

Dear Parent/Guardian:

The Quincy Public Schools offers healthy meals every school day. For School Year 2012-13, meal prices are as follows: Elementary Schools breakfast \$1.00 and lunch \$2.10. Middle Schools breakfast \$1.25 and lunch \$2.35. High Schools breakfast \$1.25 and lunch is \$2.50. Your children may qualify for free meals or for reduced price meals. Reduced price breakfast is 25 cents and reduced price lunch is 40 cents at all school levels.

1. 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, be sure to fill out all required information. **Return the one completed application to any one of your children's schools or mail to:**

Quincy Public Schools, Food Service Department, 70 Coddington Street, Quincy, MA 02169

2. Who can get free meals? All children in households receiving benefits from MA Supplemental Nutrition Assistance Program (SNAP) or Transitional Assistance for Needy Families (TANF) can get free meals regardless of your income. Also, your children can get free meals if your household's **gross** income is within the free limits on the Federal Income Guidelines (Federal Income guidelines are included on this document).

3. Can Foster Children Get Free Meals? Yes, any foster children in your household that are under the legal responsibility of foster care agency or court, are eligible for free meals regardless of income.

4. Can homeless, runaway and migrant children get free meals? Yes, the Quincy Public Schools Homeless Coordinator will notify the Food Service Department about children who qualify for free meals due to homelessness.

5. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

6. Should I fill out an application if I got a letter this school year saying my children are approved for free meals? Please read the letter you got carefully and follow the instructions. Call the Food Service Department at 617-984-8768 if you have questions.

7. My Child's application was approved last year; do I need to fill out another one? Yes. Your child's application is only good for that school year and for the first few day of this school year. You must send in a new application unless you have received a Direct Certification letter from Quincy Public Schools notifying you that your child is eligible for the new school year.

8. I receive WIC benefits. Can my child (ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

9. Will the information I give be checked? Yes, you may be asked you to send written proof information you submit.

10. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year.

11. What if I disagree with the school's decision about my application? You should contact the Food Service Office to discuss your application. You also may ask for a hearing by calling or writing to: James E. Mullaney, Director of Business Affairs, 159 Burgin Parkway, Quincy, MA 02169, 617-984-8771.

12. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

13. Who should I include as members of my household? You must include all people living in your household, related or not (such as relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

14. What if my income is not always the same? List the amount that you normally receive. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

15. We are in the military; do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

16. My Spouse is deployed to a combat zone. Is his/her combat pay counted as income? No, if combat pay is received in addition to basic pay because of deployment and was not received before deployment, it is not counted.

If you have other questions about the application call the Food Service Office at **617 984-8768**. For help finding out about other assistance program benefits, call the MA SNAP Hotline at 1-866-3663.

Sincerely, Dr. Richard DeCristofaro, Superintendent, Quincy Public Schools

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the **Quincy Public Schools Transportation Department to support my Transportation Fee waiver request.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Quincy Public Schools Athletic Department to support my Athletic User Fee waiver request.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.

[Insert the name of Department and specific program].

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: _____

This authorization is for the current school year only. A new form must be submitted each year where sharing is requested. For more information, you may call the Food Service Department at 617-984-8768.

Return completed form to:

Quincy Public Schools
Food Service Department,
70 Coddington Street,
Quincy, MA 02169



MASSACHUSETTS FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

QUINCY PUBLIC SCHOOLS—APPLICATION FOR SCHOOL YEAR 2012 - 2013

If you have received a NOTICE OF DIRECT CERTIFICATION from the school district for free meals, **do not** complete this application. But **do** let the school know if any children in the household are not listed on the **Notice of Direct Certification** letter you received.

PART 1. ALL HOUSEHOLD MEMBERS List all household members including children seeking school meals, siblings and both parents of children living in home. Also, include other relatives and friends living in home if you live as a single economic unit. (See instructions- Q.13)

NAME OF ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	FOR HOUSEHOLD CHILDREN WHO ATTEND QUINCY PUBLIC SCHOOLS: LIST		CHECK IF A FOSTER CHILD (LEGAL RESPONSIBILITY OF WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5.	CHECK IF NO INCOME
	SCHOOL NAME	GRADE		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

PART 2. BENEFITS- MA SNAP OR MA TAFDC

IF **ANY** MEMBER OF YOUR HOUSEHOLD RECEIVES **MA SNAP** or **MA TAFDC** benefits, PROVIDE THE AGENCY IDENTIFICATION NUMBER* LOCATED ON THE DEPARTMENT OF TRANSITIONAL ASSISTANCE (DTA) BENEFIT LETTER. SKIP TO PART 5 AND SIGN THIS FORM IF YOU HAVE PROVIDED AN AGENCY ID NUMBER.

AGENCY ID: _____ * Do not provide EBT card number.

PART 3. HOMELESS, MIGRANT, RUNAWAY

IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, A RUNAWAY, OR MIGRANT, CHECK THE APPROPRIATE BOX AND CALL THE **Quincy Public Schools homeless liaison, migrant coordinator.**

HOMELESS RUNAWAY MIGRANT

PART 4. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE. DO NOT INCLUDE MONEY RECEIVED FROM MA SNAP OR MA TAFDC.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Any/all other income (you must indicate how much and how often)
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
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\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
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PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

A parent or caretaker adult must sign the application (see Use of Information Statement on the back of this page). I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information that I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last 4 digits of his or her Social Security Number or mark the "Check here if you do not have a Social Security Number" box. See Use of Information Statement on the back of this page.

Sign here: _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Last four digits of Social Security Number *** - * * - ____ Check here if you do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

<i>Choose one ethnicity:</i>	<i>Choose one or more (regardless of ethnicity):</i>		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

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

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household size	Yearly	Monthly	Weekly
1	\$20,665	\$1,723	\$398
2	\$27,991	\$2,333	\$539
3	\$35,317	\$2,944	\$680
4	\$42,643	\$3,554	\$821
5	\$49,969	\$4,165	\$961
6	\$57,295	\$4,775	\$1,102
7	\$64,621	\$5,386	\$1,243
8	\$71,947	\$5,996	\$1,384
Each additional person:	\$7,326	\$611	\$141

Use of Information Statement: This explains how we will use the information you give us.

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 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 Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer