**2024-2025 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. Complete one application per household. Please use a pen (not a pencil).

**STEP 1**

**List ALL Household Members who are infants, children, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.**

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’s First Name** |  | **MI** |  | **Child’s Last Name** |  | **School Name** | Grade | **Student?***Circle Yes or No* | **Foster**  | **Homeless** | **Migrant** | **Runaway** |
| *Check all that apply* |
|  |  |  |  |  |  |  |  | Y N | 🞏 | 🞏 | 🞏 | 🞏 |
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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Review the charts titled “**Sources of Income**” for more information. The “**Sources and Examples of Income for Children**” chart will help you with the Child Income section.

**STEP 3**

**List ALL adult household members and income for each member (before taxes and deductions) (Skip this step if you answered ‘Yes’ to STEP 2)**

|  |  |
| --- | --- |
|   | How often? |
| Weekly | Bi-Weekly | 2x Month | Monthly |
| **$** |  |  |  | ⭘ | ⭘ | ⭘ | ⭘ |

The “**Sources of Income for Adults**” chart will help you with the All Adult Household Members section

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income (before taxes and deductions) 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 and after deductions) 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 Support/ Alimony

Pensions / Retirement / All Other Income

|  |
| --- |
| How often? |
| Weekly | Bi-Weekly | 2x Month | Monthly |

|  |
| --- |
| How often? |
| Weekly | Bi-Weekly | 2x Month | Monthly |

|  |
| --- |
| How often? |
| Weekly | Bi-Weekly | 2x Month | Monthly |

Earnings from Work

*Name of Adult Household Members (First and Last)*

**Total Household Members (Children and Adults)**

**Last Four Digits of Social Security Number (SSN) of**

**XXX-XX-**

**Primary Wage Earner or Other Adult Household Member Check if no SSN**

**STEP 4**

**Contact Information and Adult Signature Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE**

“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) Apt # City State Zip Daytime Phone and Email (optional)

#

Printed name of adult signing the form Signature of adult Today’s date

**Sources and Examples of Income**

**For additional information on income, please refer to the instructions that accompany this application.**

|  |
| --- |
| **Sources of Income for Adults** |
| **Earnings from Work** | **Public Assistance / Alimony / Child Support** | **Pensions / Retirement / All Other Income** |
| * Salary, wages, cash bonuses
* Net income from self- employment (farm or business)

**If you are in the U.S. Military:*** Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)
* Allowances for off-base housing, food and clothing
 | * Unemployment beneﬁts
* Worker’s compensation
* Supplemental Security Income (SSI)
* Cash assistance from State or local government
* Alimony payments
* Child support payments
* Veteran’s beneﬁts
* Strike beneﬁts
 | * Social Security (including railroad retirement and black lung beneﬁts)
* Private pensions or disability benefits
* Regular income from trusts or estates
* Annuities
* Investment income
* Earned interest
* Rental income
* Regular cash payments from outside household
 |

|  |
| --- |
| **Sources and Examples of Income for Children** |
| - A child has a regular full or part-time job where they 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 |
| - A child receives regular income from a private pension fund, annuity, or trust |
| - A child receives regular income from a private pension fund, annuity, or trust |

**OPTIONAL**

**Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

**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.**

|  |  |
| --- | --- |
| **Ethnicity:** | **Race (check one or more):** |
| **🞏** Hispanic or Latino | **🞏** American Indian or Alaskan Native | **🞏** Native Hawaiian or Other Pacific Islander |
| **🞏** Not Hispanic or Latino | **🞏** Asian | **🞏** White |
|  | **🞏** Black or African American |  |

**Use of Information Statement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Richard B. Russell National School Lunch Act requires that we use information from
this application to see who qualifies for free or reduced price meals. We can only approve
complete forms**. We may share your eligibility information with education, health, and
nutrition programs to help them deliver program benefits to your household. Inspectors
and law enforcement may also use your information to make sure that program rules are
met.

Please be sure to provide the last four numbers of the Social Security number of the adult
household member who signs the application. If the adult does not have one, ‘Check if no
Social Security Number’. Applications for a foster child do not need to list a Social Security
number. Applications for children in households receiving Supplemental Nutrition
Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food
Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security
number.

Some children qualify for free meals without an application. Please contact your school to
get free meals for a foster child, and children who are homeless, migrant, or runaway.

**Return completed form to your child’s school.The contact information below is solely to file a complaint of discrimination**

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**](%20https%3A//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:

|  |  |  |
| --- | --- | --- |
| \* MAIL: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 | FAX: (833) 256-1665 or (202) 690-7442; or EMAIL: Program.Intake@usda.gov  | **\* Do not mail applications tothis address, only complaintsof discrimination.** |

This institution is an equal opportunity provider.

**For School Use Only**

**Annual Income Conversion:** Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. *Do not annualize income to determine eligibility unless more than one income frequency is listed.*

**Total Income**

**How often?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekly | Every2 Weeks | 2x Month | Monthly | Annual |
|  |  |  |  |  |

 **Household size**

**Categorical Eligibility** [ ]

**Eligibility**

|  |  |  |
| --- | --- | --- |
| Free  | Reduced | Denied |
|  |  |  |

**Determining Official’s Signature**



**Date**

**Confirming Official’s Signature**



**Date**

**Verifying Official’s Signature**



**Date**

**Error prone **