



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 more spaces are required for additional names, attach another sheet of 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	Grade	Student? Circle Yes or No	Foster	Homeless	Migrant	Runaway
					Y N	<input type="checkbox"/>	Check off that apply		
					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? 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 Report income for ALL Household Members (Skip this step 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 \$ _____

How often?
Weekly Bi-Weekly 2x Month Monthly

Name of Adult Household Members (First and Last)	Public Assistance/Support/Alimony			How often?			Divisions/Retirement/Other Income			How often?		
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly

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: Stoneham Public School District-Business Office, 149 Franklin Street or your students 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 Income for Children	
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	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's 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 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 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.

Total Income **Household Size**

Only annualize income if there are multiple pay frequencies

How often?
 Weekly Bi-Weekly 2x Monthly Monthly Annually

Determining Official's Signature

Date

Confirming Official's Signature

Date

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, BSA 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.

For program information (e.g. Braille, large print, state or local) where they applied for benefits, contact USDA through the Federal Relay Service at (800) 877-8333. Accessibility 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, 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
 This institution is an equal opportunity provider.

For School Use Only
 2021-2022 Massachusetts Application for Free and Reduced Price School Meals

Eligibility: Free Reduced Denied

Categorical Eligibility

Date

Verifying Official's Signature

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

We MUST Check Your Application

You must send the information we need, or contact Katelyn Finnegan by [date], or your child(ren) will no longer be identified as being eligible for free or reduced price meals, enabling eligibility for P-EBT benefits.

School: _____ Date: _____

Dear _____:

Currently, your district is operating under the SSO meal program which means that your child will continue to receive free meals through the 2021-2022 school year. However, a meal benefit application has been submitted for your household which requires the verification of free and reduced price eligibility for the purposes of P-EBT benefits.

Federal rules require that we do this to make sure only eligible children get free or reduced-price meals. You must send us information to prove that **[name(s) of child(ren)]** is/are eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. **If you were receiving benefits from MA SNAP, or MA TAFDC when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:**

- **MA SNAP or MA TAFDC Certification Notice** that shows dates of certification.
- Letter from **MA SNAP or MA TAFDC** office that shows dates of certification.
- Do not send your EBT card.

2. **If you get this letter for a homeless, migrant, or runaway child, please contact [school, homeless liaison, or migrant coordinator] for help.**

3. **If the child is a Foster Child:**

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. **If no one in your household receives MA SNAP or MA TAFDC benefits:**

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. Send information to: **35 Central Street, Stoneham MA 02180**

Acceptable papers include:

- **Jobs:**
Paycheck stub or pay envelope that shows the amount and how often the pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
- **Social Security, Pensions, or Retirement:**
Social Security retirement benefit letter, statement of benefits received, or pension award notice.
- **Unemployment, Disability, or Worker's Comp:**
Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.
- **Welfare Payments:**
Benefit letter from the **MA TAFDC** office.
- **Child Support or Alimony:**
Court decree, agreement, or copies of checks received.
- **Other income (such as rental income):**
Information that shows the amount of income received, how often it is received, and the date received.
- **No income:**
A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.
- **Military Housing Privatization Initiative:**
Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.
- **Timeframe of Acceptable Income Documentation:**

Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **Katelyn Finnegan** at **781-279-2409**. The call is free. **[Toll free or reverse charge explanation]**. You may also e-mail us at **kfinnegan@stoneham-MA.gov**

Sincerely,

Katelyn Finnegan

Katelyn Finnegan
Business Manager
July 14, 2021

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced-price meals. Pursuant to Section 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

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.

This institution is an equal opportunity provider.

We HAVE Checked Your Application

School: _____ Date: _____

Dear _____:

As a reminder, your child(ren) will continue to receive free school meals for 2021-2022 school year under the SSO meal program. However, because free and reduced price meal eligibility is used to determine P-EBT benefits, we checked the information you sent us for [name(s) of child(ren)].

The following was determined:

- Your child(ren)'s eligibility has not changed.
- Starting [date], your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- Starting [date], your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income was verified electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway*, and met the guidelines for receiving free meals. Your child(ren) will receive meals at no cost.
- Starting [date], your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost \$0 for lunch and \$0 for breakfast.
- Starting [date], your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income was verified electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway*, and met the guidelines for receiving reduced price meals. Reduced price meals cost \$0 for lunch and \$0 for breakfast.
- Starting [date], **your child(ren) is/are no longer eligible** for free or reduced price meals and P-EBT benefits for the following reason(s):
 - ___ Records show that no one in your household received **MA SNAP, MA TAFDC, or Medicaid** benefits.
 - ___ Records provided electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway* has determined that your income is over the limit.
 - ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___ Your income is over the limit for free or reduced-price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

* The Virtual Gateway is an internet portal designed by the Massachusetts Executive Office of Health and Human Services (EOHHS) to provide the general public, medical providers, community-based organizations, Massachusetts Department of Elementary and Secondary Education, and EOHHS staff with online access to health and human services, allowing for easy access to critical health and human services programs and information. **If you do not agree with the Virtual Gateway eligibility determination, please contact [name] at [phone] to request a paper verification package, which will allow you to submit current income information.**

Meals cost [\$] for lunch and [\$] for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received **MA SNAP, MA TAFDC or [FDPIR]** benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **Katelyn Finnegan at 781-279-2408** You also have the right to a fair hearing. If you request a hearing by [date], your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **John Macero, 149 Franklin Street, 781-279-1312], jmacero@stonehamschools.org**

Sincerely,

John Macero

John Macero
Superintendent
July 14, 2021

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2. fax: (202) 690-7442; or
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I Speak Statements

<input type="checkbox"/> Unë flas shqip (Albanian)	<input type="checkbox"/> N̄ a po Klào Win. (Kru)
<input type="checkbox"/> አማርኛ አናገራለሁ (Amharic)	<input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າພາສາລາວ. (Lao)
<input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic)	<input type="checkbox"/> Yie gongv Mienh waac. (Mien)
<input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian)	<input type="checkbox"/> म नेपाली बोल्छु (Nepali)
<input type="checkbox"/> আমি বাংলা ভাষী। (Bengali)	<input type="checkbox"/> Mówię po polsku. (Polish)
<input type="checkbox"/> Ja govorim bosanski jezik (Bosnian)	<input type="checkbox"/> Eu falo Portugês. (Portuguese)
<input type="checkbox"/> ကျွန်တော်တို့ပြောတာက ပြာသာဒ်ပါ။ (Burmese)	<input type="checkbox"/> ਇ ਸ੍ਰੇਆਕ ਪੰਜਾਬੀ (Punjabi)
<input type="checkbox"/> 我说中文 (Chinese Simplified)	<input type="checkbox"/> Cunosc limba Română. (Romanian)
<input type="checkbox"/> 我說中文 (Chinese Traditional)	<input type="checkbox"/> Я говорю по-русски. (Russian)
<input type="checkbox"/> Ja govorim hrvatski. (Croatian)	<input type="checkbox"/> Ou te tautala faa Samoa. (Samoa)
<input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi)	<input type="checkbox"/> Govorim srpski. (Serbian)
<input type="checkbox"/> Je parle français. (French)	<input type="checkbox"/> Waxaan ku hadlaa Somali. (Somali)
<input type="checkbox"/> Je parle le Français haïtien (French Creole)	<input type="checkbox"/> Yo hablo español. (Spanish)
<input type="checkbox"/> Μιλώ ελληνικά. (Greek)	<input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese)
<input type="checkbox"/> કું ગુજરાતી બોલુ છું (Gujarati)	<input type="checkbox"/> Marunong po akong magsalita ng Tagalog. (Tagalog)
<input type="checkbox"/> Mwen pale Kreyòl. (Haitian Creole)	<input type="checkbox"/> ฉันเจ้าพูดภาษาไทย (Thai)
<input type="checkbox"/> मैं हिंदी बोलता हूँ। (Hindi)	<input type="checkbox"/> እነ ትግርኛ ይዘረብ እየ. (Tigrinya)
<input type="checkbox"/> Kuv hais lus hmoob. (Hmong)	<input type="checkbox"/> Я розмовляю українською. (Ukrainian)
<input type="checkbox"/> Aná m a sù Igbo (Igbo)	<input type="checkbox"/> میں اردو بولتا بولتی ہوں (Urdu)
<input type="checkbox"/> Parlo Italiano (Italian)	<input type="checkbox"/> Tôi nói tiếng Việt. (Vietnamese)
<input type="checkbox"/> 私は日本語を話します (Japanese)	<input type="checkbox"/> יידיש רעד איך (Yiddish)
<input type="checkbox"/> Mi chat Jamièkan langwìj (Jamaican Creole)	<input type="checkbox"/> Mo gbọ Yoruba (Yoruba)
<input type="checkbox"/> ယကတိကျစွာ (Karen)	
<input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)	
<input type="checkbox"/> 본인의 모국어는 한국어입니다 (Korean)	
<input type="checkbox"/> ئە ز زمانێ کوردی دە ناخفم. (Kurdish)	

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Student Name: _____
School: _____

Grade: _____

Notice of Household Approval/Denial of Benefits

Dear Parent/Guardian:

You applied for free or reduced price meals for the following child(ren); _____

Your application was:

- Approved for free meals
- Approved for reduced price meals at \$0 for lunch, \$ 0 for breakfast
- Denied for the following reason(s):
- Income over the allowable amount
 - Incomplete application because _____
 - Other _____

If you do not agree with the decision, you may discuss it with **Katelyn Finnegan** at **781-279-2408** or **kfinnegan@stoneham-MA.gov**. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: JOHN MACERO
ADDRESS: 149 FRANKLIN STREET
PHONE NUMBER: 781-937-3802 E-MAIL: JMACERO@STONEHAMSCHOOLS.ORG

Sincerely,

John Macero

Name	Title	Date
John Macero	Superintendent	July 14, 2021

Non-Discrimination Statement:

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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.

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Hearing Procedures

Dear Parent/Guardian:

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.

Non-Discrimination Statement:

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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.

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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.

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Notice of Direct Certification - FREE

Dear Parent/Guardian:

[Name of School/School District] is providing **free meals to all students** under the USDA's Child Nutrition Programs (Seamless Summer Option). 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, school districts are still required to conduct Direct Certification and notify households of the results. This notification is to let you know that your child has qualified for free meals based on Direct Certification.

The child(ren) listed below will receive free meals at school. Students are eligible if they:

- receive MA SNAP, MA TAFDC or
- receive Medicaid AND has a family income as measured by the Medicaid Program that does not exceed NSLP income guidelines or
- live in a household with a child that receives Medicaid AND has a family income as measured by the Medicaid Program that does not exceed NSLP income guidelines

If there are other children in your household who aren't listed, they also qualify for free meals.

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 FoodSource 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>

Name of Child	Name of School

Please contact **Katelyn Finnegan** at **781-279-2408** or kfinnegan@stoneham-MA.gov if there are other children in your household who are not listed above and you would like them to receive free meals at school OR you do not want your children to receive free meals. If you should have any additional questions, please contact us.

Katelyn Finnegan

781-279-2408

kfinnegan@stoneham-MA.gov

Sincerely,

Katelyn Finnegan

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.

This institution is an equal opportunity provider.

Notice of Direct Certification – REDUCED PRICE

Dear Parent/Guardian:

Stoneham Public School District is providing **free meals to all students** under the USDA's Child Nutrition Programs (Seamless Summer Option). 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, school districts are still required to conduct Direct Certification and notify households of the results. This notification is to let you know that your child has qualified for reduced price meals based on Direct Certification.

If there are other children in your household who aren't listed, they also qualify for reduced price meals. Eligible students either:

- receive Medicaid or
- live in a household with a child that receives Medicaid AND has a family income as measured by the Medicaid Program that does not exceed NSLP income standards.

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 FoodSource 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>

Name of Child	Name of School

Please contact **Katelyn Finnegan** at **781-279-2408** or kfinnegan@stoneham-MA.gov if there are other children in your household who are not listed above and you would like them to receive reduced price meals at school OR you do not want your children to receive reduced price meals. If you believe this result may be incorrect, you may submit an application.

Katelynn Finnegan
781-279-2408
kfinnegan@stoneham-MA.gov

Sincerely,
Katelynn Finnegan

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

FEDERAL ELIGIBILITY INCOME CHART For School Year 21-22			
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:	+8399	+700	+162

Notice of Direct Certification – REDUCED PRICE

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.

This institution is an equal opportunity provider.

Sharing Information with OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

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 **Katelyn Finnegan** at **781-279-3804** or **kfinnegan@stoneham-MA.gov**
Return this form to 35 Central Street, Stoneham MA, 02108 by **October 13, 2021**

Insert School District Letterhead

Limited English Proficiency Taglines Cover Page

Insert local phone numbers below where a parent who is not proficient in English and/or is hearing impaired could call to get access to program information. This should be available at the school or district level where a parent can go to get any vital information about their child's education experience.

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-(800) 841-2900 (TTY: 1-(800) 497-4648).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1(800) 841-2900 (TTY: 1-(800) 497-4648)

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 841-2900 (TTY: (800) 497-4648).

Mandarin Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-1-(800) 841-2900 (TTY : 1-(800) 497-4648)。

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 11-(800) 841-2900 (TTY: 1-(800) 497-4648)

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1- (800) 841-2900 (телетайп: 1-(800) 497-4648).

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-(800) 841-2900 (TTY: 1-(800) 497-4648).

[Insert language, as needed]