FREE AND REDUCED PRICE SCHOOL MEALS
APPLICATION FORMS
SCHOOL YEAR 2019-2020

This packet contains THE FOLLOWING forms:

- Frequently Asked Questions About Free & Reduced Meals
- Instructions – How to Apply for Free and Reduced Price School Meals
- Massachusetts Free and Reduced Price School Meals Family Application–SY 2019-2020
  ✔ Please consider using Bristol-Plymouth’s ONLINE Application at:
  www.bptech.org/parentinfo
- Sharing Information with Medicaid/CHIP and Other Programs
- SNAP and Mass Health Benefit Information
- I Speak Statement (to help assist in determining the language needs of your household)
  ✔ Please print, complete & return this form to the Student Services Department ONLY IF YOU REQUIRE
  ASSISTANCE IN ANOTHER LANGUAGE

NOTE: Applications that have been submitted and approved MAY be selected for income verification. Should your application be selected for verification, you will be notified in writing. The letter will contain a list of acceptable documentation that may be used as support along with the response deadline.

If you have questions, contact Elise Rodrigues at:

Bristol-Plymouth Regional Technical School
Student Services Office
207 Hart Street
Taunton, MA 02780

Phone: 508-823-5151, ext. 115
Email: creodrigues@bptech.org

Please Note:

All households must be notified of their eligibility status. Households with children who are denied benefits must be given written notification of the denial. The notification must advise the household of the reason for the denial of benefits, the right to appeal, instruction on how to appeal, and a statement that the family may re-apply for free and reduced price meal benefits at any time during the school year. Households with children who are approved for free or reduced price benefits may be notified in writing or orally.
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Bristol-Plymouth Regional Technical School offers healthy meals every school day. Breakfast costs $1.50; lunch costs $2.75. 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, 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.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
<td>$445</td>
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<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>602</td>
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<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>1,546</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>+8,177</td>
<td>+682</td>
<td>+158</td>
</tr>
</tbody>
</table>

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 Melanie Shaw, Pupil Services Administrator at 508-823-5151, Ext. 137 or mshaw@bptech.org.

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

No. However, if your children are attending both a local school AND a regional school district, that application is NOT shared because the two school systems are in separate DISTRICTS. If you are uncertain whether you need to complete a separate application, please contact Elise Rodrigues at 508-823-5151, Ext. 115. Use one Free and Reduced Price School Meals Application for all students in your household that attend Bristol-Plymouth Regional Technical School. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application with to: Bristol-Plymouth Regional Technical School, Student Services Office, Elise Rodrigues, 207 Hart Street, Taunton, MA 02780.
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 Elise Rodrigues at 508-823-5151, Ext. 115 or via email at Erodrigues@bptech.org immediately.

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.bptech.org/parentinfo to begin. Contact Elise Rodrigues at 508-823-5151, Ext. 115 or via email at Erodrigues@bptech.org if you have any questions about the online application.

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 Bristol-Plymouth Regional Technical School District, Ms. Melanie Shaw, Pupil Services Administrator, 207 Hart Street, Taunton, MA 02780, by telephone at 508-823-5151, Ext. 137 or by email at mshaw@bptech.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. If you require an additional application, you may go to our website at www.bptech.org to download another application. You may also contact Elise Rodrigues by phone at 508-823-5151, Ext. 115, or email at erodrigues@bptech.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 SNAP Hotline at 1-866-950-3663.

If you have other questions or need help, call Elise Rodrigues at 508-823-5151, Ext. 115.

Sincerely,

Nadine Rose
Nadine Rose, School Business Administrator

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.”
Step 3: Report Income for All Household Members

- More income is the total income received before taxes.
- Report all income in $1000s. Do not include cents.
- Include income from:
  - Wages, salaries, and tips
  - Self-employment income
  - Interest and dividends
  - Rental income
  - Social Security
  - Retirement income
  - Pension income
  - Unemployment benefits
  - Veteran’s benefits
  - Child support
  - Alimony

If you receive services from programs such as:
- Temporary Assistance for Needy Families (TANF)
- Food Stamps
- Medicaid
- Social Security
- Supplemental Nutrition Assistance Program (SNAP)
- Other assistance programs

- Include income in your household participates in any of the above listed programs.
- If anyone in your household participates in any of the above listed programs,

Step 2: Do Any Household Members Currently Participate in SNAP, TANF, or FDPI-R?

- Yes
- No

Step 1: List All Household Members Who Are Infants, Children, and Students Up to and Including Grade 12

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

What to do next:
- Please complete the following steps:
  1. Fill out the application.
  2. Sign and date the application.
  3. Mail the application to the designated address.

How to Apply for Free and Reduced Price School Meals:

Please use the instruction to help you fill out the application for free or reduced price school meals. You only need to submit one application per household.
**STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

<table>
<thead>
<tr>
<th><strong>Type of Income</strong></th>
<th><strong>Step 1</strong></th>
<th><strong>Step 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Income from Work</strong></td>
<td>Report all income from work.</td>
<td>Report all income from work.</td>
</tr>
</tbody>
</table>

**Rules for Reporting Income**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.
- Do not include child support paid to you.
- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.
- Do not include child support paid to you.

**Examples of Income**

- **Net Income from Work** includes earnings from employment, self-employment, and any other income earned from work.
- **Net Income from Public Assistance/Child Support/Alimony** includes income received from public assistance programs such as TANF, SSI, or child support payments.

**Notes**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.
- Do not include child support paid to you.

**Questions to Consider**

- If you are employed, what is your annual income?
- If you receive child support, what is the source of this income?
- If you receive public assistance, what are the details of your benefits?

**What if I am self-employed?**

- Report both your gross and net income from self-employment.

**Income from Work**

- Include all income earned from work, including wages, salaries, tips, and other forms of compensation.

**Net Income from Work**

- Subtract all deductions from gross income to determine net income.

**Net Income from Public Assistance/Child Support/Alimony**

- Include all income received from public assistance programs such as TANF, SSI, or child support payments.

**Report All Income**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.

**Do Not Include**

- Child support paid to you.
- child support paid to you.

**When Including this Section**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.

**Notes**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.
- Do not include child support paid to you.

**Questions to Consider**

- If you are employed, what is your annual income?
- If you receive child support, what is the source of this income?
- If you receive public assistance, what are the details of your benefits?

**Income from Work**

- Include all income earned from work, including wages, salaries, tips, and other forms of compensation.

**Net Income from Work**

- Subtract all deductions from gross income to determine net income.

**Net Income from Public Assistance/Child Support/Alimony**

- Include all income received from public assistance programs such as TANF, SSI, or child support payments.

**Report All Income**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.

**Do Not Include**

- Child support paid to you.
- child support paid to you.

**When Including this Section**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.

**Notes**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.
- Do not include child support paid to you.

**Questions to Consider**

- If you are employed, what is your annual income?
- If you receive child support, what is the source of this income?
- If you receive public assistance, what are the details of your benefits?

**Income from Work**

- Include all income earned from work, including wages, salaries, tips, and other forms of compensation.

**Net Income from Work**

- Subtract all deductions from gross income to determine net income.

**Net Income from Public Assistance/Child Support/Alimony**

- Include all income received from public assistance programs such as TANF, SSI, or child support payments.

**Report All Income**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.

**Do Not Include**

- Child support paid to you.
- child support paid to you.

**When Including this Section**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.

**Notes**

- Include all income earned by members of your household, including net income from work and all income from public assistance/child support/alimony.
- Do not include child support paid to you.

**Questions to Consider**

- If you are employed, what is your annual income?
- If you receive child support, what is the source of this income?
- If you receive public assistance, what are the details of your benefits?
# 2019-2020 Massachusetts Application for Free and Reduced Price School Meals

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.

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>Child's Last Name</th>
<th>MI</th>
<th>School Name</th>
<th>Grade</th>
<th>Student?</th>
<th>Order Year/No</th>
<th>foster</th>
<th>Homeless</th>
<th>Migrant</th>
<th>Runaway</th>
<th>Check if this apply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Y N</td>
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</tbody>
</table>

## 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:

<table>
<thead>
<tr>
<th>Child income</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>6-Weekly</th>
<th>Bi-Monthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
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</tr>
</tbody>
</table>

**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)**

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and Last)</th>
<th>Earnings from Work</th>
<th>How often?</th>
<th>Public Assistance/Child Support/Alimony</th>
<th>How often?</th>
<th>Pensions/Retirement/All Other Income</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Bi-Weekly</td>
<td>6-Weekly</td>
<td>Bi-Monthly</td>
<td>Monthly</td>
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</tbody>
</table>

**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: Bristol-Plymouth RTS, Attn: Student Services, 207 Hart Street, Taunton MA 02780.

"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."

<table>
<thead>
<tr>
<th>Street Address (if available)</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Daytime Phone and Email (optional)</th>
<th>Today's date</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Printed name of adult signing the form**

**Signature of adult**

**Today's date**

Error prone □
### Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Earnings from work</td>
<td>- A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>- Social Security</td>
<td>- A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>- A parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Survivor’s Benefits</td>
<td></td>
</tr>
<tr>
<td>- Income from person outside the household</td>
<td>- A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>- Income from any other source</td>
<td>- A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

### Sources of Income for Adults

#### Earnings from Work
- Salary, wages, cash bonuses
- Net Income from self-employment (farm or business)
- Income from the U.S. Military:
  - Basic pay and cash bonuses (do NOT include combat pay, TSA or privatized housing allowances)
  - Allowances for off-base housing, food, and clothing

#### Public Assistance / Alimony / Child Support
- 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

#### Pensions / Retirement / All Other Income
- 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
- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- White

### Race (check one or more):
- American Indian or Alaska Native
- African American
- Asian
- Hispanic or Latino
- 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 ensure that we serve our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals.

### 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 this 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, 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 laws 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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

### For School Use Only

2019-2020 Massachusetts Application for Free and Reduced Price School Meals

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Household Size</th>
</tr>
</thead>
</table>

Only annualize income if there are multiple pay frequencies

<table>
<thead>
<tr>
<th>How often?</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice A Month</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>× 52</td>
<td>× 26</td>
<td>× 24</td>
<td>× 12</td>
</tr>
</tbody>
</table>

Determining Official’s Signature

<table>
<thead>
<tr>
<th>Date</th>
<th>Confirming Official’s Signature</th>
<th>Date</th>
<th>Verifying Official’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
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 Elise Rodrigues 508-823-5151, Ext. 115 or e-mail Erodrigues@bptech.org.
Sharing Information with Other Programs

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 Administration and the Student Services staff for financial assistance with AP testing, SAT, ACT, college application fee waivers, etc.

If you checked yes to the box above, fill out the form below to ensure that your information is 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 Elise Rodrigues at 508-823-5151, Ext. 115 or email at erodrigues@bptech.org.

Return this form to: Bristol-Plymouth Regional Technical School
Attention: Student Services Office
207 Hart Street
Taunton, MA  02780
SNAP

Putting Healthy Food Within Reach.

How To Get SNAP Benefits

USDA is an equal opportunity provider and employer.

You may also write a letter complaining all of the
USDA Office of Civil Rights (866) 632-6369 to report the form.

Two non-income-related determinations are done to the
SNAP program.

A family can be part of the program if they:

If you are a citizen, bring proof of legal non-

Social Security number

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

Social Security number

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

Social Security number

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

Social Security number

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

Social Security number
When we process your application, you will receive an EBT card. You won't be able to use the EBT card to purchase non-essential goods. You may use the EBT card to purchase food and other approved items. You will receive an EBT card with your application. You can use the EBT card to purchase essential goods. You can use the EBT card to purchase food and other approved items.

How do I apply for SNAP benefits?

You must be at least 18 years old to apply for SNAP benefits.

You must complete an application. You can complete the application online or in person. You must complete the application within 30 days of submitting your application. You will receive an EBT card with your application. You can use the EBT card to purchase essential goods. You can use the EBT card to purchase food and other approved items.

What is SNAP?

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides food assistance to low-income individuals and families. SNAP helps ensure that low-income individuals and families have access to healthy, nutritious food. SNAP benefits can be used to purchase food items from participating retailers, such as grocery stores and farmers' markets. If you are approved for SNAP benefits, you will receive an EBT card that you can use to purchase food items.
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

Si su niño es eligible para almuerzo gratuito o
reducido, su niño pueda ser eligible para
seguro de salud gratuito o de bajo costo
por medio de MassHealth.

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

covering Kids
**I Speak Statements**

- أنا أتكلم اللغة العربية. (Arabic)
- Հայերեն եմ բանական լեզու (Armenian)
- 我说中文 (Chinese Simplified)
- 我說中文 (Chinese Traditional)
- Ja govorim hrvatski. (Croatian)
- اینجانب به زبان فارسی صحبت می‌کنم. (Farsi)
- Je parle français. (French)
- Μιλάω ελληνικά. (Greek)
- ગુજરાતી માં માનસિક શિક્ષણ (Gujarati)
- Mwen pale Kreyòl. (Haitian Creole)
- हिंदी बोलता हूँ (Hindi)
- Kuv hais lus hmoob. (Hmong)
- 私は日本語を話します。 (Japanese)
- ខ្មែរគិកម្មុយ (Khmer)
- 본인의 모국어는 한국어입니다. (Korean)
- نه ز زمانی کوردی ده ناخنی (Kurdish)
- ເພີສາວເພດເສາມລາວ (Lao)
- Yie gornyv Mienh waac. (Mien)
- Mówię po polsku. (Polish)
- Eu falo Português. (Portuguese)
- ਪੰਜਾਬੀ ਭਾਸ਼ਾ (Punjabi)
- Я говорю по-русски (Russian)
- Ou te tautala faaSamoa. (Samoan)
- Govorim srpski. (Serbian)
- Waxaan ku hadlaa Somali. (Somali)
- Yo hablo español. (Spanish)
- أنثى السودانية (لغوي سوداني) (Sudanese)
- Marunong po akong magsalita ng Tagalog. (Tagalog)
- ภาษาไทย (Thai)
- हे त्रिनिदाद और ट्रिचर का हादसा है (Tigrinya)
- Я розмовлюю українського. (Ukrainian)
- میں اردو بولتا/بولی مون، (Urdu)
- Tôi nói tiếng Việt. (Vietnamese)

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USDA is an equal opportunity provider and employer.

**Student Name:**

**School:**

**Grade:**