

## 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)

for Free and Reduced Price School Meals  Child's First Name		МІ	Child's Last Na	me	Scho	ol Name		Student?	Foster	Homeless	Migrant	Runawa
Ciliu s First Name		IVII	Ciliu S Last Na	ille	3010	or Name		ਦੇ Circle Yes or No		Check all tha	t apply	
								Y N				
								Y N				
								Y N				
								Y N				
								Y N				
								Y N				
STEP 2 Da annulla mahalidan				611 61		CNAP T	ANE EDDING					
Write the <b>Agency ID Number</b> , the	lembers (including you) on go to STEP 4 (Do not co			one or more of the fol number not accepted;			٠	D Number:				
STEP 3 Report Income for Al		- /clib				, .	Agency	D Nulliber				
eview the charts titled "Sources of Income"		Sources	f Income for Children	<u> </u>	Child Income section	1.						
ne "Sources of Income for Adults" chart wil	l help you with the All Adult F	lousehol	d Members section			Child Incom	e wee	How often?	nth Monthly			
A. Child Income  Sometimes children in the household	earn or receive income. Pleas	se include	e the TOTAL income re	ceived by all Household Me	mbers listed in STEP 1	here: \$						
B. All Adult Household Members (i List all Household Members not listed	•	) even if t	hey do not receive inc	ome For each Household M	ember listed if they	do receive income report	total gross income (hef	ore taxes) for each	source in	whole dollar	s (no cents'	only If
they do not receive income from any					hat there is no incon	ne to report.	total gross income (ser	•			, (no cento)	Omy. II
Name of Adult Household Mer	mbers (First and Last)		Earnings from Work	How often?  Weekly Bi-Weekly 2x Month	Sur	port/ Alimony Weekly	How often?  Bi-Weekly 2x Month Monthly	Pensions All Other	/ Retiremen Income		How often Bi-Weekly 2x Mo	
				0 0 0	0		0 0 0				0 (	) (
				0 0 0			0 0 0				0 (	
							0 0 0				0 (	) (
							0 0 0					
							0 0 0				$\frac{\circ}{\circ}$	<u> </u>
Total Hous (Children a	sehold Members			ocial Security Number (SSN) of er or Other Adult Household M	amber X	XX-XX-	Check if no SS	N				
(Cilidren a	and Addits)		Filliary Wage Lain	ei oi othei Addit Household ivi	ember			_				
STEP 4 Contact Informatio	n and Adult Signature	Ma	il Completed Form	To: PVCICS, Attn: Lunch	Department, 317	Russell Street, Hadley,	MA 01035					
certify (promise) that all information on this application may lose meal benefits, and I may be prose				ormation is given in connection v	vith the receipt of Federa	al funds, and that school officia	ls may verify (check) the inf	ormation. I am aware	that if I pur	posely give fals	se informatio	n, my
mulen may lose mear benefits, and r may be prose	cuted under applicable state and i	ederariav	3.									
reet Address (if available)	Apt#		City		State	Zip	Daytime Phone and	Email (optional)				
											orone 🗆	

INST		

**Sources of Income** 

Sources of Income for Children				Sources of Income for Adults					
Sources of Child Income - 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		Earni	ngs from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
- Social Security - Disability Payments - Survivor's Benefits				- Salary, wages, cash bonuses - Net income from self- employment (farm or business) If you are in the U.S. Military: - Basicpayand cash bonuses (do NOT include combat pay, PSSA 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		
,							<ul> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> </ul>		
		•	and clothing			Regular cash payments from outside household			
Ethnicity (check one):	Race (check one o	or more):			We are required to a	sk for information about your children's rac	e and ethnicity. This information is		
Hispanic or Latino	spanic or Latino 🔲 American Indian or Alaskan Native 🔲 Native Hawaiian or Other Pacific		Islander	'	to make sure we are fully serving our comm	•			
□ Not Hispanic or Latino □ Asian □ White		☐ White		optional and does no	optional and does not affect your children's eligibility for free or reduced price meals.				
☐ Black or African American									

## **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: 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	<u>Use Only</u>		
		2022-20	23 Massachusetts Application for	r Free and Reduced Price	e School Meals	
Only annualize income if there are multiple pay frequencies  How often?  Weekly Bi-Weekly 2x Month Month Annually		Annual Income Conversion:  Weekly x 52  Every 2 Weeks x 26  Twice A Month x 24  Monthly x 12			Eligibility:  Free Reduced Denied	Categorical Eligibility
Determining Official's Signatu	re	Date	Confirming Official's Signature	Date	Verifying Official's Signatu	re Date