

# Milton Public Schools

## Food Service Department

617-898-1051

Dear Parent/Guardian:

Children need healthy meals to learn. **The Milton Public Schools** offers healthy meals every school day. Breakfast costs **\$1.25**; lunch costs **\$1.75-\$2.25**. Your children may qualify for free meals or for reduced price meals. Reduced price is **free** for breakfast and **\$.40** for lunch.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Your child's cafeteria or main office or mail to Jackie Morgan, Milton High, 25 Gile Road, Milton, MA. 02186**
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from **Massachusetts SNAP**, or **Massachusetts TANF**, and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
3. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** If you haven't been told your children will get free meals, please call or e-mail Ken Aubert at 617-696-4480\*5530/ [kaubert@miltonsp.org](mailto:kaubert@miltonsp.org) to see if they qualify.
4. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
5. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school food service office at **617-898-1051** if you have questions.
6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. **I GET WIC. CAN MY CHILD (REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: MARY GORMLEY, SUPERINTENDENT OF SCHOOLS, MILTON HIGH 25 GILE ROAD, MILTON, MA. 02186.
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child (ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
12. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
13. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.
14. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
15. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information. If you have other questions or need help, call **Jackie Morgan, Director of Food Services at 617-898-1051.**

*Si necesita ayuda, por favor llame al teléfono: 617-898-1051 / Si vous voudriez d'aide, contactez nous au numero: 617-898-1051.*

Sincerely,

**Jacqueline Morgan**  
**Director of Food Services**  
617-898-1051/ [jmorgan@miltonps.org](mailto:jmorgan@miltonps.org)

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# INSTRUCTIONS FOR APPLYING

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**A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.** IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **MASSACHUSETTS TANF, OR MASSACHUSETTS SNAP (FOOD STAMPS) OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)** FOLLOWS THESE INSTRUCTIONS:

**Part 1:** List all household members, the schools name for each child, and the case number for any household member (including adults) those receiving **MA. SNAP** or **MA. TANF** or **FDPIR** benefits or.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS **MA. SNAP** OR **MA. TANF** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the school name for each child.

**Part 2:** Check the appropriate box.

**Part 3:** Skip this part.

**Part 4:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

**Part 5:** Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.

**Part 6:** Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

**Part 1:** Use a separate application for each foster child. List the child's name, school, and, if the child has no income, check the box "no income."

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box."

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income. Please state if the income is weekly, monthly or annually.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** Answer if you choose.

# MASSACHUSETTS FREE OR REDUCED PRICE SCHOOL MEALS

## FAMILY HOUSEHOLD MEAL BENEFITS APPLICATION

MILTON PUBLIC SCHOOLS 617-898-1051 QUESTIONS- JMORGAN@MILTONPS.ORG



If you have received a NOTICE OF DIRECT CERTIFICATION from the school district for free meals, **do not** complete this application. But **do** let the school know if any children in the household are not listed on the **Notice of Direct Certification** letter you received.

**PART 1:** List ALL household members including children seeking school meals, siblings and both parents of children living in home. Include other relatives and friends living in home if you live as a single economic unit. Only one application per family.

NAME OF <b>ALL</b> HOUSEHOLD MEMBERS (FIRST, M.I, LAST)	SCHOOL NAME FOR EACH CHILD ATTENDING A SCHOOL	CHECK IF A FOSTER CHILD (LEGAL RESPONSIBILITY OF WELFARE AGENCY OR COURT)  * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5.	CHECK IF <b>NO</b> INCOME
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**PART 2:** If any member of your household receives SNAP (food stamp), FDPIR or TAFDC benefits, please provide the Agency Identification Number located on the upper right side of the Department of Transitional Assistance (DTA) benefit letter. Please skip to Part 5 and sign this form if you have provided an Agency Identification Number.

**Agency ID:** \_\_\_\_\_ **\*\* Do not provide your EBT card number.**

**PART 3:** Is any school age child living with you a migrant child, homeless or a runaway? Yes  No   
If yes, please call the homeless liaison or migrant coordinator for free meals: 617-696-4480 \* 5530

**PART 4:** TOTAL HOUSEHOLD GROSS INCOME: You must tell us how much income, and **how often** in the chart below.

NAME (LIST <b>ALL</b> HOUSEHOLD MEMBERS WITH INCOME)	EARNED INCOME- BEFORE TAXES/DEDUCTIONS	CHILD SUPPORT OR ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS	ALL OTHER INCOME
<i>(EXAMPLE) Jane Smith</i>	<i>\$199.99 weekly</i>	<i>\$149.99 every other week</i>	<i>\$99.99 monthly</i>	<i>None</i>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

**PART 5: SIGNATURE.** A parent or caretaker adult must sign the application (see Privacy Act Statement on the back of this page). I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information that I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last 4 digits of his or her Social Security Number or mark the "Check here if you do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

SIGN HERE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: \*\*\* - \*\* - \_\_\_\_ - \_\_\_\_  Check here if you do not have a Social Security Number

**Part 6: CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

<i>Choose one ethnicity:</i>  <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Not Hispanic/Latino	<i>Choose one or more (regardless of ethnicity):</i>  <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY**

**Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12**

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year    Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after 45 days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart. Your children may also qualify for free meals if any person in the household receives SNAP (food stamps) or TAFDC (cash assistance) regardless of the income limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART SCHOOL YEAR 2011-2012			
HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
EACH ADDITIONAL PERSON:	7,067	589	136

**Privacy Act Statement:** This explains how we will use the information you give us.

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 families with Dependent Children (TAFDC) 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.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."