



# *Saint Joseph School*

*100 Spring Street  
Fairhaven, MA 02719  
Tel. 508-996-1983 Fax. 508-996-1998  
Web. [www.saintjosephschool.org](http://www.saintjosephschool.org)*

NEA  
SAC  
Accredited by the  
New England Association  
of Schools and Colleges



Dear Parents/Guardians

I am writing to you regarding an objective to have each and every family fill out and return the enclosed Free and Reduced Lunch Application. I fully respect the personal nature of the information required to fill out such an application, however, please let me explain the basis for this objective.

The dollar figure that determines the minimum amount of money required to educate students in the School System is established by a formula set forth by the State of Massachusetts. The formula to determine the School's Foundation Budget considers the number of students who qualify for a free or reduced lunch. The number of students who qualify determines specific programming such as Title I Services and increases our Foundation Budget figure.

In financial times such as these it is imperative that we explore all opportunities in maximizing our state funding sources. Our goal is to collect a form from each and every family for this school year. We are providing eligibility guidelines for you to make a more informed decision.

Attached please find the 2011 – 2012 Free and Reduced Lunch application and instructions from the Federal Government. While I fully respect the personal nature of filling out this information, I hope you will see that this initiative can become a win-win situation for both the individual family and the school. Please fill out and submit the application to your child's school, even if you believe that you may not qualify for the program. Thank you, in advance, for your cooperation in this matter. Please note that this form is also available on our website at [www.saintjosephschool.org](http://www.saintjosephschool.org).

Sincerely,

Julie Vareika, Ed.D.  
Principal

# MASSACHUSETTS FREE OR REDUCED PRICE SCHOOL MEALS

## FAMILY HOUSEHOLD MEAL BENEFIT APPLICATION

### SY 2011 - 2012



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:** 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)

NAME OF ALL HOUSEHOLD MEMBERS (FIRST, M.I, LAST)	SCHOOL NAME FOR EACH CHILD ATTENDING A SCHOOL	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 <b>NO</b> INCOME

**PART 2:** If any member of your household receives SNAP (food stamp), FDPIR or TAFDC benefits, please provide the Agency Identification Number located on the upper right side of the Department of Transitional Assistance (DTA) benefit letter. Please skip to Part 5 and sign this form if you have provided an Agency Identification Number.

**Agency ID:** \_\_\_\_\_ **\*\* Do not provide your EBT card number.**

**PART 3:** Is any school age child living with you a migrant child, homeless or a runaway? Yes No  
If yes, please call the homeless liaison or migrant coordinator for free meals: # 508-979-4000 ext 117

**PART 4:** TOTAL HOUSEHOLD GROSS INCOME: You must tell us how much income, and **how often** in the chart below.

NAME (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	EARNED INCOME- BEFORE TAXES/DEDUCTIONS	CHILD SUPPORT OR ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS	ALL OTHER INCOME
<i>(EXAMPLE) Jane Smith</i>	<i>\$199.99 weekly</i>	<i>\$149.99 every other week</i>	<i>\$99.99 monthly</i>	<i>None</i>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

**PART 5:  
SIGNATURE.**  
A parent or caretaker adult must sign the

application (see Privacy Act 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 Privacy Act Statement on the back of this page.)

SIGN HERE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_ STREET \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

LAST 4 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: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after 45 days)

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. Your children may also qualify for free meals if any person in the household receives SNAP (food stamps) or TAFDC (cash assistance) regardless of the income limits on this chart.

**Privacy Act 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 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), Transitional Aid for Families with Dependent Children (TAFDC) 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.

**FEDERAL ELIGIBILITY INCOME CHART SCHOOL YEAR 2011-2012**

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
EACH ADDITIONAL PERSON:	7,067	589	136

**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 discriminating 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."