## 2019-2020 NEEDHAM PUBLIC SCHOOLS FREE & REDUCED MEAL APPLICATION PACKET

1330 Highland Ave. Needham, Massachusetts 02492 Phone: (781) 455-0400 x11219 FAX: (781) 455-0434 **NOTE:** This application is available in Spanish, Haitian Creole, Russian, Portuguese, and Korean at <u>www.needham.k12.ma.us</u>. Go to Departments-Nutrition Services & On-line

### Dear Parent/Guardian:

Children need healthy meals to learn. Needham Public Schools offer healthy meals every school day. Breakfast at Eliot & Mitchell costs \$1.75; breakfast at Pollard & HS costs \$2.00. Elementary Lunch costs \$3.00; Middle & High School Lunch costs \$3.25. Your children may qualify for free meals or for reduced price meals. The cost for reduced breakfast and lunch is being waived for the 2019-2020 school year in Needham, so there will be no charge to students who qualify for reduced price meals. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

### **Frequently Asked Questions:**

- 1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?
  - All children in households receiving benefits from **MA SNAP**, **MA TANF**, or **MEDICAID** are eligible for free meals.
  - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - Children participating in their school's Head Start program are eligible for free meals.
  - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
  - Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2019-2020				
Household size	Yearly	Monthly	Weekly	
1	\$23,107	\$1926	\$ 445	
2	\$31,284	\$2,607	\$ 602	
3	\$39,461	\$3,289	\$ 759	
4	\$47,638	\$3,970	\$ 917	
5	\$55,815	\$4,652	\$1,074	
6	\$63,992	\$5,333	\$1,231	
7	\$72,169	\$6,015	\$1,388	
8	\$80,346	\$6,696	\$1,546	
Each additional person:	\$+8,177	\$ +682	\$ +158	

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Mary Lammi, Assistant Superintendent for Student Support Services, at 781-455-0400 x11213, or email Mary\_Lammi@needham.k12.ma.us, to see if you qualify.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. 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: Ruth Griffin, Nutrition Services Director, Needham Public Schools, 1330 Highland Avenue, Needham, MA 02492, 781-455-0400 x11219.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Ruth Griffin, 1330 Highland Avenue, Needham, MA 781-455-0400 x11219 or email: Ruth\_Griffin@needham.k12.ma.us, immediately.

- 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <u>www.lunchapp.com</u> to begin, or to learn more about the online application process call 781-455-0400 x11219.
- 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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 has informed you that your child is eligible for the **new** school year.
- 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced-price meals. Please send in an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- **9. 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.
- 10. 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: Anne Gulati, Assistant Superintendent for Financial and Operations, 1330 Highland Avenue, Needham, MA 02492, 781-455-0400 x11206 or email at: Anne\_Gulati@needham.k12.ma.us.
- **11. MAY, I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
- 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Ruth Griffin at 781-455-0400 x11219 to receive a second application for additional household members.
- **16.MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **MA SNAP** or other assistance benefits, contact your local assistance office or call

### the MA SNAP Hotline at 1-866-950-3663.

17. ARE THERE ANY OTHER BENEFITS WE CAN RECEIVE THROUGH THE NEEDHAM PUBLIC SCHOOLS IF WE QUALIFY FOR FREE & REDUCED MEALS? Financial assistance may be offered to those who are eligible for free or reduced priced meals. Students eligible for free or reduced meals are entitled to free transportation to and from school. However, you must complete and sign the "Sharing Meal Eligibility Information with Other Programs" form, allowing us to share your eligibility information with those programs.

If you have other questions or need help, call 781-455-0400 x11219. Si necesita ayuda,por favor IIame al telephone: 781-455-0400 x11219. Si vousvoudriezd"aide, contactez nous au numero: 781-455-0400 x11219.

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, <u>even if your children attend more than one school in Needham Public Schools.</u> The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Ruth Griffin, Nutrition Director,781-455-0400 x11219 or Ruth\_ Griffin@Needham.k12.ma.us.

### PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending [school/school system here], regardless of age.

A) List each child's name. Print each child's	B) Is the child a student at [name	C) Do you have any foster children? If any children	D) Are any children homeless, migrant,
name. Use one line of the application for each	of school/school system here]?	listed are foster children, mark the "Foster Child"	or runaway? If you believe any child
child. When printing names, write one letter	Mark 'Yes' or 'No' under the	box next to the child's name. If you are ONLY	listed in this section meets this
in each box. Stop if you run out of space. If	column titled "Student" to tell us	applying for foster children, after finishing STEP 1,	description, mark the "Homeless,
there are more children present than lines on	which children attend [name of	go to STEP 4.	Migrant, Runaway" box next to the
the application, attach a second piece of	school/school district here]. If you	Foster children who live with you may count as	child's name and complete all steps of
paper with all required information for the	marked 'Yes,' write the grade	members of your household and should be listed	the application.
additional children.	level of the student in the 'Grade'	on your application. If you are applying for both	
	column to the right.	foster and non-foster children, go to step 3.	

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or [insert State SNAP here].
- Temporary Assistance for Needy Families (TANF) or [insert State TANF here].

<ul> <li>The Food Distribution Program on Indian Reservations (FDP</li> </ul>	IR).
A) If no one in your household participates in any of the	B) If anyone in your household participates in any of the above listed programs:
above listed programs:	• Write the Agency ID for SNAP, TANF, or FDPIR. You only need to provide one Agency ID. If you participate
• Leave STEP 2 blank and go to STEP 3.	in one of these programs and do not know your Agency ID, contact: [State/local agency contacts here].
	• Go to STEP 4.

## **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

#### How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- Gross income is the total income received before taxes.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS					
<ul> <li>Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.</li> <li>Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.</li> <li>Mark how often each type of income is received using the check boxes to the right of each field.</li> </ul>					
3.A. REPORT INCOME EARNED BY CHI	-				
Only count foster children's income if you	are applying for the ney received from o	em together with the rest of your hous	ehold.		our household in the box marked "Child Income." Iany households do not have any child income.
<ul> <li>Who should I list here?</li> <li>When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.</li> <li>Do NOT include:         <ul> <li>People who live with you but are not supported by your household's income AND do not contribute income to your household.</li> <li>Infants, Children and students already listed in STEP 1.</li> </ul> </li> </ul>					
<ul> <li>Infants, Children and students alreated</li> <li>B) List adult household members' names.</li> <li>Print the name of each household member in the boxes marked "Names of Adult</li> <li>Household Members (First and Last)." Do not</li> <li>list any household members you listed in</li> <li><u>STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</li> </ul>	C) Report earnings f "Earnings from Worl received from worki owner, you will repo What if I am self-em amount. This is calcu	from work. Report all income from work in k" field on the application. This is usually th ng at jobs. If you are a self-employed busir ort your net income. hployed? Report income from that work as ulated by subtracting the total operating ex its gross receipts or revenue.	ne money ness or farm a net	Report all inc Support/Alin value of any income is rec ordered pays	come from public assistance/child support/alimony. come that applies in the "Public Assistance/Child nony" field on the application. <u>Do not report the cash</u> <u>public assistance benefits NOT listed on the chart.</u> If ceived from child support or alimony, only report court- ments. Informal but regular payments should be reported come in the next part.
E) Report income from pensions/retirement/all other income.F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)."G) Provide the last four digits of your Social Securit adult household member must enter the last four di adult household member must enter the last four di security Number in the space provided. You are elig benefits even if you do not have a Social Security Number			he last four digits of your Social Security Number. An hold member must enter the last four digits of their Social hber in the space provided. You are eligible to apply for n if you do not have a Social Security Number. If no adult hembers have a Social Security Number, leave this space ark the box to the right labeled "Check if no SSN."		
<b>STEP 4: CONTACT INFORMATION A</b>	ND ADULT SIGN	IATURE			
and completely reported. Before complete	ing this section, plea	ase also make sure you have read the	privacy and	civil rights st	
A) Provide your contact information. Writ	•	B) Print and sign your name and	C) Mail Com	-	D) Share children's racial and ethnic identities

A) Provide your contact information. Write your current	b) Print and sign your name and	C) Mail Completed	D) Share children's racial and ethnic identities
address in the fields provided if this information is available.	write today's date. Print the name	Form to: Insert	(optional). On the back of the application, we ask you
If you have no permanent address, this does not make your	of the adult signing the application	School/District	to share information about your children's race and
children ineligible for free or reduced price school meals.	and that person signs in the box	address here	ethnicity. This field is optional and does not affect your
Sharing a phone number, email address, or both is optional,	"Signature of adult."		children's eligibility for free or reduced price school
but helps us reach you quickly if we need to contact you.			meals.



#### 2019-2020 Needham Household 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** – **FRED** 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	м	Child's Last Name	School Name	U 0	Student?	Foster	Homeless	Migrant	Runaway
Child's First Name		Child's Last Name	School Name	Grad	Circle Yes or No		Check all that	apply	
					Y N				
					Y N				
					Y N				
					Y N				
					Y N				
					Y N				

STEP 2

STEP 3

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)

(Do not provide EBT card number).

Agency ID Number: (usually 9 digits)

Child Income

9

How often?

Bi-Weekly 2x Month Monthly

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Report Income for ALL Household Members (Skipthisstepifyou 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.

			How often?	Public Assistance/ Child	How often?	Pensions / Retirement /	How often?
Name of	Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Support/ Alimony	Weekly Bi-Weekly 2x Month Monthly	All Other Income	Weekly Bi-Weekly 2x Month Monthly
			$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		0 0 0 0
			$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		0 0 0 0
			$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
			$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
			$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$		$\bigcirc \bigcirc $		$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$
	Total Household Members (Children and Adults)		our Digits of Social Security Number (SSN) of r or Other Adult Household Member	XXX-XX-	Check if no SSN		
STEP 4	Contact Information and Adult Signature Mail	Completed Form T	o: INSERT YOUR SCHOOL/DISTRICT	MAILING ADDRESS	HERE		
	hat all information on this application is true and that all income is reported. I eal benefits, and I may be prosecuted under applicable State and Federal laws.		mation is given in connection with the receipt of	Federal funds, and that sc	hool officials may verify (check) the information	. I am aware that if I purpos	ely give false information, my
itreet Address (if	available) Apt #	City	State	Zip	Daytime Phone and Email (	optional)	

#### INSTRUCTIONS

Sources of In	come for Children	Sources of Income for Adults				
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony /	Pensions / Retirement / All Other		
- Earnings from work - A child has a regular full or part-time job where they earn a salary or wages			Child Support	Income		
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	<ul> <li>Salary, wages, cash bonuses</li> <li>Net income from self- employment (farm or business)</li> <li>If you are in the U.S. Military:</li> <li>Basicpayand cashbonuses (do NOT include combat pay, FSSA or privatized</li> </ul>	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local     government     Alimony payments	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> </ul>		
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	housing allowances) <ul> <li>Allowances for off-base housing, food</li> </ul>	<ul> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> </ul>		
-Income from any other source	<ul> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>	- and dothing	Strike benefits	<ul> <li>Regular cash payments from outside household</li> </ul>		

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.

 Ethnicity (check one):
 Race (check one or more):

 I Hispanic or Latino
 I American Indian or Alaskan Native
 I Native Hawaiian or Other Pacific Islander

 Not Hispanic or Latino
 I Asian
 I White

 Black or African American
 Black or African American

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 program rules.

Non 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 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: 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.

	<u>For s</u>	School Use Only		
	2019-2020 Massachusetts Applica	tion for Free and Reduced P	rice School Meals	
Total Income Household Size	How often?	Annual Income Conversion:	Eligibility: Categorical E	igibility
Only annualize income if there are multiple pay frequencies	Weekly     Bi-Weekly     2x Month   Monthly     Annually       Image: Constraint of the state o	Weekly     × 52       Every 2 Weeks     × 26       Twice A Month     × 24       Monthly     × 12	Free     Reduced     Denied       Image: Constraint of the second secon	
Determining Official's Signature	Date Confirming Official's Signature	Date	Verifying Official's Signature	Date



# NEEDHAM PUBLIC SCHOOLS

OFFICE OF FINANCIAL OPERATIONS ANNE GULATI, ASSISTANT SUPERINTENDENT FOR FINANCE AND OPERATIONS 1330 HIGHLAND AVENUE \* NEEDHAM, MA 02492 781-455-0400 EXT. 206 \* 781-455-0417 (FAX)

Dear Parent/Guardian

August 2019

## **IMPORTANT:**

If you qualify for Free and Reduced-Price School Meals, you may also qualify for other benefits in the Needham Public Schools, such as scholarships to Needham Public School programs and activities. In addition, eligible students are entitled to free transportation to and from school.

**Please note**: If you wish to be considered for available scholarships, or to receive a refund of any transportation fee that you may have paid, please complete the parental consent form, entitled "Sharing Meal Eligibility Information with Other Programs" which is on the back of the Free & Reduced Meal Application, attached to this packet. It authorizes the Nutrition Services Department to share your child's free and reduced lunch application information with school programs offering these benefits.

You MUST complete and return the "Sharing Meal Eligibility Information with Other Programs" form before we may release your child's eligibility information to other school programs. The Needham Public Schools cannot issue transportation refunds NOR award eligibility-based scholarships to your child UNLESS this consent form is on file. Completing the consent form will not change whether your child gets free or reduced priced meals.

Completed consent form and free & reduced application should be filled out completely, signed, dated and returned to:

Ruth Griffin Nutrition Services Director Needham Public Schools 1330 Highland Ave. Needham, MA 02492 Fax: 781-455-0434 Phone: 781-455-0400 x11219

If you have questions, or need additional information, please contact me at: 781-455-0400 x 11206.

Thank you very much.

Sincerely,

Anne Gulati Assistant Superintendent for Finance and Operations

### NEEDHAM PUBLIC SCHOOLS SHARING INFORMATION WITH OTHER PROGRAMS 2019-2020

Dear Parent/Guardian:

If you qualify for Free & Reduced Meals, you may also qualify for other benefits in the Needham Public Schools, such as Transportation & Scholarship programs. Students eligible for free or reduced priced meals are entitled to free transportation to and from school.

The information reported on this 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.** Completing this form will not change whether your children get free or reduced price meals.

The School Department will not issue transportation refunds nor award eligibility-based scholarships to your child/ren UNLESS you check yes to the applicable sharing section/s, and sign & date below.

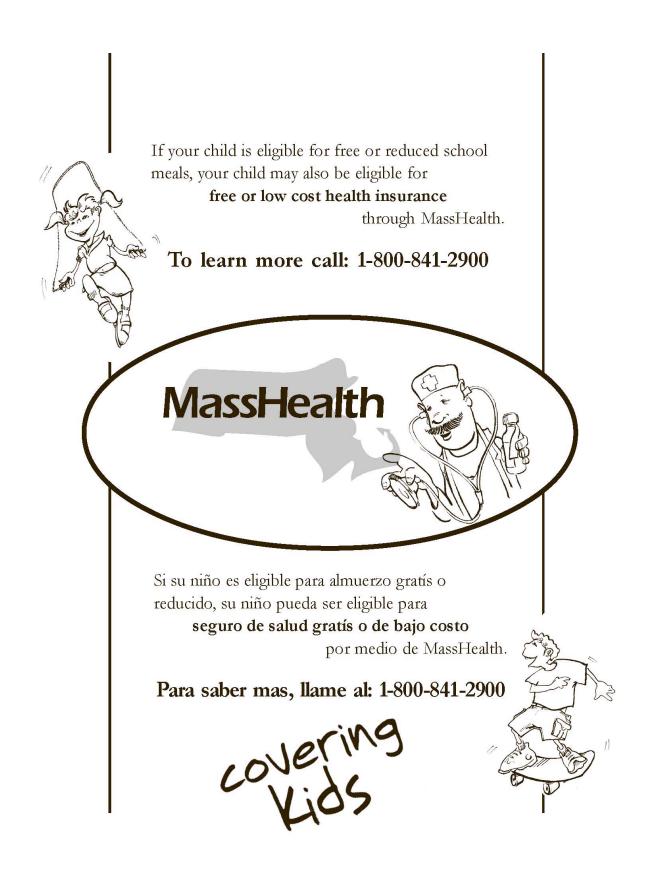
Yes! I <b>DO</b> want Nutrition Services to share information from my Free and Reduced Price School Meal Application with the Needham Public Schools <b>Transportation</b> Department.
Yes! I <b>DO</b> want Nutrition Services to share information from my Free and Reduced Price School Meal Application with my child's <b>School Principal &amp; Guidance Counselor</b> , who may share with school programs if there is a benefit to me, such as scholarships, ie: From Yearbook, Graduation Gowns, tutors etc.) Waived fees if applicable.
Yes! I <b>DO</b> want Nutrition Services to share information from my Free and Reduced Price School Meal Application with the <b>Community Education Programs</b> , including Kindergarten After School Enrichment (KASE), Elementary After School Enrichment (EASE), Pollard After School Enrichment (PAS), Before/After school Structured Programs, Adult Education, and Summer School.

No! I **DO NOT** want information from my Free and Reduced Price School Meal Application shared with any of these programs.

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	_School:	
Child'sName	_School:	
Child'sName	_School:	
Child'sName	_School:	
Signature of Parent/Guardian:		_Date:
Printed Name:	_Address:	

For more information, you may call **Ruth Griffin, Nutrition Services Director at** (781) 455-0400 x11219 or e-mail at: Lunch\_Account@needham.k12.ma.us. Return this form to: *Nutrition Services at Needham Public Schools, 1330 Highland Avenue, Needham, MA 02492 or FX: 781-455-0434 & Please print clearly.* 





# Speak Statements

	(Arabic) أنا أتكلم اللغة العربية.
_	Ես խոսում եմ հայերեն (Armenian)
_	我说 <b>中文</b> (Chinese Simplified)
_	我說 <b>中文</b> (Chinese Traditional)
	Ja govorim <b>hrvatski</b> . (Croatian)
_	(Farsi) اینجانب به زبان <b>فارسی</b> صحبت می کنّم.
_	Je parle <b>français</b> . (French)
_	Μιλάω <b>ελληνικάι</b> . (Greek)
	કું <b>ગુજરાતી</b> બોલુ છું (Gujarati)
	Mwen pale Kreyòl. (Haitian Creole)
	में <b>हिंदी</b> बोलता हूँ  (Hindi)
	Kuv hais <b>lus hmoob</b> . (Hmong)
	私は <b>日本語</b> を話します。 (Japanese)
	ខ្ញុំនិយាយភាសា <b>ខឹតម៉ីស</b> (Khmer)
	본인의 모국어는 <b>한국어</b> 입니다. (Korean)
	(Kurdish) ئەز زمانى <b>كوردى</b> دەئاخفم.
	ຂ້າພະເຈົ້າເວົ້າ <b>ພາສາລາວ.</b> (Lao)
	Yie gorngv Mienh waac. (Mien)
	Mówię <b>po polsku</b> . (Polish)
	Eu falo <b>Portugês</b> . (Portuguese)
	ਇ ਸ੍ਪੇਆਕ <b>ਪੰਜਾਬੀ</b> (Punjabi)
	Я говорю <b>по-русски</b> . (Russian)
	Ou te tautala <b>faaSamoa</b> . (Samoan)
_	Govorim <b>srpski</b> . (Serbian)
_	Waxaan ku hadlaa <b>Somali</b> . (Somali)
	Yo hablo <b>español</b> . (Spanish)
	(Sudanese) أتحدث <b>السودانية</b> (لغوي سوداني)
	Marunong po akong magsalita ng <b>Tagalog</b> . (Tagalog)
	ข้าพเจ้าพูด <b>ภาษาไทย</b> (Thai)
_	አን <b>ትግርኛ</b> ይዛረብ እየ. (Tigrinya)
	Я розмовляю <b>українською</b> . (Ukrainian)
	(Urdu) میں <b>اردو</b> بولتا/ بولتی <i>م</i> وں .
	Tôi nói tiếng <b>Việt</b> . (Vietnamese)

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Student Name: \_\_\_\_\_\_ School: \_\_\_\_\_\_

Grade: \_\_\_\_\_