



STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

[illegible]

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 List ALL adult household members and income for each member (before taxes and deductions) (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

B. All Adult Household Members (including yourself)

Name of Adult Household Members (First and Last)

<i>Name of Adult Household Members (First and Last)</i>	Earnings from Work	How often?				Public Assistance/ Child Support/ Alimony	How often?				Pensions / Retirement / All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
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XXX-XX-

Check if no SSN ☐

STEP 4 Contact Information and Adult Signature

Mail Completed Form To: Old Colony R.V.T.H.S. 476 North Ave., Rochester, MA 02770 Attn: Crystal Andrade

 Street Address (if available)		 City		 State	 Zip	 Daytime Phone and Email (optional)
 Printed name of adult signing the form		 Signature of adult			 Today's date	

Sources and Examples of Income

For additional information on income, please refer to the instructions that accompany this application.

Sources and Examples of Income for Children
- A child has a regular full or part-time job where they earn a salary or wages
- A child is blind or disabled and receives Social Security benefits
- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust
- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
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, FSSA, 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

OPTIONAL

Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

Ethnicity:	Race (check one or more):
☐ Hispanic or Latino	☐ American Indian or Alaskan Native
☐ Not Hispanic or Latino	☐ Asian
	☐ Black or African American
	☐ 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 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.

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.

For School Use Only

Annual Income Conversion: Weekly $\times$ 52, Every 2 Weeks $\times$ 26, Twice a Month $\times$ 24, Monthly $\times$ 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
☐	☐	☐	☐	☐

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
☐	☐	☐

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Error prone ☐