

Foxborough Regional Charter School

SY 2011-12 Financial Assistance Application

REQUIRED DOCUMENTATION & PROCEDURE (check off documents attached to application).

- Provide most recent IRS Form 1040 (pages 1 & 2 for all wage earners supporting child(ren) to apply for Extended Day or Transportation benefits.
- Attach copies of supporting documentation (section from divorce decree pertaining to child support & alimony).
- Send copies of unemployment & paycheck stubs for one month's income prior to date of application.
- Copy of Transitional Assistance Benefits Letter, MA SNAP and/or MA TANF Benefits Letter.

Failure to provide proof of all income will result in a delay in processing this request.

DO NOT SEND ORIGINALS; They can not be returned.

All documentation is treated confidentially & shredded after three years.



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
<i>(EXAMPLE) Jane Smith</i>	<i>\$199.99 weekly</i>	<i>\$149.99 every other week</i>	<i>\$99.99 monthly</i>	<i>None</i>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____

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

Part 6: CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)	
<i>Choose one ethnicity:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<i>Choose one or more (regardless of ethnicity):</i> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> 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: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____	
Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____	
Temporary: Free _____ Reduced _____ Time Period: _____ (expires after <u>45</u> 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), Transitional Aid 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

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).

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: _____

Child's Name _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Susan Rasicot** at (508) 543-2508 or e-mail at rasicot@foxboroughrcs.org.

Return this form to: **FRCS, 131 Central Street, Foxborough, MA 02035** by **Friday, September 2nd, 2011.**

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.

No! I **DO NOT** want information from my Financial Assistance Application shared with any programs below.

Yes! I **DO** want school officials to share **information** from my Financial Assistance Application with the:

- FRCS Regional Transportation Program**
- FRCS Extended Day Program**
- FRCS Field Trips**
- Any other FRCS program that becomes available to my child(ren)**

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared **ONLY** with the programs you checked.

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'sName_____

Child'sName_____

Child'sName_____

Child'sName_____

Child'sName_____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Patricia Greene** at **(508) 698-7346** or e-mail at pgreene@foxboroughrcs.org .

Return this form to: **FRCS, 131 Central Street, Foxborough, MA 02035** by **Friday, September 2nd, 2011.**

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**

