**MC900411244[1]Massachusetts Free And Reduced Price School Meals Household Application**

**Milton Schools School Year 2014-2015**

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.

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| **Part 1.** all household members List all household members including children seeking school meals, siblings and both parents of children living in home. Also, include other relatives and friends living in home if you live as a single economic unit. (See instructions- Q.13) | | | | | | | | | | | | | | | | | | | |
| Name of **all** household members (First, Middle Initial, Last) | | name of school child attends | | | | | | | | | | | 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 **no** Income |
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| **Part 2.** BENEFITs- mA SNAP or MA TAfdc | | | | | | | | | |  | | **Part 3.** Homeless, Migrant, Runaway | | | | | | | |
| If **any** member of your household receives **MA** **SNAP or MA TAFDC benefits,** provide the Agency Identification Number**\*** located on the Department of Transitional Assistance (DTA) benefit letter. Skip to part 5 and sign this form if you have provided an Agency Id Number.  **AGENCY iD:** \* **Do not provide EBT card number.** | | | | | | | | | |  | | If any child you are applying for is homeless, a runaway, or migrant, check the appropriate box and call **[your school, homeless liaison, migrant coordinator at phone #]**  Homeless ❑ Runaway ❑ migrant ❑ | | | | | | | |
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| **Part 4.** Total Household Gross income (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. Do not include money received from MA SNAP or MA TAFDC. | | | | | | | | | | | | | | | | | | | |
| 1. Name  (list **only** household members with income) | 2. Gross income and how often it was received | | | | | | | | | | | | | | | | | | |
| Earnings from work before deductions. | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Welfare, child support, alimony | Weekly | Every 2 Weeks | Twice Monthly | | Monthly | | Pensions, retirement, Social Security, SSI, VA benefits | Weekly | Every 2 Weeks | Twice Monthly | Monthly | All other income (you must indicate how much and how often) | |
| *(Example) Jane Smith* | $200 |  |  |  |  | $150 |  |  |  | |  | | $0 |  |  |  |  | $0 | |
|  | $ |  |  |  |  | $ |  |  |  | |  | | $ |  |  |  |  | $ | |
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| **Part 5.** Signature and last four digits of Social Security Number (Adult must sign) | | | | | | | | | | | | | | | | | | | |
| A parent or caretaker adult must sign the application (see Use of Information 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 Use of Information Statement on the back of this page.  Sign here: Print Name: Date:  Address: City: State: Zip Code:  Phone Number: Cell Phone Number:  Last four digits of Social Security Number \* \* \* - \* \* - \_\_ \_\_ \_\_ \_\_ □ Check here if you do not have a Social Security Number | | | | | | | | | | | | | | | | | | | |

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| **Part 6.** Children’s ethnic and racial identities (optional) | |
| Choose one ethnicity: | Choose one or more (regardless of ethnicity): |
| ❑ Hispanic/Latino  ❑ Not Hispanic/Latino | ❑ Asian ❑ American Indian or Alaska Native ❑ Black or African American  ❑ White ❑ Native Hawaiian or other Pacific Islander |
| **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**  **Only annualize income if there are multiple pay frequencies**  Total Income: \_\_\_\_\_\_\_\_\_\_\_\_ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: \_\_\_\_\_\_\_\_\_\_  Dual Eligibility: Foster child(ren) – Free \_\_\_\_\_\_\_\_\_ Non-foster child(ren) – Free \_\_\_\_\_\_\_\_ Reduced \_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_  Categorical Eligibility: \_\_\_\_ Date Withdrawn: \_\_\_\_\_\_\_\_ Eligibility: Free\_\_\_\_ Reduced\_\_\_\_ Denied\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Check if this is an **error prone application** – utilize for verification standard sample size – see eligibility manual for instructions.  Determining Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirming Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Verifying Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| FEDERAL ELIGIBILITY INCOME CHART School Year 2014-2015 | | | |
| Household size | Yearly | Monthly | Weekly |
| 1 | $21,590 | $1,800 | $416 |
| 2 | $29,101 | $2,426 | $560 |
| 3 | $36,612 | $3,051 | $705 |
| 4 | $44,123 | $3,677 | $849 |
| 5 | $51,634 | $4,303 | $993 |
| 6 | $59,145 | $4,929 | $1,138 |
| 7 | $66,656 | $5,555 | $1,282 |
| 8 | $74,167 | $6,181 | $1,427 |
| Each additional person: | +7,511 | +626 | +145 |

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

**Use of Information 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 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 rules.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. “The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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