

## INSTRUCTIONS FOR APPLYING

### ***A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.***

#### **HOUSEHOLD RECEIVING BENEFITS FROM FOOD STAMPS (SNAP) OR TANF, FOLLOW THESE INSTRUCTIONS.**

- 1: **List ALL ADULTS AND CHILDREN LIVING IN YOUR HOUSEHOLD**, list child(ren)'s school, grade, and a Food Stamp (SNAP) or TANF case number.
- 2: Skip this part
- 3: Skip this part.
- 4: Skip this part.
- 5: Sign the form. A Social Security Number is not necessary.
- 6: Answer this question if you choose to.

#### **HOUSEHOLDS WITH HOMELESS, MIGRANT, OR RUNAWAY CHILDREN, FOLLOW THESE INSTRUCTIONS**

**Check the appropriate box and contact your school, homeless liaison, migrant coordinator.  
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

#### **HOUSEHOLDS WITH FOSTER CHILD(REN) FOLLOW THESE INSTRUCTIONS**

**If you are applying for a FOSTER CHILD, follow these instructions:**

- 1: **Use a separate application for each foster child.** List the child's name, school, and grade.
- 2: Skip this part.
- 3: Check the box and list the child's personal use monthly income, if any.
- 4: Skip this part.
- 5: Sign the form. A Social Security Number is not necessary.
- 6: Answer this question if you choose to.

#### **ALL OTHER HOUSEHOLDS (INCLUDING HOUSEHOLDS WITH INCOME AND WIC, FOLLOW THESE INSTRUCTIONS**

- 1: List each child's name, school, and grade.
- 2: Check the appropriate box, if any.
- 3: Skip this part.

- 4: Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

- 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one
- 6: Answer this question if you choose to.

**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION  
(SCHOOL YEAR 2010-2011 only)**

**Part 1. LIST ALL HOUSEHOLD MEMBERS (Use a separate application for each foster child)**

Names of household members (First, Middle Initial, Last)	School Name for each child	Grade	Food Stamps (SNAP) or TANF case # for any member of the household. If you list case # skip to Part 5	Check if NO 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"/>

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone # 508-533-3222** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_. Skip to Part 5.

**Part 4. TOTAL HOUSEHOLD GROSS INCOME—You must tell us how much and how often**

1. Name (List all household members with income) <i>(Example)</i> <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>			
	Earnings from work <u>before</u> deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
	\$ <u>200/weekly</u>	\$ <u>150/eo week</u>	\$ <u>100/monthly</u>	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (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 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.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  I do not have a Social Security Number

**Part 6. Children's racial and ethnic identities (optional)**

Mark one or more racial identities:

- Asian                       American Indian or Alaska Native  
 White                       Native Hawaiian or Other Pacific Islander  
 Black or African American    Other

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

**Don't 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 \_\_\_\_ days)

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

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ: IF YOUR FAMILY IS ELIGIBLE TO RECEIVE FREE OR REDUCED LUNCH UNDER THE FEDERALLY MANDATED PROGRAM, YOUR CHILD(REN) WILL RECEIVE A PIN NUMBER AND WILL BE ABLE TO GO THROUGH THE LUNCH LINE AS WOULD ANY OTHER STUDENT. THE NEW POS SYSTEM ENSURES ANONYMITY THROUGH THE SERVING LINE.**

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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 social security number of the adult household member who signs the application. 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.

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**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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”



**SHARING INFORMATION WITH MEDICAID/SCHIP**

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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**No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

**If you checked no, fill out the form below.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

For more information, you may call Office of the Superintendent at 508-533-3222

**Return this form to:**

**Office of the Superintendent, 45 Holliston Street, Medway, MA 02053**

**SHARING INFORMATION WITH OTHER PROGRAMS**

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

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No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

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Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

**If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **508-533-3222**  
**Office of the Superintendent**  
**45 Holliston Street, Medway, MA 02053**

**WE MUST CHECK YOUR APPLICATION**

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**You must send the information we need, or contact [name] by [date], or your children will stop getting free or reduced price meals.**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[names of children]** are eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

**1. If you were getting Food Stamps or TANF when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:**

- Food Stamp or TANF Certification Notice that shows dates of certification.
- Letter from Food Stamp or Welfare Office that says you have gotten Food Stamps or TANF.
- **Do not send your EBT card.**

**2. If you get this letter for a homeless, migrant or runaway child, please contact Ms. Margery Monahan, 45 Holliston Street, Medway, MA 02053 508-533-3222 for help.**

**3. If the child is a Foster Child:**

Send us official documentation from the agency sponsoring the child.

**4. If you do not get Food Stamps or TANF for your children:**

A. Write name and Social Security Number of each adult household member below.

Name	Social Security Number (See Privacy Act Statement, page 2)	No Social Security Number
_____	_ _ _ - _ - _ - _ _	<input type="checkbox"/>
_____	_ _ _ - _ - _ - _ _	<input type="checkbox"/>
_____	_ _ _ - _ - _ - _ _	<input type="checkbox"/>
_____	_ _ _ - _ - _ - _ _	<input type="checkbox"/>
_____	_ _ _ - _ - _ - _ _	<input type="checkbox"/>
_____	_ _ _ - _ - _ - _ _	<input type="checkbox"/>
_____	_ _ _ - _ - _ - _ _	<input type="checkbox"/>
_____	_ _ _ - _ - _ - _ _	<input type="checkbox"/>

B. Send this page along with papers that show the amount of money your household gets from each source of income.

The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to:**  
**Office of the Superintendent,**

**45 Holliston Street, Medway, MA 02053**

**Acceptable papers include:**

**Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger or tax books.

**Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.

**Unemployment, Disability, or Worker's Comp:** Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

**Welfare Payments:** Benefit letter from welfare agency.

**Child Support or Alimony:** Court decree, agreement, or copies of checks received.

**Other income (such as rental income):** Information that shows the amount of income received, how often it is received, and the date received.

**No income:** A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.

**Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

**Timeframe of Acceptable Income Documentation:** Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call **Office of the Superintendent at 508-533-3222**].

Sincerely,

Judith A. Evans, Ed. D.  
Superintendent

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Privacy Act Statement: 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 social security number of all adult household members. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, 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.

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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

## WE HAVE CHECKED YOUR APPLICATION

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School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We checked the information you sent us to prove that **[names of children]** are eligible for free or reduced price meals and have decided that:

- Your children's eligibility has not changed.
- Starting **[date]**, your children's eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your children will receive meals at no cost.
- Starting **[date]**, your children's eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- Starting **[date]**, **your children are no longer eligible** for free or reduced price meals for the following reason(s):
  - \_\_\_ Records show that you did not receive Food Stamps, or TANF.
  - \_\_\_ Records show that the child(ren) is not homeless, runaway, or migrant.
  - \_\_\_ Your income is over the limit for free or reduced price meals.
  - \_\_\_ You did not provide: \_\_\_\_\_
  - \_\_\_ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your children will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name], [address], [phone number]**.

Sincerely,

**[signature]**

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