

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.

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 <b>Household Member</b> : "Anyone for Free and Reduced Price School Meals fo		come and expenses, eve	n if not related." Children in <b>Foster ca</b>	re and children who meet the defin	ition of <b>Homeless, Migra</b>		e eligible for t	ree meals. Read	How to Appl
Child's First Name	MI	Child's Last Na	me	School Name		Student? Circle Yes or No	10000	, ,	ant Runawa
						Yes or No		heck all that apply	
						Y N			
						YN			
						Y N			
						Y N			
						Y N			
			ne or more of the following as						
Write the <u>Agency ID Number</u> , then	n go to <b>STEP 4</b> (Do not complete	STEP 3) EBT n	umber not accepted; SNAP av	vard letter may be requeste	ed Agency II	D Number:			
TEP 3 Report Income for ALL view the charts titled "Sources of Income" for	Household Members (Skir			no continu					
e " <b>Sources of Income for Adults</b> " chart will h			chart will help you with the Child Incor	ne section. Child Incom	ne week	How often?			
A. Child Income				<b>A</b>	ic week	kly Bi-Weekly 2x Mor	ntn Montnly		
Sometimes children in the household e B. All Adult Household Members (inc	cluding yourself)		,						
List all Household Members not listed in they do not receive income from any so					total gross income (befo	re taxes) for each	source in wh	ole dollars (no ce	nts) only. If
Name of Adult Household Memi	,	Earnings from Work	How often?	Public Assistance/ Child	How often?	Pensions All Other	/ Retirement /	How o	
Nume of Addit Household Memi	DETS (THSE UNA EUSE)	Lattings from Work	Weekly Bi-Weekly 2x Month Monthly	Weekly	Bi-Weekly 2x Month Monthly			Weekly Bi-Weekly	2x Month   Month
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			0 0 0 0		0 0 0			0 0	0 0
			0 0 0		0 0 0			0 0	0 0
	hold Members	_	cial Security Number (SSN) of	XXX-XX-	Check if no SSI	u 🗆			
(Children an	d Adults)	Primary Wage Earne	r or Other Adult Household Member	XXX-XX-	Check ii iio 33i	<b>'</b>			
STEP 4 Contact Information	and Adult Signature M	ail Completed Form 1	o: Bedford School Lunch Program	97 McMahon Rd Bedford. M	A 01730				
certify (promise) that all information on this applicat	tion is true and that all income is reported	. I understand that this info				ormation. I am aware	that if I purpos	ely give false inform	ation, my
ldren may lose meal benefits, and I may be prosecu	ited under applicable State and Federal la	ws."							
eet Address (if available)	Apt #	City	State	Zip	Daytime Phone and	Email (optional)			
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nted name of adult signing the form		Signature of a	dult		Today's date			Error prone	

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**Sources of Income** 

Sources of Income for Children			Sources of Income for Adults				
Sources of Child Incom - Earnings from work		Example(s)  - 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		ngs from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Social Security - Disability Payments - Survivor's Benefits -Income from person outside the ho	- A child is blind or disable - A Parent is disabled, ret receives Social Securit  ousehold - A friend or extended f			es, cash bonuses from self- from self- from or business) e U.S. Military: lcashbonuses (doNOT latpay,FSSAorprivatized vances) oroff-base housing,food	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	
-income nom any other source		r income from a private ty, or trust	- and clothing				
Ethnicity (check one):  Hispanic or Latino Not Hispanic or Latino	Race (check one or more):  American Indian or Alaskan Native Asian Black or African American  Race (check one or more): Native Hawaiian or Other Pacific I			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**

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: <a href="https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf">https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf</a>, 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.

<u>For School Use Only</u>							
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Only annualize income if there are multiple pay frequencies  How often?  Weekly Bi-Weekly 2x Month Month Annually		Annual Income O Weekly Every 2 Weeks Twice A Month Monthly	Annual Income Conversion:  Weekly x 52  Every 2 Weeks x 26  Twice A Month x 24		Eligibility:  Free Reduced Denied  O O	Categorical Eligibility	
Determining Official's Signa	ture	Date	Confirming Official's Signature	Date	Verifying Official's Signatu	ure Date	