FALL RIVER PUBLIC SCHOOLS

Dear Parent/Guardian:

Children need healthy meals to learn. Fall River Public Schools offers healthy meals every school day. Breakfast is Free and included in our Universal Breakfast Program; lunch costs \$1.70 for elementary school, and \$1.95 for middle/high school. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.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 school.
- 2. WHO CAN GET FREE MEALS? All children in households receiving benefits from Massachusetts SNAP, the Food Distribution Program on Indian Reservations or Massachusetts TANF, 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 Eligibility Guidelines.
- 3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Barbara Allard- <u>ballard@fallriverschools.org</u> 508-675-8367 to see if they qualify.
- 5. 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.
- 6. 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 your child's school if you have questions.
- 7. 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.
- 8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please fill out an application.
- 9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
- 10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 11. 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 the Parent Information Center: Barbara Allard-ballard@fallriverschools.org 508-675-8367

- 12. 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.
- 13. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 14. 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. If you have lost a job or had your hours or wages reduced, use your current income.
- 15. 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.
- 16. 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.
- 17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Massachusetts SNAP** or other assistance benefits, contact your local assistance office or call 1-800-249-2007.

If you have other questions or need help, call 508-675-8367 Si necesita ayuda, por favor llame al teléfono: 508-675-8367 Si vous voudriez d'aide, contactez nous au numero: 508-675-8367

Sincerely,
Dr. Matthew Malone
Superintendent of Schools



2017-2018 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. **DO** let the school know if any children in the household are not listed on the **Notice of Direct Certification** – **FREE** letter you received.

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)

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Write the <u>Agency ID Number</u> , then	go to STEP 4 (Do not complet	e STEP 3)	Do not provide EBT card	l number.	Agency ID Num	ber:				
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ne "Sources of Income for Adults" chart will h	elp you with the All Adult Househ	ld Members section		g	hild Income weel	How often				
A. Child Income Sometimes children in the household ea	arn or receive income. Please inclu	de the TOTAL income red	eived by all Household Members list	ed in STEP 1 here:	6 (
B. All Adult Household Members (inc		thay do not receive inco	oma Far asch Hausahald Mamhar lie	tad if they do receive incor	ma ranget total grass income (hafa	ro tayor) for each	source in w	holo dollars (no	s contal only	, If
List all Household Members not listed in they do not receive income from any so					ne, report total gross income (befo	re taxes) for eacr	i source in w	noie dollars (no	cents) only	. IT
Name of Adult Household Memb	bers (First and Last)	Farnings from Work	How often? Weekly Bi-Weekly 2x Month Monthly	Public Assistance/ Child Support/ Alimony	How often? Weekly Bi-Weekly 2x Month Monthly		ns / Retirement / er Income		ow often? ekly 2x Month	Month
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Total Household Members (Children and Adul	its)	_	ocial Security Number (SSN) of er or Other Adult Household Member	XXX-XX-	Check if no SSI					
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I certify (promise) that all information on this applicat hildren may lose meal benefits, and I may be prosecut			ormation is given in connection with the rec	eipt of Federal funds, and that s	chool officials may verify (check) the info	ormation. I am awar	e that if I purpo	osely give false info	formation, my	
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treet Address (if available)	Apt #	City	State	e Zip	Daytime Phone and	Email (optional)				
treet Address (if available)	Apt#	City Signature of :		e Zip	Daytime Phone and Today's date	Email (optional)				

Error prone

Sources of Income for Children				
Sources of Child Income	Example(s)			
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages			
- Social Security - Disability Payments	- A child is blind or disabled and receives Social Security benefits			
- Survivor's Benefits	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

Sources of Income for Adults					
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
Salary, wages, cash bonuses Net income from self- employment (farm or business) If you are in the U.S. Military: Basicpayandcashbonuses (doNOT includecombatpay, FSSAor privatized housing allowances) Allowancesforoff-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 Annuities Investment income Earned interest Regular cash payments from outside household			

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded

Determining Official's Signature

☐ Black or African American Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at

■ Native Hawaiian or Other Pacific Islander

■ White

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint filing cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture

Ethnicity (check one):

☐ Hispanic or Latino

■ Not Hispanic or Latino

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(800) 877-8339. Additionally, program information may be made available in languages other than English.

Race (check one or more):

Asian

☐ American Indian or Alaskan Native

(202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

by USDA.					
		<u>Fo</u>	r School Use Only		
		2017-2018 Massachusetts Applic	cation for Free and Reduced Price Sch	nool Meals	
Total Income He	ousehold Size				
Only annualize income if there are multiple pay	frequencies	Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24	EI	igibility: Free Reduced Denied	Categorical Eligibility
How often? Weekly Bi-Weekly 2x Month Month Annually Annually		Monthly × 12	L		
Determining Official's Signature		Date Confirming Official's Signatu	ure Date	Verifying Official's Signatu	re Date