

MASSACHUSETTS FREE OR REDUCED PRICE SCHOOL MEALS
FAMILY HOUSEHOLD MEAL BENEFIT APPLICATION
SY 2011 - 2012



If you have received a NOTICE OF DIRECT CERTIFICATION from the school district for free meals, **do not** complete this application. But **do** let the school know if any children in the household are not listed on the **Notice of Direct Certification** letter you received.

PART 1: List all household members including children seeking school meals, siblings and both parents of children living in home. Also, include other relatives and friends living in home if you live as a single economic unit. (See instructions)

NAME OF ALL HOUSEHOLD MEMBERS (FIRST, M.I, LAST)	SCHOOL NAME FOR EACH CHILD ATTENDING A SCHOOL	CHECK IF A FOSTER CHILD (LEGAL RESPONSIBILITY OF WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5.	CHECK IF NO INCOME
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART 2: If any member of your household receives SNAP (food stamp), FDPIR or TAFDC benefits, please provide the Agency Identification Number located on the upper right side of the Department of Transitional Assistance (DTA) benefit letter. Please skip to Part 5 and sign this form if you have provided an Agency Identification Number.

Agency ID: _____ **** Do not provide your EBT card number.**

PART 3: Is any school age child living with you a migrant child, homeless or a runaway? Yes No
 If yes, please call the homeless liaison or migrant coordinator for free meals: # _____ (District phone number)

PART 4: TOTAL HOUSEHOLD GROSS INCOME: You must tell us how much income, and **how often** in the chart below.

NAME (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	EARNED INCOME- BEFORE TAXES/DEDUCTIONS	CHILD SUPPORT OR ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS	ALL OTHER INCOME
(EXAMPLE) Jane Smith	\$199.99 weekly	\$149.99 every other week	\$99.99 monthly	None
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____

PART 5: SIGNATURE. A parent or caretaker adult must sign the application (see Privacy Act Statement on the back of this page). I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information that I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last 4 digits of his or her Social Security Number or mark the “Check here if you do not have a Social Security Number” box. (See Privacy Act Statement on the back of this page.)

SIGN HERE: _____ PRINT NAME _____

DATE: _____ STREET ADDRESS: _____ CITY: _____

STATE _____ ZIP: _____

PHONE #: _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ***-**-____-____ Check here if you do not have a Social Security Number

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NAME OF ALL HOUSEHOLD	SCHOOL NAME FOR	CHECK IF A FOSTER CHILD (LEGAL	CHECK
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MEMBERS (FIRST, M.I, LAST)	EACH CHILD ATTENDING A SCHOOL	RESPONSIBILITY OF WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5.	IF NO INCOM E
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
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<i>(EXAMPLE) Jane Smith</i>	<i>\$199.99 weekly</i>	<i>\$149.99 every other week</i>	<i>\$99.99 monthly</i>	<i>None</i>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

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SIGN HERE: _____ PRINT NAME _____
 DATE: _____ STREET ADDRESS: _____ CITY: _____
 _____ STATE _____ ZIP: _____
 PHONE #: _____