

PRINT NEATLY
USE DARK BLUE OR BLACK INK

BOSTON PUBLIC SCHOOLS FAMILY APPLICATION FOR MEAL BENEFITS

Home Room

ENG / SPA

rev: 08/15/2011

1 Students attending Boston Public Schools ONLY (Niños en las Escuelas Públicas de Boston ÚNICAMENTE)

Names of all children in Boston Public Schools ONLY (Last, First, Middle Initial) (Apellido, Nombre, Inicial)	Student ID Number (Número del Estudiante)	Grade (Grado)	School Name (Escuela)	"X" if foster child "X" si niño/a de crianza
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

2 SNAP or TAFDC

If any member of your household receives SNAP (food stamp) 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 6** and sign this form if you have provided an Agency Identification Number. Escriba el Número del caso para CUALQUIER miembro de su hogar (incluid adultos y niños) que reciben los beneficios de SNAP o TAFDC.

**** Do not provide your EBT card number.**
**** No proporcione su número de tarjeta EBT**

3 Homeless, Migrant or Runaway child (Sin hogar, Emigrante o niño/a fugitivo/a)

If the child you are applying for is homeless, migrant or a runaway check the appropriate box below and call Mary William at (617) 635-8037 for further assistance. In addition, you must fill out this application completely to be considered for benefits. Si el niño/a por el que usted solicita es: sin hogar o niño/a fugitivo/a, marque la caja apropiada y llame al enlace sin hogar o al coordinador migratorio de la escuela del niño. Así mismo, debe llenar esta solicitud completamente.

- Homeless
 Migrant
 Runaway

4 Total Household Income -- You must tell us EXACTLY how much and how often (Ingreso total del hogar; debe indicarnos EXACTAMENTE la cantidad y la frecuencia)

Names of Household members Nombres de los miembros del hogar	Check if no income. (Marque si no tiene ingresos)	Write income clearly. Completely darken the circle that shows how often income is received. Weekly (W), Every 2 Weeks/Bi-Weekly (E), Twice a Month (T), Monthly (M) Escriba el ingreso de forma legible. Rellene completamente el círculo que muestra la frecuencia con que recibe el ingreso. Semanal (W), cada 2 semanas (E), dos veces al mes (T), mensual (M)												Refusal of Benefits (Rechaza de Beneficios)
		Gross Income Before Deductions (Ingresos antes de deducciones)				Welfare, Child Support, Alimony (Ayudas Sociales, Pensiones Infantiles o Pensiones Alimenticias)				Pensions, Retirement, Social Security and Other (Pensiones, jubilación, Seguro Social o cualquier otro ingreso)				
List the names of all household members including student(s). (Nombres de todos los miembros de su hogar incluyendo estudiante(s))		Weekly	Bi-Weekly	2 X Monthly	Monthly	Weekly	Bi-Weekly	2 X Monthly	Monthly	Weekly	Bi-Weekly	2 X Monthly	Monthly	<input type="checkbox"/> Check this box if you do not wish for your child(ren) to receive benefits. Marque esta caja si no desea que su hijo reciba los beneficios OFFICE USE ONLY SÓLO PARA USO DE LA OFICINA
(EXAMPLE) Jane Smith	<input type="checkbox"/>	\$ 199.99	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 149.99	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	\$ 99.99	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
1)	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2)	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3)	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4)	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5)	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

5 Other Benefits (Otros Beneficios)

By checking this box and signing below, I allow BPS to release the information on this application to other child nutrition, health and education programs to determine eligibility for each program.
Doy permiso a BPS a dar mi nombre, dirección y la información de mi hijo(a) a otros programas, si califica o no para comidas gratis o a precio reducido.

Signature (Firma)

6 Signature and Social Security Number (Firma y Número de Seguro Social)

A parent or caretaker adult 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). 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. (La aplicación DEBE ser firmada por un adulto. Certifico que toda la información indicada arriba es verdadera y correcta, y que todos los ingresos y/o los números de serie de las SNAP or TAFDC reportados son correctos. Entiendo que esta información se ofrece por el recibo de los fondos federales; que los funcionarios escolares podrán verificar la información en la solicitud y que las representaciones falsas con premeditación de esta información serán causa de pleito judicial según las leyes aplicables federales y estatales. Escriba los últimos 4 números del Seguro Social o marque la casilla si no posee un número de Seguro Social.)

Signature of Adult Household Member (Firma del Miembro Adulto del Hogar)

Social Security Number (Número de Seguro Social)

I do not have a Social Security Number
No tengo un número de seguro social

Date (Fecha)

Parent/Guardian First Name (Nombre del padre/encargado)

Parent/Guardian Last Name (Apellido del padre/encargado)

Home Phone (Teléfono del Hogar)

Work Phone (Teléfono del Trabajo)

8411048523

Street Address (Dirección)

City, State, Zip (Ciudad, Estado, Código Postal)

(THIS APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE IN PART 6.) (Esta aplicación no puede ser procesada sin la firma en la parte 6.)

APPLICATION INFORMATION

Dear Parent/Guardian: The Boston Public Schools (BPS) participate in the National School Lunch and Breakfast Programs. Under these Programs, your child may be eligible for free or reduced price meals. To determine their eligibility based on household income requirements, it is essential that you complete and return the Application on the backside. Each household should complete and return one Application per household (foster children no longer require a separate application). A school based Food and Nutritional Services (FNS) staff member will make a determination of eligibility, and *within 10 days* of receipt of the application, a letter will be sent home with your child requesting additional information or with an official determination on eligibility status. If you need assistance completing the application or have questions, please call 617-635-6371 or 6372.

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.

Eligibility Guidelines for Meal Benefits 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

Current Year's Meal Prices		
Meal Type	Full Price	Reduced Price
Breakfast:	\$1.50	\$0.30
Elementary Lunch:	\$2.25	\$0.40
Middle & High School:	\$2.50	\$0.40

Privacy Act Statement

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 case number or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. **We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.**

Non-discrimination Statement

This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from 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."



BOSTON PUBLIC SCHOOLS

DEPARTMENT OF FOOD & NUTRITION SERVICES

MEAL APPLICATION INSTRUCTIONS

Dear Parent/Guardian:

Children need healthy meals to learn. **Boston Public Schools** offers healthy meals every school day. Breakfast costs **\$1.50**; lunch costs **\$2.25 for elementary students, \$2.50 for middle and high school students**. Your children may qualify for free meals or for reduced price meals. Reduced price is **.30** for breakfast and **.40** for lunch.

Please complete a "Family Application for Meal Benefits" to see if your child (ren) qualify for free or reduced price meals. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to your child's school.**

Questions and Answers about Meal Applications

1. **I filled out an application last year. Do I have to fill out another this year? YES!** A new application must be submitted each school year.
2. If your child was eligible for free or reduced meals in **June** of each school year, he/she may still receive free or reduced price meals for the **first 30 operating days of school**. After you submit an application for the **new** school year, you will receive a letter with your child's status for the new school year. If your child's status has changed from last year; an increase in benefits will occur within 24 hours, and a decrease in benefits will occur within 10 business days after the application is processed.
3. If your child was not in a BPS school last year, please return your application as quickly as possible. Until we process an application for this year, your child will be required to pay full price for meals.
4. **I have more than one child. Do I need to fill out an application for each child?** No. Please use one "Family Application for Meal Benefits" for all students in your household.
5. **Who can get free meals?** Children in households receiving **Supplemental Nutrition Assistance Program-SNAP or TAFDC** can get free meals **regardless of your income**. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
6. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income, and is considered part of the household size. However, parents/guardians must indicate which child is a foster child on the meal application by placing an **X** in the box in number **1** (far right) of the application.
7. **Can homeless/ runaway children get free meals?** Yes. Please call **Mary William, BPS Homeless Liaison at 617-635-8037**, to see if your child (ren) qualifies, if you have not been informed that they will get free meals.
8. **Who can get reduced price meals?** Your child (ren) can get reduced-price meals if your household income is within the reduced price limits on the Federal Income Chart (call the school cafeteria or Meal Applications department at 617-635-6371 or 6372 for this information).
9. **I got a "Direct Certification Notice" from BPS this August saying my child is qualified for free meals. Should I still fill out an application?** No, you do not need to fill out an application. Please read the letter you got carefully, and save it in case there are any questions in the future. The school your child attends has been notified of eligibility. However, if you need additional information please give the foodservice department a call at 617-635-6371/6372

10. **I get WIC. Can my child (ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
11. **I don't have a social security number. Can my child receive free or reduced price meals?** Yes. However, you must *check the box* in number **6** of the application that says "I do not have a Social Security Number."

*****New federal guidelines do not require the full social security number, just the last 4 digits*****

12. **Will the information I fill out be checked?** Yes, BPS Food & Nutrition Services staff verifies a number of applications each year. If your application is selected for verification, you will be asked to provide documentation of your income, or information listed on the submitted application.
13. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Supplemental Nutrition Assistance Program- **SNAP, TAFDC**, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
14. **If my application for free or reduced price meals is denied, and I disagree, what can I do?** If you disagree with the decision about your child's meal status, you may ask for a hearing by calling or writing to:

**BPS Department of Food & Nutrition Services (Temporary address)
Higginson Building
160 Harrishof Street
Roxbury, MA 02119
617-635-9144**

15. **Someone in my household is not a U.S. citizen. May I still apply for free/reduced meals for my child?** Yes. You or your child (ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
16. **Who should I include as members of my household?** You must include *all people living in your household, whether or not they are related (including grandparents, other relatives, or friends)*. Also include non-U.S. citizens. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
17. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it occasionally.
18. **We are in the military. Do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
19. **My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
20. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Supplemental Nutrition Assistance (SNAP) or other assistance benefits, contact your local assistance office or call (1-866-950-3663).

If you have other questions or need help filling out the application, call the **Department of Food & Nutrition Services, at 617-635- 9144/ 6371/ 6372 for assistance.**

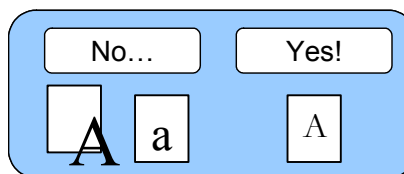
MEAL APPLICATION INSTRUCTIONS

The “Family Application for Meal Benefits” will be scanned by a machine. In order to process your application quickly, please read the following tips on how to complete the application.

STOP If you 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.

1. Read the information and instructional pieces provided to you on the back of the application and in this booklet to help you navigate through the application with ease. Applications are available in 8 different languages (***English/Spanish combination, Portuguese, Haitian/Creole, Cape Verdean, Chinese, Vietnamese, and Somali***). If this application is not in the language you speak, please contact your child’s school or the Food and Nutrition Service Department for assistance at 617-635-6371 or 6372.
2. If you are **not interested** in receiving free or reduced price meals, please indicate this in number **4**, and return it to your child’s school.

3. To complete the form, PLEASE:
 - a. Use black ink (**do not use pencil**).
 - b. Write legibly
 - c. Use ALL CAPITAL LETTERS
 - d. Please write *clearly* inside the box



4. If you cannot fit all the information in the available space, just write as much as possible.
5. Please **do not fold or staple** anything to the application.
6. Print the student (s) Last Name, First Name, and Middle Initial, Student ID#, Grade, School name, and check off whether of not the child you are applying for is a foster child, in **number 1**.

A foster child is in the **care** and **custody** of the state that lives in your household. The state no longer requires a separate application for foster children as they are part of the household size.

7. **If you have more than six students in number 1, or more than five other household members in Part 4**, please write that information on a separate piece of paper and submit it with the application. Make sure you include the child’s name and school.
8. For families/students receiving TAFDC/SNAP benefits: Make sure you **write in your SNAP or TAFDC case number in number 2**. (This number is the *assigned agency identification* number located on the *upper right* side of the Department of Transitional Assistance benefit letter).
9. Homeless/Runaway/Migrant children number **3**: If the child you are applying for is Homeless/Runaway or Migrant, place an X in the box provided on the application and call Mary William at 617-635-8037.

10. **Reportable Income:** Eligibility for free and reduced price meals is based on the combined monthly income of all household members. Please list all income including: wages, salaries, tips, strike benefits, unemployment compensation, workers' compensation, income from self-employment or self owned business or farm, pension, retirement, social security, supplemental security income, other income. Earnings must be before taxes or deductions in number 4 of the application.
11. **Numbers (4, 5, and 6):** Write the names of everyone in your household, whether or not they get income. Include yourself, the child (ren) you are applying for, all other children, your spouse, grandparents, and all household members living in your household. Use another piece of paper if necessary.
12. Write the amount of current income each household member receives, before taxes (Gross Income), and indicate where it came from, such as earnings, welfare and pensions, etc. Specify how often this income is received: *Weekly (W), Bi-weekly (E), 2 X monthly (T), and monthly (M)*.
13. If you are *refusing benefits* please check the box in **number 4** of the application.

This application cannot be processed without the last 4 digits of the social security number and Signature. If you do not have a Social Security number, please check off the box "I do not have a SS#" in number 6.

Boston Public Schools Food Services Income Guidelines and Meal Prices

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Household Size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
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Current Year's Meal Prices		
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