2020-2021

FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD M	EMBERS** RE	TUF	IN'	ГН	IS	AF	PLIC	CATION	го	YO	UR	CI	HI	LD'S	SCHOO	L**									
Names of <u>all</u> household members (First, Middle Initial, Last)				ude				Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form. Foster Homeless Migrant Runaway Head Start												Place a check in the box if NO					
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PART 2. BENEFITS IF ANY MEMBER OF YOUR HOUSI THE PERSON WHO RECEIVES BEI NAME:	VELLIS WAD SK	IP I	UP	AK	1 4	t. I	FNU	IR] OR [S	EIV	ES	TH	ESE	E B	ENEF	ITS, SKI	P T	O PA	ART	Г3.		AND CASE NU	МВЕ	RF	OR	
PART 3. TOTAL HOUSEHOL the box for how often it is received	D GROSS INC	ОМ	E (BE	FC	ORI	F DE	DUCTIO	INI												rson who receiv	ves i	t. C	hec	 k
1. NAME	2. GROSS II									W	'AS	RE	EC	EIVE	D					_		_			
(LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	Earnings from work before deductions.	work More A 7 2 3 14 support, A 7		very 2 Weeks	Twice Monthly	Social Security, SSI, VA, retirement benefits			lorkly	Weekly Every 2 Weeks Twice Monthly Monthly			onthly	All other income (such as Unemployme nt) benefits		Every 2 Weeks	Twice Monthly	tylin							
(Example) Jane Smith	\$200	X	 		Ť		\$15	0	-	7	1	7	Ž	\$0	iichts	>	TT.	H		Σ	\$0	Weekly	_6	Ė	1
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PART 4. SIGNATURE AND LAS	FOUR DIGIT:	S OF	SO	CIA	1L	SE	CUR	ITY NUM	BE	R (AD	UL.	1 T	MUST	SIGN)					_					
An adult household member must Social Security Number or mark the learning (promise) that all information I give. I information may less that all information may less than may less tha	ntion on this ap	plica	itio.	n is	tri	uri ue	and t	hat all in	con	see ie i.	s re	poi	me rte	d. I un	the back derstan	k of d th	this	pa he	ge. sch) 100	ol will get Fede	eral	fun	ds	
ayor madon, my chilar en may lose	medi benejila,	ипи	ı m	uy i	De l	pro	osecu	tea. Tunc	iers	tar	id n	ny c	chi	ld's el	igibility	stai	tus i	ma	y be	e si	hared as allow	ved i	hv I	aw.	
ignature: Printed name: Date: .ddress: Phone Number:																									
Email:	Email: State: Zip Code:																								
Last four digits of Social Security	Number: ***-	* *		_				l do not h	ave	a :	Soci	ial	Se	curity	Numbe	r									
The information contained within the permission is required. This will not a programs TNo TYes Child(ren) mass88-540-5437.																									<u> </u>
PART 5. CHILDREN'S ETHNIC A	ND RACIAL ID	ENT	ITI	ES	(0)P1	rion	AL)					_							_					_
Choose one ethnicity:		T	Cho	ose	2 01	ne	or m	ore (rega	rdle	255 (of e	thn	ici	ity):										_	_
] Hispanic/Latino] Not Hispanic/Latino					in[iar] A	Amer r oth	ican India er Pacific	an d Isla	or A	llas ler	ka	Na	ativeC	Black o	or A	fric	an	Am	er	ican White	J N	ati	ve	

*****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, 🗅 Mo	onth, 🗖 Year Household size:						
Categorical Eligibility:Eligibility: FreeReducedDeniedDate Withdra	awn:						
Reason for denial or withdrawal:	☐ Check if Error Prone Application						
Determining Official's Signature:	_Date:						
Confirming Official's Signature:	_Date:						
Verifying Official's Signature:	Date:						

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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue,

SW

Washington, D.C. 20250-9410

fax:

(202) 690-7442; or

program.intake@usda.gov. email:

This institution is an equal opportunity provider.

Date of Contact	Staff Initials	Name of Household Member Contacted	Detailed Information Received
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SCHOOL: 2003