



August 2021

Dear St. Joseph and Fairhaven Elementary School Students, Parents, and School Community:

The new school year is upon us and we want to extend a warm welcome and let you know that **Chartwells School Dining Services** has some exciting plans for your school meals programs. We have a great team in place to work to bring excitement and quality to the program. Our mission is to ensure that we serve healthy, well-balanced, Nutritious meals that our students and staff enjoy.

Chartwells brings fresh ideas and innovative concepts to school dining services. We realize that mealtime needs to be fun and delicious, built around the kind of high-quality foods and fresh ingredients designed to energize and satisfy student's on-the-go. Our passion for good food isn't limited to the cafeteria - the lessons learned in school will guide our students throughout their lifetime. So together with a balanced, delicious meal, we offer an exciting range of educational tools that help students make wise, informed decisions. You will see gradual changes with the menu, choices, and food presentation at all schools. We will be working with administrators, students, and parents to gain insight to how we can enhance our services.

We strive to make the dining experience special, so we are planning enhancements designed to appeal to each group of students and staff. We understand that although change is good, it is not without challenges and we will do our best to address any questions and concerns as they arise. Here is some general information.

**Meal Prices: Free to all for school year 2021-2022.**

	Breakfast	Lunch
Paid	\$1.60	\$2.75
Reduced	\$.30	\$.40

Milk is available with all meals. All 8 oz. cartons are \$ .50.

**Payment Process:** The **NUTRIKIDS® Point of Sale (POS) system** will continue to be used this year.

**Fairhaven Public Schools offer [www.MySchoolBucks.com](http://www.MySchoolBucks.com), a convenient online service that allows you to securely pay for your student's meals online using your credit/debit card or electronic check.** Log on to the Fairhaven School district website to access or open a food service account for your student with [myschoolbucks.com](http://myschoolbucks.com).

You can:

- Set Up Automatic Recurring Payments
- Track & Review Meal History
- Create Low Balance Alerts
- Make Payments with the Mobile App
- And More...

Sign up now! Registering for your FREE account is easy, go to <https://www.MySchoolBucks.com>. Create a secure account and never worry again about sending cash or checks with your student(s) to school again! Once you set up an account you will be able to log on and see your child's transactions.

You can also down load the app. to use on your smart phone.

**FREE AND REDUCED:** Any student will be covered for the first 30 days of school on their old status of free or reduced. A new application has to be submitted and on file within the first 30 days of school. If no application is turned in your child's status will automatically go to paid status until a new application is turned in and verified on file for 2020-21.

Applications for free and reduced can be obtained from the school office or on the Fairhaven School district web site. One will be sent home on the first day of school with every student.

### Elementary Program

For the elementary students, we will be following an adventure of fun and nutrition education with the help of the **Eat, Learn, Live Characters - Theodore, Sydney, & Ava** - watch for Theodore, Sydney & Ava and friends on menus and signs in cafeterias- they are our nutrition ambassadors!!!! Check menus for special "Characters Giveaways" and nutrition information! You will also notice whole grain products, fresh fruits, and vegetables being offered more frequently.

### **Nutrislice Menus**



**Menus:** Chartwells new innovative menus will be posted on the Fairhaven School District website.

**New easy features will include:**

>[www.fairhavenps.nutrislice.com](http://www.fairhavenps.nutrislice.com)

- > More information about menu item including photo and description.
- > Filter for common food allergens like nuts, wheat and dairy.
- > Access to nutrition information like carb counts and calories
- > Smartphone accessibility.

### **Other Information:**

To learn more about Chartwells, visit our website at [www.eatlearnlive.com](http://www.eatlearnlive.com). We're excited about our partnership with Fairhaven School District and hope to provide a great program while becoming part of the Fairhaven community.

Please feel free to contact me at any time at 508-979-4051, ext 11002.

Sincerely,

*Felecia Connelly*

Director of Dining Services  
fconnelly@fairhavenps.net  
Fairhaven Public Schools  
Chartwells School Dining Services

## 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 Fairhaven. 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 Barbara Loranger, 508-979-4000 x 135 or bloranger@fairhavenps.net.

**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 CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDP/IR, 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.** 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.

**B) Is the child a student at [name of school/school system here]?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Fairhaven Public Schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

**C) Do you have any foster children?** 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.

**D) Are any children homeless, migrant, or runaway?** 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 FDP/IR?**

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).
- Temporary Assistance for Needy Families (TANF).
- The Food Distribution Program on Indian Reservations (FDP/IR).

- A) If no one in your household participates in any of the above listed programs:**
- Leave **STEP 2** blank and go to **STEP 3**.
- B) If anyone in your household participates in any of the above listed programs:**
- Write the Agency ID for SNAP, TANF, or FDP/IR. You only need to provide one Agency ID. If you participate in one of these programs and do not know your Agency ID, contact: MA Health and Human Services at 617-575-1660. 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

**STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

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.

**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.*

<p><b>A) Provide your contact information.</b> 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.</p>	<p><b>B) Print and sign your name and write today's date.</b> Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p><b>C) Mail Completed Form to: 128 Washington Street, Fairhaven, MA 02719 or return to your child's school.</b></p>	<p><b>D) Share children's racial and ethnic identities (optional).</b> 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.</p>
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# Fairhaven Public Schools

128 Washington Street, Fairhaven, MA 02719

508-979-4000

Dear Parent/Guardian:

Children need healthy meals to learn. [Name of School/School District] is providing **free meals to all students** under the USDA's Child Nutrition Programs (Seamless Summer Option or Summer Food Service Program). Children enrolled in the district (or in the community) are eligible for these **free meals regardless of eligibility** through June 30, 2022. Even though meals are free, it is recommended that school districts still collect applications and notify households of the results.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for free school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling Project Bread's Food Source Hotline at 1-800-645-8333 and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect: <https://dtaconnect.eohhs.mass.gov/apply>

## 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 2021-2022**

Household size	Yearly	Monthly	Weekly
1	\$23,828	\$1,986	\$459
2	\$32,227	\$2,686	\$620
3	\$40,626	\$3,386	\$782
4	\$49,025	\$4,086	\$943
5	\$57,424	\$4,786	\$1,105
6	\$65,823	\$5,486	\$1,266
7	\$74,222	\$6,186	\$1,428
8	\$82,621	\$6,886	\$1,589
Each additional person:	+8,399	+700	+162

### 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 **Jennifer Castanhinha 507-979-4000 x 117** or **Jcastanhinha@fairhavenps.net**

### 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: **128 Washington Street, Fairhaven, MA 02719.**

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 **Barbara Loranger, 508-979-4000 x 135 or bloranger@fairhavenps.net** immediately.

CAN I APPLY ONLINE? **NO**

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 508-979-4000 x 111 or writing to: **Tara Kohler, 128 Washington Street, Fairhaven, MA 02719**

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 **Barbara Loranger, 508-979-4000 x 135 or bloranger@fairhavenps.net** 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 **508-979-4000 x 135**.

Sincerely,  
Barbara Loranger  
Free/Reduced Lunch Coordinator  
7/20/21

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*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.*

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**Non-Discrimination Statement:**

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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# Fairhaven Public Schools

128 Washington Street, Fairhaven, MA 02719

508-979-4000

Prior to initiating the hearing procedure, the parents or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information and obtain an explanation of data submitted in the application or the decision rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

Each LEA is required to develop their own official hearing procedure that is inclusive of all listed below.

The hearing procedure provides for the following:

1. A publicly announced, simple method for making an oral or written request.
2. An opportunity to be assisted or represented by an attorney or other person.
3. An opportunity to examine, prior to and during the hearing, any documents and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing.
5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
7. That the hearing is conducted and the decision made by a hearing official who did not participate in making the decision under appeal or any previously held conference regarding the meal benefit issuance process.
8. That the decision of the hearing official be based in the oral and documentary evidence presented at the hearing and be made a part of the hearing record.
9. That the parties concerned and any designated representative thereof be notified in writing of the decision of the hearing official and that the decision of the hearing official is binding.
10. That for each hearing a written record be prepared, including the challenge or decision under appeal, any documentary evidence, a summary of any oral testimony presented at the hearing, the decision of the hearing official including the reasons thereof and a copy of the notification to the parties concerned of the hearing official's decision.
11. That such written record be preserved for a period of 3 years after the close of the school year to which it pertains. These records shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.

During the appeal and hearing procedure:

- A. Children who have been denied benefits upon application shall not receive continued benefits during this period.
- B. Children who have been approved for benefits but are subject to termination or reduction of benefits later in the same school year shall continue to receive benefits if an appeal of the adverse action has been made within the 10-day advance notice period.

Advance notification shall be provided to families who receive a termination of benefits 10 calendar days prior to the actual termination.

The notice shall advise households of: (1) the change; (2) the reason for the change; (3) the right to appeal the action within the 10-day advance notice period; (4) instructions on how to appeal and (5) the right to reapply any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the Local Educational Agency.

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**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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



# 2021-2022 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 the responses are read for additional names attached to the sheet for 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	Age	Student? Circle Yes or No	Check all that apply			
						Foster	Homeless	Migrant	Runaway
					Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? **Agency ID Number:** \_\_\_\_\_

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**

**STEP 3** Report income for ALL Household Members (Skip this section 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:

**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.

Child Income	\$ _____		
	Weekly	Bi-weekly	Monthly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony	How often?			Persons / Retirement / All Other Income			
	Weekly	Bi-weekly	Monthly		Weekly	Bi-weekly	Monthly		Weekly	Bi-weekly	Monthly
					<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"/>
					<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"/>

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: 128 Washington Street, Fairhaven, MA 02719 or return to 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 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 - Parents 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

**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

**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 indicate the last four digits of the social security number of the 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, 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.

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, JSSA, 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

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.

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 apply for benefits. Individuals who are deaf or 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](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide the letter and information requested in the form. For a request for the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410  
 fax: (202) 696-7442, or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Total Income  Household Size

**Annual Income Conversion:**

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

Only annualize income if there are multiple pay frequencies

How often?  
 Weekly  Bi-Weekly  Semi-monthly  Monthly  Annually

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Eligibility:  
 Free  Reduced  Denied

Categorical Eligibility

### 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/idea](http://www.mass.gov/idea) 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/igf/scf/service](http://www.mass.gov/igf/scf/service)
- 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) 897-8765, 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 Pre 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.

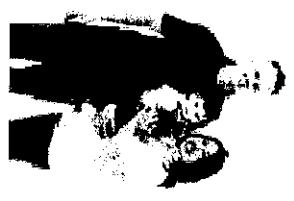
### What If I Have Little or No Money At All?

- 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**



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

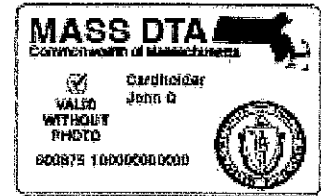
**Para saber mas, llame al: 1-800-841-2900**

*covering  
kids*



# Got Pandemic EBT (P-EBT)?

## You could get more money for food with SNAP



SNAP is here for families at any time – during the pandemic and after. It is now easier to apply.

### What is SNAP? (Supplemental Nutrition Assistance Program)

SNAP is monthly money for food. You buy food with an EBT card, which is like a debit card for food shopping.

### Am I eligible to get SNAP?

Eligibility is based on your household's size and income. Some types of income do not count for SNAP, like the current \$300 per week boost in unemployment (Federal Pandemic Unemployment Compensation). Earnings of students under 18 in school do not count.

### Will receiving SNAP impact my immigration status?

Like P-EBT, using SNAP does not impact you or your kid's immigration status. SNAP is not considered in a "public charge" test. It is safe to get food benefits that you and/or your kids are eligible for.

### How much will I get if I'm eligible?

- The amount of SNAP you get generally depends on your income and how many people are in your household
- During the COVID-19 emergency, you will temporarily get the maximum SNAP amount
- For example: \$616 per month for a family of 3, and \$782 for a family of 4

**IMPORTANT: P-EBT is available in summer 2021 - keep your card!**

Apply/Learn more:

[MAP-EBT.org/SNAP](https://MAP-EBT.org/SNAP)



Department of  
Transitional  
Assistance

877-382-2363

Project Bread's FoodSource Hotline

1-800-645-8333

