

# Blackstone Valley Vocational

## Regional School District

65 Pleasant Street

Upton, Massachusetts 01568-1499

(508) 529-7758

Fax # (508) 529-4579

Kurtis W. Johnson

Director of Business Operations

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Dr. Michael F. Fitzpatrick  
Superintendent-Director  
mfitzpat@valleytech.k12.ma.us

Dear Parent/Guardian:

Children need healthy meals to learn. Blackstone Valley Vocational Regional School District (Valley Tech) offers healthy meals every school day. Breakfast costs \$1.25; lunch costs \$2.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. 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: Kurtis Johnson, 65 Pleasant Street, Upton, Ma. 01568. Should you have any questions concerning this application, you may contact Mr. Johnson at 508-529-7758 x3152.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from MA SNAP, the Food Distribution Program on Indian Reservations or MA TAFDC, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **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.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Valley Tech's homeless liaison/migrant coordinator, Anthony Steele, to see if they qualify. Mr. Steele can be contacted by phone 508-529-7758 x3016 or email [asteel@valleytech.k12.ma.us](mailto:asteel@valleytech.k12.ma.us).
5. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at 508-529-7758 x3152 if you have questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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.
8. **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.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **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.
11. **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: Mr. Christopher Cummings (Principal), 65 Pleasant Street, Upton, Ma. 01568. Mr. Cummings can be contacted by phone 508-529-7758 x3003 or email [ccumming@valleytech.k12.ma.us](mailto:ccumming@valleytech.k12.ma.us).

12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living 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.
14. 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.
15. 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.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS 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.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call the SNAP Hotline **1-866-950-3663**

If you have other questions or need help, call 508-529-7758 x3152.

Si necesita ayuda, por favor llame al teléfono: 508-529-7758 x3152.

Si vous voudriez d'aide, contactez nous au numero: 508-529-7758 x3152.

Sincerely,



Kurtis W. Johnson  
Director of Business Operations

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Enclosures

# MASSACHUSETTS FREE OR REDUCED PRICE SCHOOL MEALS

## FAMILY HOUSEHOLD MEAL BENEFIT APPLICATION



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 NO INCOME
		<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"/>

**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: # \_\_\_\_\_ (District phone number)

**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
(EXAMPLE) Jane Smith	\$199.99 weekly	\$149.99 every other week	\$99.99 monthly	None
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

**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

\*\*\*\*\*CONTINUED ON BACK\*\*\*\*\*

**Part 6: CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)***Choose one ethnicity:*

- Hispanic/Latino  
 Not Hispanic/Latino

*Choose one or more (regardless of ethnicity):*

- Asian       American Indian or Alaska Native       Black or African American  
 White       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.

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

**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), Temporary Assistance 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.

**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."

## SHARING INFORMATION WITH MEDICAID/SCHIP

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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 (SCHIP). 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 SCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and SCHIP 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 SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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**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 Kurtis Johnson at 508-529-7758 x3152 or email at [kjohnson@valleytech.k12.ma.us](mailto:kjohnson@valleytech.k12.ma.us).

Return this form to: Kurtis W. Johnson  
65 Pleasant Street  
Upton, Ma 01568



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**

**MassHealth**



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**

