



I Speak Statements

- | | |
|--|--|
| <input type="checkbox"/> Unë flas shqip (Albanian) | <input type="checkbox"/> N' a po Klào 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 Mienh 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 po polsku . (Polish) |
| <input type="checkbox"/> Ja govorim bosanski jezik (Bosnian) | <input type="checkbox"/> Eu falo Portugês . (Portuguese) |
| <input type="checkbox"/> ကျွန်တော်တို့ပြောတာကပြည်။ (Burmese) | <input type="checkbox"/> ਇ ਸ੍ਰਮਾਕ ਪੰਜਾਬੀ (Punjabi) |
| <input type="checkbox"/> 我说中文 (Chinese Simplified) | <input type="checkbox"/> Cunosc limba Română . (Romanian) |
| <input type="checkbox"/> 我說中文 (Chinese Traditional) | <input type="checkbox"/> Я говорю по-русски . (Russian) |
| <input type="checkbox"/> Ja govorim hrvatski . (Croatian) | <input type="checkbox"/> Ou te tautala faaSamoa . (Samoan) |
| <input type="checkbox"/> ایتجانپ به زبان فارسی صحبت می کنم (Farsi) | <input type="checkbox"/> Govorim srpski . (Serbian) |
| <input type="checkbox"/> Je parle français . (French) | <input type="checkbox"/> Waxaan ku hadlaa Somali . (Somali) |
| <input type="checkbox"/> Je parle le Français haïtien (French Creole) | <input type="checkbox"/> Yo hablo español . (Spanish) |
| <input type="checkbox"/> Μιλάω ελληνικά . (Greek) | <input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese) |
| <input type="checkbox"/> ຄູ່ ງູજરાતી બોલુ છું (Gujarati) | <input type="checkbox"/> Marunong po akong magsalita ng Tagalog . (Tagalog) |
| <input type="checkbox"/> Mwen pale Kreyòl . (Haitian Creole) | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai) |
| <input type="checkbox"/> म हिंदी बोलता हूँ (Hindi) | <input type="checkbox"/> እነ ትግርኛ ይዘረብ እየ. (Tigrinya) |
| <input type="checkbox"/> Kuv hais lus hmoob . (Hmong) | <input type="checkbox"/> Я розмовляю українською . (Ukrainian) |
| <input type="checkbox"/> Ana m a sụ Igbo (Igbo) | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں (Urdu) |
| <input type="checkbox"/> Parlo Italiano (Italian) | <input type="checkbox"/> Tôi nói tiếng Việt . (Vietnamese) |
| <input type="checkbox"/> 私は 日本語 を話します (Japanese) | <input type="checkbox"/> אֲנִי דוֹרֵשׁ יִיִדִישׁ (Yiddish) |
| <input type="checkbox"/> Mi chat Jamiekan langwjj (Jamaican Creole) | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba) |
| <input type="checkbox"/> ykt ꨀꨁꨓꨛ ꨀ (Karen) | |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer) | |
| <input type="checkbox"/> 본인의 모국어는 한국어 입니다 (Korean) | |
| <input type="checkbox"/> ئە ز زمانى كوردى ده ناخفم. (Kurdish) | |

USDA is an equal opportunity provider and employer.

Student Name: _____

School: _____

Grade: _____

Massachusetts Household Application for Free and Reduced Price School Meals

APPLY ONLINE:

RETURN TO (School/District Name):

ADDRESS:

Complete one application per household. Please use a pen (not a pencil).

SY 2023-2024

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

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

NO → Go to STEP 3. YES → Write agency ID number here and proceed to STEP 4.

AGENCY ID NUMBER (NOT EBT NUMBER):
SNAP award letter may be requested

Write only one agency ID number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and 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 received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$

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

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 (confirm) 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."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if available)	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zip	Phone (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Email (optional)

Return completed form to your child's school

SOURCES AND EXAMPLES OF INCOME

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

Sources of Income			Examples of Income for Children
Earnings from Work • Salary, wages, cash bonuses, tips, commissions • 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, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	Public Assistance/Alimony/Child Support • Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	Pensions/Retirement/All other sources of income • Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Eamed interest • Rental income • Regular cash payments from outside household	• 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

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

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

Total Income	<table border="1"> <tr> <td colspan="5">How often?</td> </tr> <tr> <td>Weekly</td> <td>Every 2 Weeks</td> <td>2x Month</td> <td>Monthly</td> <td>Annual</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	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 <input type="checkbox"/>	<table border="1"> <tr> <td colspan="3">Eligibility</td> </tr> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Eligibility			Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>																								
Eligibility																												
Free	Reduced	Denied																										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date																							

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, 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/ad-3027.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

***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.