



# WESTPORT COMMUNITY SCHOOLS

## School Lunch Program SY2022-2023 Important Information for Parents

Children need nutritious meals to learn, and our school lunch program is an important part of that effort. Lunches are prepared and served by professionally-trained and certified food services staff at our schools. Monthly menus are posted on our school district website ([www.westportschools.org](http://www.westportschools.org)). Printed copies of menus are also sent home with kindergarten and elementary students. Our meals, snack foods and beverages follow the Dietary Guidelines for Americans (DGA) as well as state and federal nutritional standards and our own school district's Wellness Policy (available on the school website).

Westport Community Schools costs of lunch/breakfast are listed below, effective Tuesday, August 30, 2022..

School	Full Paid Lunch Price	Reduced Lunch Price	Breakfast Full Price	Breakfast Reduced Price	Milk
Macomber School	\$3.00	\$.40	\$1.75	\$.30	\$0.50 (8 oz.)
Westport Elementary School	\$3.00	\$.40	\$1.75	\$.30	\$0.50 (8 oz.)
Westport Middle-High School	\$3.00	\$.40	\$1.75	\$.30	\$0.50 (8 oz.)

Westport Community Schools prohibit students to **"charge"** their lunches – **we cannot service lunch to students without payment!** At ALL schools, if a student has a negative lunch balance account, they can charge their lunch for that day. They are not allowed to charge snacks, or purchase snacks if they have an outstanding balance. **Parents may email [mrapoza@westportschools.org](mailto:mrapoza@westportschools.org) to determine children's account balances and to request a printout of their child(ren) account.** [Myschoolbucks.com](http://Myschoolbucks.com) allows parents/guardians the ability to make payments online with a per incident fee and the ability to access their student's lunch account activity. **All Check payments for school lunch must be payable to "Town of Westport".**

All schools participate in the National School Lunch and Breakfast Programs, offering free or reduced-price meals to students who meet state and federal income guidelines. These income guidelines are printed on the front of the Q & A form. **If your family meets these guidelines**, we encourage you to **complete the application form enclosed** and **return it to your child's school or to the School Business Administrator.** Free meals are no longer provided. **You must complete a new application from year to year, new applications must be returned no later than October 3, 2022!**

### **Free and Reduced lunch applications are available online!**

Please go to our Westport Schools website, [www.westportschools.org](http://www.westportschools.org).  
follow the link to: **Free and Reduced lunch signup**

**You do not have to submit any proof of income** with your application, but the state requires that we randomly select and verify about 3% of our applications each year. If there is a foster child(ren) or the family is receiving SNAP, you **must provide** the foster child(ren) proof of monthly income and **provide a copy of the SNAP eligibility letter with the Agency Identification Number.**

**You may apply for these benefits at any time during the school year, especially if your financial circumstances change.** Remember that your many years of hard work and the taxes you've paid help support this program and it may bring your family some small assistance in this tough economy. **Participation in the program is completely anonymous.** Children do not present any special cards, tickets or passes.

For questions about the school district's school lunch program, please contact the School Business Administrator, Ms. Michelle A. Rapoza.

**"This institution is an equal opportunity provider."**

## Appendix A

### Nondiscrimination Statement

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](mailto:program.intake@usda.gov)

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# 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.
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## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR?

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:	B) If anyone in your household participates in any of the above listed programs:
<ul style="list-style-type: none"> <li>• Leave STEP 2 blank and go to STEP 3.</li> </ul>	<ul style="list-style-type: none"> <li>• Write the Agency ID for SNAP, TANF, or FDIPIR. 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].</li> <li>• Go to STEP 4.</li> </ul>

## 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.
  - 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.



### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- 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.
  - Infants, Children and students already listed in STEP 1.

<b>B) List adult household members'</b> names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.	<b>C) Report earnings from work.</b> 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.  <b>What if I am self-employed?</b> 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.	<b>D) Report income from public assistance/child support/alimony.</b> Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> 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.
<b>E) Report income from pensions/retirement/all other income.</b> Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.	<b>F) Report total household size.</b> 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.	<b>G) Provide the last four digits of your Social Security Number.</b> 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.**

<b>A) Provide your contact information.</b> 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>B) Print and sign your name and write today's date.</b> Print the name of the adult signing the application and that person signs in the box "Signature of adult."	<b>C) Mail Completed Form to: Insert School/District address here</b>	<b>D) Share children's racial and ethnic identities (optional).</b> 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.
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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 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 to be meals. [Need more information?](#)

[illegible]

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

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**  
**Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)**

Review the charts titled “Sources of Income” for more information. The “Sources 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 received by all Household Members listed in STEP 1 here:

**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) 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)

Name of Adult Household Members (First and Last)	Earnings from Work	Weekly	Bi-Weekly	2x Month	Monthly
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

  

Support/Auxiliary	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

  

Volunteer Income	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Total Household Members  
(Children and Adults)

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

XXX-XXX-


Check if no SSN ☐

**STEP 4**  
**Contact Information and Adult Signature**  
**Mail Completed Form To: Westport Community Schools, 17 Main Road Westport, MA 02790, 508-636-1140**

"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."

<div>Printed name of adult signing the form</div>		<div>Signature of adult</div>	
<div>Street Address (if available)</div>		<div>City</div>	<div>State</div>
<div>Apt #</div>	<div></div>	<div>Zip</div>	<div></div>
<div>Daytime Phone and Email (optional)</div>		<div>Today's date</div>	
<div>Error phone <input type="checkbox"/></div>			



## INSTRUCTIONS

## Sources of Income

Sources of Income for Children	Example(s)
Sources of Child Income	
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's Benefits	
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

## Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"><li>- Salary, wages, cash bonuses</li><li>- Net income from self-employment (farm or business)</li><li>- If you are in the U.S. Military:<ul style="list-style-type: none"><li>- Basic pay and cash bonuses (do NOT include combat pay, FISA, or privatized housing allowances)</li><li>- Allowances for off-base housing, food and clothing</li></ul></li></ul>	<ul style="list-style-type: none"><li>- Unemployment benefits</li><li>- Worker's compensation</li><li>- Supplemental Security Income (SSI)</li><li>- Cash assistance from State or local government</li><li>- Alimony payments</li><li>- Child support payments</li><li>- Veteran's benefits</li><li>- Strike benefits</li></ul>	<ul style="list-style-type: none"><li>- Social Security (including railroad retirement and black lung benefits)</li><li>- Private pensions or disability benefits</li><li>- Regular income from trusts or estates</li><li>- Annuities</li><li>- Investment income</li><li>- Earned interest</li><li>- Rental income</li><li>- Regular cash payments from outside household</li></ul>

## Ethnicity (check one):

- ☐ 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.

## 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## For School Use Only

## 2022-2023 Massachusetts Application for Free and Reduced Price School Meals

Total Income

Household Size

Annual Income Conversion:

Weekly x 52  
Every 2 Weeks x 26  
Twice A Month x 24  
Monthly x 12

Eligibility:

Categorical Eligibility

☐

Only annualize income if there are multiple pay frequencies

How often?

Weekly	Bi-Weekly	2x Month	Monthly	Annually
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date





# WESTPORT COMMUNITY SCHOOLS

## Limited English Proficiency Taglines Cover Page

Insert local phone numbers below where a parent who is not proficient in English and/or is hearing impaired could call to get access to program information. This should be available at the school or district level where a parent can go to get any vital information about their child's education experience.

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-508-636-1140.

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-508-636-1140.

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-508-636-1140.

### Mandarin Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-508-636-1140.

### Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-508-636-1140.

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-508-636-1140.

### Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-508-636-1140.

Insert other language needed:





## I Speak Statements

- |  |  |
|--|--|
| <input type="checkbox"/> Unë flas <b>shqip</b> (Albanian)                    | <input type="checkbox"/> N a po <b>Klào</b> Win. (Kru)                             |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic)                               | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)                            |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic)                   | <input type="checkbox"/> Yie gorngv <b>Mienh</b> waac. (Mien)                      |
| <input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian)                     | <input type="checkbox"/> म नेपाली बोल्छु (Nepali)                                  |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali)                           | <input type="checkbox"/> Mówię <b>po polsku</b> . (Polish)                         |
| <input type="checkbox"/> Ja govorim <b>bosanski jezik</b> (Bosnian)          | <input type="checkbox"/> Eu falo <b>Português</b> . (Portuguese)                   |
| <input type="checkbox"/> ကျွန်တော်မြန်မာစကားပြောသည်။ (Burmese)               | <input type="checkbox"/> ਇ ਸ੍ਰੋਅਕ ਪੰਜਾਬੀ (Punjabi)                                 |
| <input type="checkbox"/> 我说中文 (Chinese Simplified)                           | <input type="checkbox"/> Cunosc limba <b>Română</b> . (Romanian)                   |
| <input type="checkbox"/> 我說中文 (Chinese Traditional)                          | <input type="checkbox"/> Я говорю <b>по-русски</b> . (Russian)                     |
| <input type="checkbox"/> Ja govorim <b>hrvatski</b> . (Croatian)             | <input type="checkbox"/> Ou te tautala <b>faaSamoa</b> . (Samoan)                  |
| <input type="checkbox"/> ایتجانب به زبان فارسی صحبت می کنم (Farsi)           | <input type="checkbox"/> Govorim <b>srpski</b> . (Serbian)                         |
| <input type="checkbox"/> Je parle <b>français</b> . (French)                 | <input type="checkbox"/> Waxaan ku hadlaa <b>Somali</b> . (Somali)                 |
| <input type="checkbox"/> Je parle le <b>Français haïtien</b> (French Creole) | <input type="checkbox"/> Yo hablo <b>español</b> . (Spanish)                       |
| <input type="checkbox"/> Μιλώ <b>ελληνικά</b> . (Greek)                      | <input type="checkbox"/> أنا تحدث السودانية (لغوي سوداني) (Sudanese)               |
| <input type="checkbox"/> ཨྱ ཁུཤའའི ཡེལ ལྷ (Gujarati)                         | <input type="checkbox"/> Marunong po akong magsalita ng <b>Tagalog</b> . (Tagalog) |
| <input type="checkbox"/> Mwen pale <b>Kreyòl</b> . (Haitian Creole)          | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai)                                |
| <input type="checkbox"/> म हिंदी बोलता हूँ (Hindi)                           | <input type="checkbox"/> ኣካ ትግርኛ ይዘረብ እየ. (Tigrinya)                               |
| <input type="checkbox"/> Kuv hais <b>lus hmoob</b> . (Hmong)                 | <input type="checkbox"/> Я розмовляю <b>українською</b> . (Ukrainian)              |
| <input type="checkbox"/> Ana m a sụ <b>Igbo</b> (Igbo)                       | <input type="checkbox"/> میں اردو بولتا/بولتی ہوں۔ (Urdu)                          |
| <input type="checkbox"/> Parlo <b>Italiano</b> (Italian)                     | <input type="checkbox"/> Tôi nói tiếng <b>Việt</b> . (Vietnamese)                  |
| <input type="checkbox"/> 私は <b>日本語</b> を話します (Japanese)                      | <input type="checkbox"/> יידיש רעד איך (Yiddish)                                   |
| <input type="checkbox"/> Mi chat <b>Jamiekan langwjjj</b> (Jamaican Creole)  | <input type="checkbox"/> Mo gbọ <b>Yoruba</b> (Yoruba)                             |
| <input type="checkbox"/> <b>ykt ភ្នំពេញ</b> (Karen)                          |  |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)                         |  |
| <input type="checkbox"/> 본인의 모국어는 <b>한국어</b> 입니다 (Korean)                    |  |
| <input type="checkbox"/> نه ز زمانی کوردی ده ناخقم. (Kurdish)                |  |

USDA is an equal opportunity provider and employer.

Student Name: \_\_\_\_\_  
School: \_\_\_\_\_

Grade: \_\_\_\_\_





# WESTPORT COMMUNITY SCHOOLS

## 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).

☐ **No! 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 Michelle A. Rapoza at 508-636-1140 or e-mail: [mrapoza@westportschools.org](mailto:mrapoza@westportschools.org).  
Return this form to: 17 Main Road, Westport, MA 02790 by September 25, 2022.





# WESTPORT COMMUNITY SCHOOLS

## Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with [name of program specific to your school].
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with [name of program specific to your school].
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with [name of program specific to your school].

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

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 Michelle A. Rapoza at 508-636-1140 or e-mail: [mrapoza@westportschools.org](mailto:mrapoza@westportschools.org).  
Return this form to: 17 Main Road, Westport, MA 02790 by September 25, 2022