



WESTPORT COMMUNITY SCHOOLS

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2025-2026 General Eligibility Form

Dear Families,

New in the 2025-2026 school year, Westport Community Schools has implemented this General Eligibility Form. Completing this form can waive or reduce transportation, athletics, testing and other fees for those students who are not identified based on their participation in public assistance programs.

The Westport Community Schools receive additional state and local funding to support learning for students whose families are identified as low income. The Massachusetts Department of Elementary and Secondary Education identifies most, but not all, of these students already based on their participation in public assistance programs. **This form is available to families to help APS identify students who might be eligible for additional school benefits** not already identified. It is essential for families who believe they qualify based on the household income guidelines on the back of this page to complete the General Eligibility Form for the 2024-2025 school year to determine eligibility for additional benefits.

Please be aware that this is a voluntary process, and families are not required to submit this information. Completing this General Eligibility Form will in no way impact your child's access to free lunch and breakfast.

The information that families provide on this form and any supporting documentation will be kept by the Westport Community Schools. It will only be used by the Westport Community Schools or the Massachusetts Department of Elementary and Secondary Education to verify household income to determine the state and local funding that the Westport Community Schools will receive and to determine household eligibility for waived or reduced transportation, athletics, testing and other fees.

The form attached and required supporting documentation must be returned to the school attended by your youngest child. If you need assistance completing any portion of the form or gathering other required information, please contact Michelle Rapoza, mrapoza@westportschools.org, 508-636-1140 ext. 4020.

Thank you,

Michelle Rapoza

Engage – Challenge -Inspire

The Westport Community Schools is an equal opportunity employer and does not discriminate on the basis of race, (including traits historically associated with race), color, sex, sexual orientation, gender identity, religion, disability, age, or any other legal protected classification.

2025-2026 General Eligibility Form

First, calculate your household's ANNUAL income. Make sure to include all income sources for all individuals in the household, including: work, public assistance, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), unemployment insurance, veteran's benefits, and child income. Use gross income, before any deductions for taxes, insurance, medical expenses, child support, etc.

Second, identify the total number of people in your household in the table below. Count all children and adults, related and unrelated, that live in your household and share income and expenses.

Third, follow the arrow from the number of people to the incomes that qualify. If your household income is in the listed range for the number of people in your household, you should complete the form. Your household must meet the income requirements for your household size in order to be identified as low income for school aid purposes. For example, a household with one adult and two children (three total people) and an income of \$40,000 would qualify because their income is between \$0 and \$47,767.

# of people in household	If your household income is in this range...	then check this box.
2 →	\$0 - \$37,814 ☐	<input type="checkbox"/>
3 →	\$37,815 - \$47,767 ☐	<input type="checkbox"/>
4 →	\$47,768 - \$57,720 ☐	<input type="checkbox"/>
5 →	\$57,721 - \$67,673 ☐	<input type="checkbox"/>
6 →	\$67,674 - \$77,626 ☐	<input type="checkbox"/>
7 →	\$77,627 - \$87,579 ☐	<input type="checkbox"/>
8 →	\$87,580 - \$97,532 ☐	<input type="checkbox"/>

If household income does not fall within the corresponding range based on your household size, your household does **NOT** qualify and you should **NOT** complete the form.

STEP 1: Student Information

List all students who are or will be enrolled in grades PK-12 in [the school district] as of October 2, 2024. If additional students should be included, please add rows below this table.

First Name	Last Name	Grade	Completed by the district/school

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

No → Go to Step 3 and complete the remainder of the form.

Yes → Write case number here and proceed to STEP 4 to continue completing the form.

CASE NUMBER (Not EBT Number)

STEP 3: Income requirements

Please provide one or more of the following sources of evidence to verify your household income. You should submit documents that can be used to calculate one recent month's income, such as 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 (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 “

Name of Adult Household Members (First and Last)	Earnings from Work				Public Assistance, Child Support, Alimony				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other									
	\$	Weekly	Every 2 Weeks	Every 2 Months	Monthly	Annually	\$	Weekly	Every 2 Weeks	Every 2 Months	Monthly	Annually	\$	Weekly	Every 2 Weeks	Every 2 Months	Monthly	Annually
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					

Total Household Members (Children and Adults)

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

Check if no Social Security Number

STEP 4: Supporting documentation

Please provide one or more of the following sources of evidence to verify your household income. You should submit documents that can be used to calculate one recent month's income, such as a biweekly paycheck stub from this month or last month. *Check all sources that apply.*

<input type="checkbox"/>	Jobs: Paycheck stub or pay envelope that shows the amount and how often the pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
<input type="checkbox"/>	Social Security, pensions, or retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.
<input type="checkbox"/>	Unemployment, disability, or worker's compensation: Notice of eligibility from state employment security office, check stub, or letter from the worker's compensation's office.
<input type="checkbox"/>	Public Assistance: Benefits letter from the Massachusetts Department of Transitional Assistance for SNAP or TAFDC, or the Executive Office of Health and Human Services for MassHealth.
<input type="checkbox"/>	Child Support or Alimony: Court decree, agreement, or copies of checks received.
<input type="checkbox"/>	Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.
<input type="checkbox"/>	No income: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.
<input type="checkbox"/>	Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

STEP 5: Community contact

If your household is not able to provide adequate supporting documentation as listed in Step 3 above, then a community contact must provide written evidence to support the household's range of combined annual income reported above in Step 1.

A community contact is a person outside of your household who knows about your household's circumstances and can attest to your household's income range selected in Step 1. Community contacts include social agencies, religious organizations and other community groups.

Name of community contact and organization affiliation **	
Organization address [Street, City, State, Zip Code]	
Contact Information	
Signature	Today's date

STEP 6: Adult signature and contact information

By signing this form, I certify (promise) that all information in this application is true, and that all income is reported.

Name of adult completing the form (printed)	
Household address (if available) [Street, City, State, Zip Code]	
Contact Information	
Signature	Today's date

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY

Total Income	How Often?					Household Size	Categorical Eligibility	Free	Eligibility Reduced	Denied
	Weekly	Every 2Weeks	2xMonth	Monthly	Annual					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual Income Conversion: Weekly x52, Every 2 Weeks x26, Twice a Month x 24, Monthly x12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

I have reviewed the above information and documentation and have concluded that it is properly and completely filled out to the best of my knowledge.

Determining official (printed)	
Signature	Today's date