WESTBOROUGH PUBLIC SCHOOLS

45 West Main Street · Westborough, MA 01581· 508-836-7700 · www.westborough.org

Dear Parent/Guardian:

Children need healthy meals to learn. Westborough Public Schools offers healthy meals every school day. Breakfast costs $1.25 and lunch costs $3.00 at the elementary schools; Breakfast costs $1.25 and lunch costs $3.25 at the middle and high schools. Your children may qualify for free meals or for reduced price meals. Reduced price is $0.30 for breakfast and $0.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

Frequently Asked Questions

WHO CAN GET FREE OR REDUCED PRICE MEALS?

- 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 2020-2021			
Household size	**Yearly**	**Monthly**	**Weekly**
1	$23,606	$1,968	$454
2	$31,894	$2,658	$614
3	$40,182	$3,349	$773
4	$48,470	$4,040	$933
5	$56,758	$4,730	$1,092
6	$65,046	$5,421	$1,251
7	$73,334	$6,112	$1,411
8	$81,662	$6,802	$1,570
Each additional person:	+8,288	+691	+160

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 Sherrie Stevens at 508-836-7700 or stevens@westboroughk12.org.

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 your child's school immediately.

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 your child's school immediately.

CAN I APPLY ONLINE?

No, this is not an option at this time.

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.

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.

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: Irene Oliver, Director of Finance and Administration, 45 West Main Street, Westborough, MA 01581. 508-836-7700 or oliveri@westboroughk12.org

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.

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 your child's school 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 SNAP Hotline at 1-866-950-3663**.

If you have other questions or need help, call 508-836-7700.

Sincerely,

Irene Oliver

Irene Oliver

Director of Finance and Administration

August 1st 2020

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: This explains what to do if you believe you have been treated unfairly.
"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

I Speak Statements

- ☐ أنا أتكلم اللغة العربية. (Arabic)
- ☐ Ես խոսում եմ հայերեն (Armenian)
- ☐ 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)
- ☐ Μιλάω **ελληνικά**. (Greek)
- ☐ હું **ગુજરાતી** બોલું છું (Gujarati)
- ☐ Mwen pale **Kreyòl**. (Haitian Creole)
- ☐ मैं **हिंदी** बोलता हूँ (Hindi)
- ☐ Kuv hais **lus hmoob**. (Hmong)
- ☐ 私は**日本語**を話します。 (Japanese)
- ☐ ខ្ញុំនិយាយ**ភាសាខ្មែរ** (Khmer)
- ☐ 본인의 모국어는 **한국어**입니다. (Korean)
- ☐ نه ز زمانی **کوردی** ده ناخفم. (Kurdish)
- ☐ ຂ້າພະເຈົ້າເວົ້າ **ພາສາລາວ**. (Lao)
- ☐ Yie gorngv **Mienh** waac. (Mien)
- ☐ Mówię **po polsku**. (Polish)
- ☐ Eu falo **Português**. (Portuguese)
- ☐ ਇਹ ਸ੍ਪੇਆਕ **ਪੰਜਾਬੀ** (Punjabi)
- ☐ 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)

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Student Name: _____

School: _____ Grade: _____

Forty nine (49) different languages are available at https://www.fns.usda.gov/school-meals/translated-applications

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 Westborough Public Schools. 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.	B) Is the child a student at [name of school/school system here]?	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 with all required information for the additional children.	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.	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.	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.

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:
• Leave **STEP 2** blank and go to **STEP 3**.	• Write the Agency ID for SNAP, TANF, or FDPIR. 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]. • Go to **STEP 4**.

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.
- 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.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in **STEP 1.** If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

C) Report earnings from work. 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.

What if I am self-employed? 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.

D) Report income from public assistance/child support/alimony. Report 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.

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

F) Report 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.

G) 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 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.

A) Provide your contact information. 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) 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 Form to: Your Child's School

D) 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.

2020-2021 Massachusetts Application for Free and Reduced Price School Meals

STOP

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 for free meals. Read ***How to Apply for Free and Reduced Price School Meals*** for more information.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student? Circle Yes or No	Foster	Homeless	Migrant	Runaway
						Check all that apply			
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐

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

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:

Child Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

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)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/ Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions / Retirement / All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○

Total Household Members (Children and Adults) ☐☐

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member **XXX-XX-** ☐☐☐☐ **Check if no SSN** ☐

STEP 4 Contact Information and Adult Signature Mail Completed Form To: Your Child's School

"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."

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult signing the form Signature of adult Today's date **Error prone** ☐

INSTRUCTIONS — Sources of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- 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
-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
- Salary, wages, cash bonuses - 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	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

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

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, 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 adult household member who signs the application. The last four digits of 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For School Use Only

2020-2021 Massachusetts Application for Free and Reduced Price School Meals

Total Income _____ **Household Size** _____

Only annualize income if there are multiple pay frequencies

How often?

Weekly	Bi-Weekly	2x Month	Monthly	Annually
○	○	○	○	○

Annual Income Conversion:

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

Eligibility:

Free	Reduced	Denied
○	○	○

Categorical Eligibility ☐

Determining Official's Signature _____ **Date** _____

Confirming Official's Signature _____ **Date** _____

Verifying Official's Signature _____ **Date** _____

WESTBOROUGH PUBLIC SCHOOLS

45 West Main Street · Westborough, MA 01581· 508-836-7700 · www.westborough.org

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 Irene Oliver at 508-836-7700 or e-mail: oliveri@westboroughk12.org

Return this form to: Your Childs School

WESTBOROUGH PUBLIC SCHOOLS

45 West Main Street · Westborough, MA 01581· 508-836-7700 · www.westborough.org

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 Community Education.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Extracurricular activities.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Preschool.

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 Irene Oliver at 508-836-7700 ext. 2020 or e-mail at oliveri@westboroughk12.org

Return this form to: Your Child's School

Your SNAP application will be reviewed while you are waiting for your Social Security numbers.

- If you are not a citizen, bring proof of legal non-citizen status.

Optional proof you may claim to maximize SNAP benefit amount are:

- Dependent care expenses for child or adult care.
- Housing costs for rent, mortgage, taxes, insurance, heat and utilities.
- Medical bills - if you are age 60 or older of if you are disabled.

How Do I Find a DTA Office?

DTA has more than 20 offices across Massachusetts. To find the office nearest you, visit *www.mass.gov/dta* and click on the DTA Office Locations link or call DTA at 1-877-382-2363.

How Can I Get More Information?

For more information about how you can get SNAP benefits, contact **DTA** at 1-877-382-2363 or *visit www.mass.gov/dta.*

Nondiscrimination Statement

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form.

You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm. USDA is an equal opportunity provider and employer.

SNAP Supplemental Nutrition Assistance Program

Putting Healthy Food Within Reach

DEPARTMENT OF TRANSITIONAL ASSISTANCE dta

SNAP-BB (E) (Rev. 10/2014) 09-075-1014-05

HOW TO GET SNAP BENEFITS

Putting healthy food within reach.

Can I Have Income and Still Get SNAP Benefits?
Households with children under 19 and pregnant women living alone must have a total (gross) income below 200% of the poverty level to qualify for SNAP. Adult-only households (age 19-59) must have a total (gross) income below 130% of the poverty level to qualify for SNAP.

Households made up of all elders (age 60 or over) or disabled individuals have no (gross) income limit. Generally, households must have income below the net standard after deductions to be eligible for a SNAP benefit.

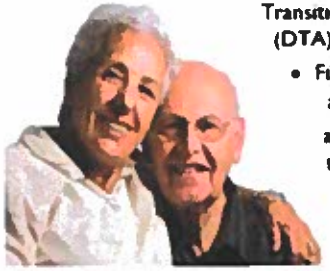
Can I Own Property and Still Apply for SNAP?
You can own a home, personal belongings, car and have money in the bank.

Certain households with disqualified members will have to provide information and proof of money in the bank and other resources, such as stocks, bonds and CDs.

These households will have a $2,250 limit on the resources they can own. Most low-income seniors will not be asked for proof of money in the bank or other resources.

How do I Apply for SNAP Benefits?

- To apply: Call DTA at 1-877-382-2363 to have an application mailed to you. Remember to ask for the Elder SNAP application if you are a Senior (age 60 or older) - it is easier to fill out!
- Visit *www.mass.gov/dta* and click on the *Apply for SNAP/Food Stamps Online* link to download an application form.
- You may also apply online by visiting *www.mass.gov/vg/selfservice* or
    - You can visit your local Department of Transitional Assistance (DTA) office.
    - Fill out the application as much as you can. Be sure to write your name and address and sign it.



- Submit your online application or return the application to: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420, or fax to (617) 887-8765, or drop it off in person.

Can Someone Help Me Apply for SNAP Benefits?
You can ask someone you trust to apply for you or go food shopping for you. That person is called your Authorized Representative.

What Happens After I Put in my SNAP Application?

- You must have an interview to talk about your application. You can have the interview over the phone at your convenience or at a local office.
- You will need to show proof (see reverse side), as part of the application process. You will receive information about what proof you need to show DTA when your application is reviewed.
- You will get a decision on your application within 30 days.
- If you are eligible, you will receive SNAP benefits through the Electronic Benefit Transfer (EBT) system. You will receive a Personal Identification Number (PIN) and an EBT card that can be used just like a debit card to shop for food in supermarkets, convenience stores and pharmacies. You may get the EBT card before we decide if you are eligible for benefits. You won't be able to use the EBT card unless we notify you that your application is approved.

Debit card makes purchases easy!

What is SNAP?
The Supplemental Nutrition Assistance Program helps low income individuals and families buy healthy, nutritious food. A SNAP household's monthly benefit depends on household size, income and expenses. You may be eligible for SNAP - read below to learn more!

Who Can Get SNAP Benefits?
If you or someone in your household is a U.S. citizen or legal non-citizen, and makes below a certain income, you may be able to get SNAP benefits.

Who is Part of My Household?
In most cases, a household includes all people who buy, cook and eat meals together.

What If I Have Little or No Money At All?
In an emergency, some people can get SNAP benefits faster. For example:

- If your income is less than $150 a month and you have less than $100 in other resources, such as your bank account.
- Your income and the resources of your household are less than your combined monthly rent or mortgage and utility expenses.

If either of these describes you, you may be able to get SNAP benefits within seven days. If you need more information, call DTA at 1-877-382-2363.

What Proofs Will I Need?

- Something showing your name and address - If you have no address, you must say where you are staying.
- Proof of Income - If you are working, submit your last four pay stubs, or proof of income from your employer. Submit an award letter or direct deposit statements of unearned income amounts and frequency of payments.
- Social Security Numbers for all Members Applying - If you do not have Social Security numbers for applicants, DTA will help you get them.

If your child is eligible for free or reduced school meals, your child may also be eligible for

free or low cost health insurance

through MassHealth.

To learn more call: 1-800-841-2900

MassHealth

Si su niño es eligible para almuerzo gratís o reducido, su niño pueda ser eligible para

seguro de salud gratís o de bajo costo

por medio de MassHealth.

Para saber mas, llame al: 1-800-841-2900

covering Kids