HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in [School District]. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [School/school district contact here; phone and email preferred].

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending [school/school system here], regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at [name of school/school system here]? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend [name of school/school district here]. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or [insert State SNAP here].
- Temporary Assistance for Needy Families (TANF) or [insert State TANF here].
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write the Agency ID for SNAP, TANF, or FDPIR. You only need to provide one Agency ID. If you participate in one of these programs and do not know your Agency ID, contact: [State/local agency contacts here].
- Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- o Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - o Infants, Children and students already listed in **STEP 1.**
- B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.
- **C)** Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.
- **What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.
- F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
- G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

STFP	4· CC	NTAC	T INFOR	MATION		ADULT SIGNATURE
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- A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."
- C) Mail Completed Form to: Westwood Public Schools, FSD, 220 Nahatan St. Westwood, MA 02090
- D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.



Printed name of adult signing the form

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)

Definition of Household Member : "Anyone wh for Free and Reduced Price School Meals for n		ome and expenses, even	if not related." Children in Foster car	re and children who meet the o	definition of Homeless, Migra		_		
Child's First Name	MI	Child's Last Nam	e	School Name		Student? Gricle Yes or No		, ,	nt Runawa
						Yes or No	Ch	eck all that apply	
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			e or more of the following as						
Write the <u>Agency ID Number</u> , then g			mber not accepted; SNAP aw	vara letter may be requi	Agency II	D Number:			
TEP 3 Report Income for ALL F view the charts titled "Sources of Income" for	Household Members (Skip			ne section					
e "Sources of Income for Adults" chart will hel			iart will help you with the child incom	Child Ir	ncome Week	How often?			
A. Child Income				•	Week	D DI-WEEKIY 2X WOO	Monthly		
Sometimes children in the household earn B. All Adult Household Members (inclu		the TOTAL income recei	ved by all Household Members listed	in STEP 1 here:					
List all Household Members not listed in S they do not receive income from any sour					eport total gross income (befo	re taxes) for each	source in who	le dollars (no cen	ts) only. If
they do not receive income from any soul	rce, write 0 . II you enter 0 or lea	re any neius biank, you a	How often?	Public Assistance/ Child	How often?		/ Retirement /	How of	ten?
Name of Adult Household Membe	ers (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Support/ Alimony We	eekly Bi-Weekly 2x Month Monthly	All Other	Income		x Month Month
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Table 11	Idaab	Last Four Digits of Soci	al Security Number (SSN) of						
Total Househo (Children and A		_	or Other Adult Household Member	XXX-XX-	Check if no SSN	N			
CTED 4									
STEP 4 Contact Information a			: Westwood Public Schools, FSE						
certify (promise) that all information on this application ldren may lose meal benefits, and I may be prosecuted			nation is given in connection with the receip	ot of Federal funds, and that school	officials may verify (check) the info	rmation. I am aware	that if I purpose	ly give false informa	ion, my
eet Address (if available)	Apt #	City	State	Zip	Daytime Phone and	Email (optional)			
								Error prone	
nted name of adult signing the form		Signature of ad	ult		Today's date			o. prone	_

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Sources of Income

Sources of Income for Children				Sources of Income for Adults					
Sources of Child Income		Example(s) - A child has a regular full or part-time job where they		- Salary, wages, cash bonuses - Net income from self- employment (farm or business) If you are in the U.S. Military: - Basicpayandcash bonuses (do NOT includecombat pay, FSSA or privatized housing allowances) - Allowances		Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
- Earnings from work		earn a salary or wages				Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments	Social Security (including railroad		
- Social Security - Disability Payments - Survivor's Benefits		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					retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household		
-Income from person outside the household		- A friend or extended family member regularly gives a child spending money				Child support payments Veteran's benefits Strike benefits			
-Income from any other source		- A child receives regular income from a private pension fund, annuity, or trust				Same Seriend			
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 ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Isla ☐ Not Hispanic or Latino ☐ Asian ☐ White ☐ Black or African American		lander	important and helps	to make sure we are fully serving our comm	unity. Responding to this section is				
		optional and does not affect your children's eligibility for free or reduced price meals.			reduced price meals.				

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