



## 2024-2025 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. Complete one application per household. Please use a pen (not a pencil).

### STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

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** for more information.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student? Circle Yes or No	Foster	Homeless	Migrant	Runaway
						Check all that apply			
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

Write the **Agency ID Number**, then go to **STEP 4** (Do not complete STEP 3)

EBT number not accepted; SNAP award letter may be requested

Agency ID Number: \_\_\_\_\_

### STEP 3 List ALL adult household members and income for each member (before taxes and deductions) (Skip this step if you answered 'Yes' to STEP 2)

Review the charts titled "Sources of Income" for more information. The "Sources and Examples of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

#### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income (before taxes and deductions) received by all Household Members listed in STEP 1 here:

\$ 

How often?			
Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and after deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/ Alimony	How often?				Pensions / Retirement / All Other Income	How often?				
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly	

Total Household Members  
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of  
Primary Wage Earner or Other Adult Household Member

XXX-XX-

Check if no SSN ☐

### STEP 4 Contact Information and Adult Signature Please mail completed form to your school.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

## Sources and Examples of Income

For additional information on income, please refer to the instructions that accompany this application.

### Sources and Examples of Income for Children

- A child has a regular full or part-time job where they earn a salary or wages
- 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
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust
- A child receives regular income from a private pension fund, annuity, or trust

### Sources of Income for Adults

#### Earnings from Work

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)
- If you are in the U.S. Military:
  - Basic pay and cash bonuses (do NOT include combat pay, BSA, or privatized housing allowances)
  - Allowances for off-base housing, food and clothing

#### Public Assistance / Alimony / Child Support

- 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

#### Pensions / Retirement / All Other Income

- 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
- Rental income
- Regular cash payments from outside household

## OPTIONAL

Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

### Ethnicity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

### Race (check one or more):

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

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.

### Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

### The contact information below is solely to file a complaint of discrimination

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, audiotope, 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:

\* MAIL: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or  
 EMAIL: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

\* Do not mail applications to this address, only complaints of discrimination.

## Return completed form to your child's school.

This institution is an equal opportunity provider.

### For School Use Only

Annual Income Conversion: Weekly  $\times 52$ , Every 2 Weeks  $\times 26$ , Twice a Month  $\times 24$ , Monthly  $\times 12$ . Do not annualize income to determine eligibility unless more than one income frequency is listed.

### Total Income

### How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Household size

### Categorical Eligibility ☐

### Eligibility

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Determining Official's Signature

### Date

### Confirming Official's Signature

### Date

### Verifying Official's Signature

### Date

Error prone ☐

# Sharing Information with Medicaid/CHIP

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 (CHIP). 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 CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and CHIP 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 CHIP, fill out the form below and send in.

(Sending in this form will not change whether your children get free or reduced price meals).

☐ **Not 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 to ensure that your information is NOT shared for the child(ren) listed 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 [name] at [phone] or e-mail: [e-mail address].  
Return this form to: [address] by [date].

Your SNAP application will be reviewed while you are waiting for your Social Security numbers.

- If you are not a citizen, bring proof of legal non-citizen status.

Optional proof you may claim to maximize SNAP benefit amount are:

- Dependent care expenses for child or adult care.
- Housing costs for rent, mortgage, taxes, insurance, heat and utilities.
- Medical bills - if you are age 60 or older or if you are disabled.

#### How Do I Find a DTA Office?

DTA has more than 20 offices across Massachusetts. To find the office nearest you, visit [www.mass.gov/dta](http://www.mass.gov/dta) and click on the DTA Office Locations link or call DTA at 1-877-382-2363.

#### How Can I Get More Information?

For more information about how you can get SNAP benefits, contact **DTA** at 1-877-382-2363 or visit [www.mass.gov/dta](http://www.mass.gov/dta).

#### Nondiscrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form.

You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm). USDA is an equal opportunity provider and employer.



Supplemental  
Nutrition  
Assistance  
Program

DEPARTMENT OF TRANSITIONAL ASSISTANCE



Putting Healthy Food  
Within Reach

SNAP-DB (E) (Rev. 10/2014) 09-075-1014-05

## HOW TO GET SNAP BENEFITS



Putting healthy food within reach.



If your child is eligible for free or reduced school meals, your child may also be eligible for **free or low cost health insurance** through MassHealth.

To learn more call: **1-800-841-2900**

**MassHealth**



Si su niño es eligible para almuerzo gratis o reducido, su niño pueda ser eligible para **seguro de salud gratis o de bajo costo** por medio de MassHealth.

Para saber mas, llame al: **1-800-841-2900**

*covering  
kids*

