*BBRSD Families,*

*Welcome to the 2023-2024 School Year! I hope you are all as happy as I am that we are able to start our new school year, fresh year means a fresh start. As we come into this new year with all of the changes that it brings for our Districts' staff, students, and parents I wanted to make sure you all know that BBRSD Food Service is once again dedicated to serving delicious, wholesome, quality meals that meet the latest nutritional guidelines. As a refresher, here are some of the features your children enjoy and information to help you navigate the School Lunch Program.*

*Every student in the school district is automatically enrolled in the food service program. All schools have computerized systems and your student will have an account in each system readily available.*

*You are responsible of all charges on your child's account. If you do not wish your child to be able to make purchases through the food service program, please send a letter stating that to the myself, Michael Onorato the Food Service Director at monorato@bbrsd.org.org . A child wishing to purchase a meal or snack will only be refused if a letter from the parent or guardian is on file. Parents are responsible for all charges on a student's account. Please discuss with your child and decide what you would like them to purchase. Students requesting a second lunch will need to have a POSITIVE school lunch account balance to receive a second lunch. Second lunches are not guaranteed to be available every day at every school.*

*BBRSD Food Service is self-funded and receives no local tax dollars other than utilities. Funds from the State and Federal Government are received through meal reimbursement and the Government Food Surplus Program. BBRSD school cafeterias are meeting and exceeding new strict federal nutrition standards for school meals, ensuring that meals are healthy and well-balanced, portion controlled and provide students all the nutrition they need to succeed at school and at home.*

*School meals offer students 1% or fat free milk, a large variety of fruits and vegetables, proteins and grains, and they must meet strict limits on saturated fat and portion size. School lunches must also meet additional standards requiring:*

- *Age-appropriate calorie limits*
- *Larger servings of vegetables and fruits (students must take at least one serving of produce at both breakfast and lunch)*
- *A wider variety of vegetables, including dark green and red/orange vegetables and legumes*
- *Fat-free or 1% milk (flavored milk must be fat-free)*
- *Whole grains rich foods*
- *Reduced sodium levels*

*School meals are a great value and are convenient for busy families too! Please see our school lunch menus for the breakdown of pricing for each school. We look forward to welcoming your children to the cafeteria this year and feeding them fun and healthy meals!*

*Payment Process, how to deposit money into your students account. You can make payments by;*

*a. Write a check for the amount you would like to have deposited into the account. Any amount left in your students account at the end of the school year will roll over into the following year.*

*b. Please make checks payable to BBRSD Food Service*

*c. Check Payments – be sure that your students full name and school are written in the memo section of your check.*

*d. You can send the check in with your student or mail it to; Food Service Director BBRSD Central Office 215 Main Street Boylston MA 01505*

*Cash Payments (we do not recommend). Cash cannot be traced if lost. Put the money into a sealed envelope with your students full name and school on it and send it in with your child to school.*

*MySchoolBucks is just what its name implies—a central hub for all parent payment activities. To manage school lunches, fees, and activities, parents log in to MySchoolBucks online or on a phone app and pay with a link to their bank account or a credit or debit card. It's simple—but when you dig deeper, you'll see that it's also an incredibly powerful and full-featured tool. Visit www.myschoolbucks.com for more information.*

*Free/Reduced Meals Re-Application Deadline October 1, 2023. Applications are sent home with each student at the beginning of the school year. Please return applications as soon as possible to your students' school or mail to; BBRSD Food Service - BBRSD Central Office 215 Main Street Boylston MA 01505*

*Ala Carte Items and snack drinks are not included under the Free and Reduced Meals Program. This relates to lunch milks and snack milks, receiving only a milk would be considered an Ala Carte charge whether a student is Free, Reduced, or Paid status.*

*If your student was free or reduced last year, your new application must be returned by October 1st, 2023, otherwise the account by law will automatically be returned to paid status on October 1, 2023. The family is responsible for all meal charges while on paid status until an application is received, processed, and approved.*

*At anytime during the school year applications may be requested from your school's front office or the district office or downloaded from the BBRSD Food Service page for your students particular school.*

*I am excited to join the BBRSD team and to work with everyone to feed the children of our district. Reach out directly with any questions you may have. I am happy to assist with any of your needs.*

*Best,*
Michael Onorato

*Michael Onorato*

*Food Service Director BBRSD*

*monorato@bbrsd.org*

*508-869-2837 ext 1113*

**Limited English Proficiency**

| |
|---|
| **Spanish**<br>ATENCIÓN: Si necesita traducir esta información, cópiela y péguela en Google Translate. El enlace al traductor de Google es http://translate.google.com/ |
| **Vietnamese**<br>CHÚ Ý: Nếu bạn cần dịch thông tin này, vui lòng sao chép và dán thông tin đó vào Google Dịch. Liên kết đến Google dịch là http://translate.google.com/ |
| **Mandarin Chinese**<br>注意：如果您需要翻译此信息，请将其复制并粘贴到谷歌翻译中。谷歌翻译的链接是 http://translate.google.com/ |
| **Portuguese**<br>ATENÇÃO: Se você precisar traduzir essas informações, copie e cole no Google Tradutor. O link para o Google tradutor é http://translate.google.com/ |
| **Russian**<br>ВНИМАНИЕ: Если вам нужен перевод этой информации, скопируйте и вставьте ее в Google Translate. Ссылка на гугл-переводчик http://translate.google.com/ |
| **Haitian Creole**<br>ATANSYON: Si w bezwen tradui enfòmasyon sa yo, tanpri kopye epi kole l nan Google Translate. Lyen ki mennen nan Google Translate se http://translate.google.com/ |
| If you need this information translated, please copy and paste it into Google Translate. The link to Google translate is http://translate.google.com/ |

# I Speak Statements

- ☐ Unë flas **shqip** (Albanian)
- ☐ **አማርኛ** እናገራለው (Amharic)
- ☐ انا اتكلم اللغة العربية. (Arabic)
- ☐ Ես խոսում եմ **հայերեն** (Armenian)
- ☐ আমি বাংলা ভাষী। (Bengali)
- ☐ Ja govorim **bosanski jezik** (Bosnian)
- ☐ ကျွန်တော်**မြန်မာစကား**ပြောသည်။ (Burmese)
- ☐ 我说中文 (Chinese Simplified)
- ☐ 我說中文 (Chinese Traditional)
- ☐ Ja govorim **hrvatski**. (Croatian)
- ☐ اینجانب به زبان **فارسی** صحبت می کنم (Farsi)
- ☐ Je parle **français**. (French)
- ☐ Je parle le **Français haïtien** (French Creole)
- ☐ Μιλάω **ελληνικάι**. (Greek)
- ☐ હું ગુજરાતી બોલુ છું (Gujarati)
- ☐ Mwen pale **Kreyòl**. (Haitian Creole)
- ☐ मैं **हिंदी** बोलता हूँ (Hindi)
- ☐ Kuv hais **lus hmoob**. (Hmong)
- ☐ Ana m a sụ **Igbo** (Igbo)
- ☐ Parlo **Italiano** (Italian)
- ☐ 私は**日本語**を話します (Japanese)
- ☐ Mi chat **Jamiekan langwjij** (Jamaican Creole)
- ☐ **ykt kqlil b** (Karen)
- ☐ ខ្ញុំនិយាយភាសាខឺតឡីស (Khmer)
- ☐ 본인의 모국어는 **한국어**입니다 (Korean)
- ☐ نه ز زمانی **کوردی** ده ناخفم. (Kurdish)
- ☐ Ṅ a po **Klào** Win. (Kru)
- ☐ ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)
- ☐ Yie gorngv **Mienh** waac. (Mien)
- ☐ म **नेपाली** बोल्छु (Nepali)
- ☐ Mówię **po polsku**. (Polish)
- ☐ Eu falo **Portugês**. (Portuguese)
- ☐ ਇ ਸ੍ਪੇਅਕ ਪੰਜਾਬੀ (Punjabi)
- ☐ Cunosc limba **Română.** (Romanian)
- ☐ Я говорю **по-русски**. (Russian)
- ☐ Ou te tautala **faaSamoa**. (Samoan)
- ☐ Govorim **srpski**. (Serbian)
- ☐ Waxaan ku hadlaa **Somali**. (Somali)
- ☐ Yo hablo **español**. (Spanish)
- ☐ أتحدث **السودانية** (لغوي سوداني) (Sudanese)
- ☐ Marunong po akong magsalita ng **Tagalog**. (Tagalog)
- ☐ ข้าพเจ้าพูด ภาษาไทย (Thai)
- ☐ እነ ትግርኛ ይዛረብ እየ. (Tigrinya)
- ☐ Я розмовляю **українською**. (Ukrainian)
- ☐ میں **اردو** بولتا/ بولتی ہوں . (Urdu)
- ☐ Tôi nói tiếng **Việt**. (Vietnamese)
- ☐ **יידיש** רעד איך (Yiddish)
- ☐ Mo gbọ **Yoruba** (Yoruba)

USDA is an equal opportunity provider and employer.

Student Name: _____

School: _____ Grade: _____

Dear Parent/Guardian:

Children need healthy meals to learn. **Berlin-Boylston Regional School District** offers healthy meals every school day. **In School Year 2023-2024, all students will receive free breakfast and lunch at school.** The Commonwealth of Massachusetts has provided money to do this for another year through the State budget. We need your help to keep providing free meals to all students in future years. Please fill out this application for free and reduced price school meals. If many families fill out and return this form, we will receive more money from the federal government for free school meals now and in the future. We will also get more money for other school programs. Filling out this form also helps our community provide free summer meals to all kids, and free meals to kids in childcare. The information you provide is confidential. We follow strict federal rules to keep your information private.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for free or reduced-price school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling **Project Bread's FoodSource Hotline at 1-800-645-8333** and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect: https://dtaconnect.eohhs.mass.gov/apply

## *Frequently Asked Questions*

*DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?*

No. Use one *Free and Reduced Price School Meals Application* for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Michael Onorato, 215 Main Street Boylston MA 01505, 508-869-2837 ext 1113, monorato@bbrsd.org**

*SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?*

No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Michael Onorato, 215 Main Street Boylston MA 01505, 508-869-2837 ext 1113, monorato@bbrsd.org** immediately.

*MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?*

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

*MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?*

Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

*WHO QUALIFIES FOR FREE OR REDUCED PRICE MEALS?*

This year, all students in our schools will get free breakfast and lunch at school. But only some students qualify as "eligible" for free meals. These are:

- All children in households receiving benefits from **MA SNAP**, **MA TAFDC, FDPIR, or specific categories of Medicaid** are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of **homeless, runaway, or migrant are eligible for free meals**.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

| FEDERAL ELIGIBILITY INCOME CHART For School Year 2023 - 2024 | | | |
|---|---|---|---|
| **Household size** | **Yearly** | **Monthly** | **Weekly** |
| 1 | $26,973 | $2,248 | $519 |
| 2 | 36,482 | 3,041 | 702 |
| 3 | 45,991 | 3,833 | 885 |
| 4 | 55,500 | 4,625 | 1,068 |
| 5 | 65,009 | 5,418 | 1,251 |
| 6 | 74,518 | 6,210 | 1,434 |

| | | | |
|---|---|---|---|
| 7 | 84,027 | 7,003 | 1,616 |
| 8 | 93,536 | 7,795 | 1,799 |
| Each additional person: | + 9,509 | + 793 | +183 |

*HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?*

Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Janel Fitzpatrick, 508-869-2837, jfitzpatrick@bbrsd.org**

*I GET WIC. CAN MY CHILDREN GET FREE MEALS?*

Children in households participating in WIC may be eligible for free or reduced price meals. Please send in a completed application.

*CAN I APPLY ONLINE?*

Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **www.myschoolapps.com** to begin or to learn more about the online application process. Contact **Michael Onorato, 508-869-2837 ext 1113, monorato@bbrsd.org if you have any questions about the online application.**

*WILL THE INFORMATION I GIVE BE CHECKED?*

Yes. We may also ask you to send written proof of the household income you report.

*IF I DON'T QUALIFY NOW, MAY I APPLY LATER?*

Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

*WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?*

You should talk to school officials. You also may ask for a hearing by calling or writing to*:* **Michael Onorato, 215 Main Street Boylston MA 01505, 508-869-2837 ext 1113, monorato@bbrsd.org**

*WHAT IF MY INCOME IS NOT ALWAYS THE SAME?*

List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

*WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?*

Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

*WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?*

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

*WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?*

List any additional household members on a separate piece of paper and attach it to your application. Contact **Michael Onorato, 215 Main Street Boylston MA 01505, 508-869-2837 ext 1113, monorato@bbrsd.org to receive a second application.**

*MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?*

To find out how to apply for **MA SNAP** or other assistance benefits, contact your local assistance office or call **the MA DTA Assistance Line at 1-877-382-2363 (press 7 to apply for SNAP)**.

If you have other questions or need help, call **508-869-2837 ext 1113**

Sincerely,

*Michael Onorato*

Michael Onorato
Food Service Director
08/21/2023

*The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.*

*We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.*

---

**Non-Discrimination 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

3. **fax:**
   (833) 256-1665 or (202) 690-7442; or **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider

# Pay for school meals online

8/24/2023

Michael Onorato
BBRSD Central Office
215 Main Street
Boylston, MA 01505

Dear parent or guardian,

Easily pay for school meals online this year! Create your free MySchoolBucks account to conveniently and securely add money to your student's meal account online or with the mobile app.

With MySchoolBucks you'll be able to view cafeteria purchases, check your student's balance, receive low balance alerts and pay for school meals from anywhere!

**Get Started Today:**

1. Go to myschoolbucks.com or download the mobile app
2. Create your free account and add your students using their school name / student ID
3. Add funds using your credit / debit card or electronic check
   *Note: For each transaction, you will be charged a program fee of [AMOUNT]*
4. Set up automatic payments and never forget to send in lunch money again

We appreciate you using this online option as a way to help reduce the amount of physical cash and check handling that would typically happen in the serving line.

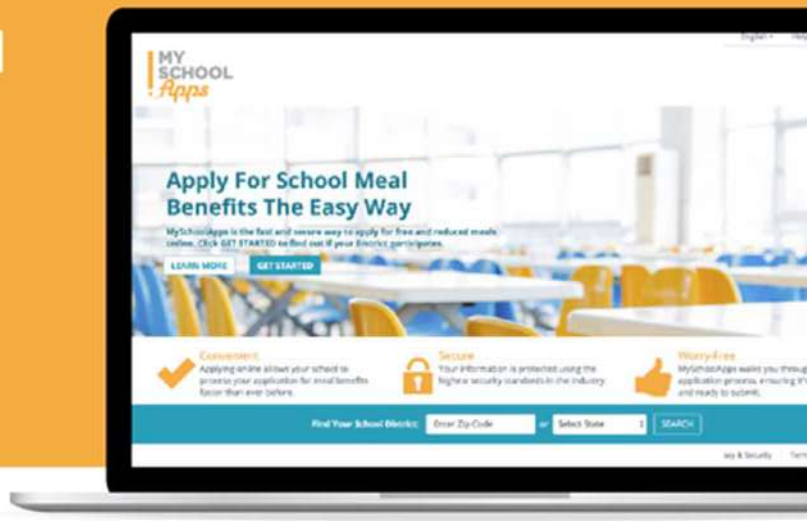
If you need assistance with your account, you can find helpful how-to videos and answers to commonly asked questions by visiting myschoolbucks.com. Or, you can contact MySchoolBucks directly by logging into your account to start a chat conversation or give them a call at (855) 832-5226.

Thank you,

**Michael Onorato**

# Apply for Free & Reduced Meal Benefits Online!

- Available anywhere
- Easy to use
- Private & Secure




No more paper applications to complete and return to the school office. Apply for meal benefits online from the privacy of your home, or anywhere with an internet connection.

**Visit [www.MySchoolApps.com](http://www.MySchoolApps.com) Paper applications can still be turned into your schools.**

# Massachusetts Household Application for Free and Reduced Price School Meals

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

**SY 2023-2024**

**APPLY ONLINE:**
**RETURN TO (School/District Name):**
**ADDRESS:**

## 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 |
|---|---|---|---|---|---|---|---|
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |

Check all that apply

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? Weekly | Every 2 Weeks | 2x Month | Monthly | Annual | Public Assistance, Child Support, Alimony | How often received? Weekly | Every 2 Weeks | 2x Month | Monthly | Pensions, Retirement, Social Security, SSI, VA Benefits, All Other | How often received? Weekly | Every 2 Weeks | 2x Month | Monthly |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $ | ○ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |

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 |
|---|---|---|---|---|---|
| $ | ○ | ○ | ○ | ○ | ○ |

## 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."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | 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 | | |
|---|---|---|
| **Earnings from Work** | **Public Assistance/Alimony/ Child Support** | **Pensions/Retirement/ All other sources of income** |
| • Salary, wages, cash bonuses, tips, commissions<br>• Net income from self-employment (farm or business)<br>**If you are in the U.S. Military:**<br>• Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)<br>• Allowances for off-base housing, food, and clothing | • Unemployment benefits<br>• Workers' compensation<br>• Supplemental Security Income (SSI)<br>• Cash assistance from State or local government<br>• Alimony payments<br>• Child support payments<br>• Veterans benefits<br>• Strike benefits | • Social Security/Disability (including railroad retirement and black lung benefits)<br>• Private Pensions or disability benefits<br>• Income from trusts or estates<br>• Annuities<br>• Investment income<br>• Earned interest<br>• Rental income<br>• Regular cash payments from outside household |

| 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<br>• 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 × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 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 ○

Household size _____

Categorical Eligibility ☐

Eligibility: Free ○ | Reduced ○ | Denied ○

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.*

**If you have received a Notice of Direct Certification – FREE from the school district for free meals, do not complete an application. If you have received a Notice of Direct Certification – REDUCED PRICE from the school district for reduced price meals, you may apply. DO let the school know if any children in the household are not listed on the Notice of Direct Certification – FREE letter you received.**

# How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the [Insert School District].**

The application must be filled out completely to determine the eligibility of your child(ren) 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 [Insert 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 children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) [school/school system here].

| A) List each child's name. | B) Is the child a student? | C) Do you have any foster children? | D) Are any children homeless, migrant, or runaway? |
|---|---|---|---|
| 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 (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box. | If "Yes," write the grade level of the student in the "Grade" column to the right. | 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**.<br><br>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. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian. | 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. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later. |

## Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

**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:** |
|---|---|
| • Check "No" in **Step 2** and go to **Step 3.** | • Write the **agency ID** number for SNAP, TANF, or FDPIR. You only need to provide one number. If you participate in one of these programs and do not know your agency ID number, contact: [Insert State/local agency contacts here].<br>• Go to **Step 4**. |

## Step 3: List ALL household members and income for each member

**How do I report my income?**

- Use the lists titled **"Sources of Income"** & **"Examples of Income for Children,"** 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 and deductions.
  - 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.
- 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 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.**

## Step 3: List ALL household members and income for each member

**1) List adult household members' names.**
Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in **Step 1**.

**2) List earnings from work.**
List 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. Net income is your income after taxes and deductions have been subtracted.

- ***What if I have multiple jobs?*** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- ***What if I am self-employed?*** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

**3) List income from public assistance/child support/alimony.**
List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. 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.

**4) List income from pensions/retirement/all other income.**
List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- ***What if I receive income from multiple sources in this category?*** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

**5) List total household size.**
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.

**6) Provide the last four digits of your Social Security Number.**
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 Social Security Number."

### 3.B List income earned by children

**List all income earned or received by children.**
List 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.

## 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 statements on the back of the application.***

| | | |
|---|---|---|
| **A) Provide your contact information.** Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you. | **B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult." | **C) Mail completed application to:**<br>Insert<br>School/District<br>address here |

## Optional

**Share children's racial and ethnic identities (optional).** 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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

**Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.**

# JOIN US

*We Are*

# HIRING

We have open positions within our school lunch program for;

- Subtitute Cafeteria Associate at each school
- Floating Cafeteria Associate, 5 hours a day full school year position

Enjoy the work schedule that puts you in the driver seat! No nights, no holidays, no weekends, and even no snow days. Be home when your children are home and work while they are at school.

**CONTACT FOOD SERVICE DIRECTOR MICHAEL ONORATO at monorato@bbrsd.org or call 508-869-2837 ext 1113 for more information or to apply!**

LUNCH

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

Meals subject to change based on product availability and delayed openings

# AUGUST/SEPTEMBER 2023

## Tahanto Regional Middle-High School

Breakfast $0.00 Reduced $0.00
Lunch $0.00 Reduced $0.00
Second Lunch Elementary/Tahanto $2.00/$2.25
Adult Breakfast $3.50 Adult Lunch $5.25
Milk-Skim, 1%, Flavored $0.50

Daily Alternate
PB&J Meal
Bagel meal

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| | | **30**<br>Shepherd's Pie<br>Warm Dinner Roll<br>Fruit<br>Milk/Water | **31**<br>Meatball Sub<br>Green Beans<br>Fruit<br>Milk/Water | **1**<br>Crispy Chicken Sandwich<br>Curly Fries<br>Fruit<br>Milk/Water |
| **4**<br>LABOR DAY | **5**<br>Orange Chicken<br>Broccoli<br>Fried Rice<br>Fruit<br>Milk/Water | **6**<br>American Chop Suey<br>Bread Stick<br>Sweet Peas<br>Fruit<br>Milk/Water | **7**<br>Burger Bar<br>Choose your burger and toppings<br>French Fries<br>Fruit<br>Milk/Water | **8**<br>Chicken Burrito<br>Garden Salad<br>Fruit<br>Milk/Water |
| **11**<br>Breakfast for Lunch<br>French Toast Sticks<br>Breakfast Sausage<br>Hash Browns<br>Maple Syrup<br>Fruit<br>Milk/Water | **12**<br>Twin Tacos<br>Spanish Rice<br>Black Bean Salsa/Sour Cream<br>Taco Fixings<br>Fruit<br>Milk/Water | **13**<br>Swedish Meatballs<br>Egg Noodles<br>Carrot Coins<br>Fruit<br>Milk/Water | **14**<br>Open Faced<br>Turkey Sandwich<br>Corn Kernels<br>Cranberry Sauce<br>Fruit<br>Milk/Water | **15**<br>Twin Hot Dogs<br>BBQ Baked Beans<br>Coleslaw<br>Fruit<br>Milk/Water |
| **18**<br>Popcorn Chicken Bowl<br>Chicken-corn-potatoes-cheese-gravy<br>Dinner Roll<br>Fruit<br>Milk/Water | **19**<br>EARLY RELEASE DAY<br>Peanut Butter and Fluff Sandwich<br>Chips<br>Fruit<br>Milk/Water | **20**<br>Pulled Pork Sliders<br>Homemade Pickles<br>Chips<br>Watermelon<br>Milk/Water | **21**<br>Breakfast for Lunch<br>Assorted Breakfast Sandwiches<br>Hash Brown Patty<br>Fruit<br>Milk/Water | **22**<br>Battered and Oven Fried Fish Filet's<br>Sweet Potato Fries<br>Fruit<br>Milk/Water |
| **25**<br>Burger Bar<br>Choose your burger and toppings<br>French Fries<br>Fruit<br>Milk/Water | **26**<br>Buffalo Chicken/Vegetarian Sandwich<br>Garden Salad<br>Fruit<br>Milk/Water | **27**<br>Fettucine Alfredo<br>Chicken<br>Broccoli<br>Garlic Bread<br>Fruit<br>Milk/Water | **28**<br>Nacho Bar<br>Tortilla Chips<br>Seasoned Meat-Seasoned Beans-Cheese<br>Taco Fixings<br>Fruit<br>Milk/Water | **29**<br>Grilled Cheese<br>Tomato Soup<br>Fruit<br>Milk/Water |

Have you submitted your free and reduced application yet? Go online to www.myschoolapps.com and do it now!

MY SCHOOL BUCKS PAY FOR MEALS ONLINE MySchoolBucks.com