	mantha D'Angelo @	D Lincoln P	ublic Schools, 6 Balli	field Rd Lincoln, Ma 01773						
ertify (promise) that all information on this application is true and that all inc Idren may lose meal benefits, and I may be prosecuted under applicable State			his informatio	n is given in connection w	ith the receipt	of Federal funds, and that s	school officials may verify (check) the	informat	ion. I am aware	that if I pur	oosely give fals	se informatio	n, my
idren may lose meal benefits, and i may be prosecuted under applicable stati	e and rederal la	ws.											
eet Address (if available) Apt #		City			State	Zip	Daytime Phone	and Ema	il (optional)				
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Today's date

Signature of adult

	CTI	

Sources of Income

Sources of Income for Children			Sources of Income for Adults						
Sources of Child Income		Example(s)		Earnings from Work		Public Assistance / Alimony /	Pensions / Retirement / All Other Income		
- Earnings from work		- A child has a regular full or part-time job where they earn a salary or wages				Child Support			
- Social Security - Disability Payments - Survivor's Benefits		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		- Net incom employme If you are in t - Basicpayar	ges, cash bonuses e from self- ent (farm or business) he U.S. Military: dcashouses (do NOT	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 family member regularly gives a child spending money		include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food		Child support payments Veteran's benefits Strike benefits	Investment incomeEarned interest		
-Income from any other source		- A child receives regular income from a private pension fund, annuity, or trust		and clothing	5	- Strike benefits	Rental income Regular cash payments from outside household		
Ethnicity (check one): Race (check one or more):			We are required to a	k for information about your children's rac	e and ethnicity. This information is				
☐ Hispanic or Latino ☐ American India		n or Alaskan Native 🔲 Native Hawaiian or Other Pacific Isla		slander		We are required to ask for information about your children's race and ethnicity. This i important and helps to make sure we are fully serving our community. Responding to			
☐ Not Hispanic or Latino ☐ Asian		☐ White			optional and does not affect your children's eligibility for free or reduced price meals.				

OPTIONAL

Children's Racial and Ethnic Identities

■ Black or African American

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									
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Total Income Household Size Only annualize income if there are multiple pay frequencies How often? Weekly Bi-Weekly 2x Month Monthl Annually		Annual Income C Weekly Every 2 Weeks Twice A Month Monthly	onversion: × 52 × 26 × 24 × 12		Eligibility: Free Reduced Denied	Categorical Eligibility			
Determining Official's Signature		Date	Confirming Official's Signature	Date	Verifying Official's Signatur	re Date			