

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, chi

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 who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply

for Free and Reduced Price School Meals f	for more information.													
Child's First Name		МІ	Child's Last Na	Sch	School Name			Grade	Student? Circle	Foster	Homeless		Runawa	
									5	Yes or No Y N		Check all the	at apply	
										YN				
													+=	
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										YN				
Do any Household M	embers (including yo	u) curr	ently participate in o	one or more of the follow	wing assistar	nce programs:	SNAP, TAN	F, or FDPIR?						
Write the <u>Agency ID Number</u> , the	en go to STEP 4 (Do not	comple	te STEP 3) EBT r	number not accepted; SI	NAP award l	etter may be	requested	Agency	ID Nu	mber:				
Report Income for Al	L Household Membe	rs (Ski	ip this step if you ans	wered 'Yes' to STEP 2)										
eview the charts titled "Sources of Income"				chart will help you with the Ch	hild Income sect	ion.				How often?				
ne "Sources of Income for Adults" chart will	help you with the All Adult	Househ	old Members section				Child Income	w	eekly B	-Weekly 2x Monti	Monthly			
A. Child Income Sometimes children in the household	carn or receive income. Die	aca inclu	ido the TOTAL income rec	reived by all Household Momb	ore listed in STE	D 1 horo	\$		\bigcirc	0 0				
B. All Adult Household Members (in		ase mere	ade the TOTAL monite rec	erved by an Household Wiellis	ers listed in STE	THEIC.	Ψ			0 0				
List all Household Members not listed							me, report tot	al gross income (be	fore tax	es) for each so	ource in w	nole dollars	(no cents)	only. If
they do not receive income from any	source, write '0'. If you ent	er '0' or l	leave any fields blank, you			ome to report. Public Assistance/ Chi	ld			Pansions /	Retirement /	,	6	2
Name of Adult Household Men	nbers (First and Last)		Earnings from Work	How often? Weekly Bi-Weekly 2x Month Mo		Support/ Alimony		How often? eekly 2x Month Monthly		All Other Ir			How often	
				0000			0	0 0				0	0 0	
				0000				0 0					0 0	
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) () ()					0 () ()
	ehold Members			ocial Security Number (SSN) of	. 3	XXX-XX-		Check if no S	SN					
(Children a	ind Adults)		Primary Wage Earne	er or Other Adult Household Mem	ber									
STEP 4 Contact Informa	tion and Adult Signat	ure	Mail Completed For	m To: Jacki S. Dillenback,	507 South Ma	in Street. Oran	ge. MA. 013	<mark>64</mark>						
certify (promise) that all information on this applic	<u> </u>	BAS S							nformatio	n. I am aware th	at if I purpo	sely give fals	e informatior	n, my
nildren may lose meal benefits, and I may be prosec	cuted under applicable State and	d Federal I	laws."	-										
reet Address (if available)	Apt #		City Stat			Zip	Daytime Phone ar	nd Email	(optional)					
inted name of adult circles the form	Cianabine of	Signature of adult				Today's date	Error prone							
inted name of adult signing the form			Jigi lature of	Signature of adult										