



## SAUGUS PUBLIC SCHOOLS

23 MAIN STREET  
SAUGUS, MASSACHUSETTS 01906  
Phone (781) 231-5000 ext 117  
Fax: (781) 233-9424

**SCHOOL YEAR 2011 - 2012**

Richard P. Langlois  
*Superintendent of Schools*

**PLEASE RETURN THIS FORM TO YOUR SCHOOL'S CAFETERIA FOR FASTER PROCESSING.**

(FAX # 781-231-0762)

Dear Parent/Guardian:

Children need healthy meals to learn. **Saugus Public Schools** offers healthy meals every school day. Breakfast served at High School only costs \$1.50 and reduced price is \$ .30. **Elementary Lunch** costs **\$2.35/ \$2.60**; **Middle and High School Lunch** costs **\$2.60/\$2.85**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.40** 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: Saugus High School; Pearce Memorial Drive Saugus, Ma 01906.**

**2. Who can get free meals?** All children in households getting SNAP or MA TAFDC and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.

**3. Can foster children get free meals?** Yes, foster children that are 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?** If you haven't been told your children will get free meals, please call your school, homeless liaison or migrant coordinator to see if your children (ren) qualify.

**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 Income Chart, shown on this application.

**6. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at **781-231-5045** 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. 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,** we may 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.

*The Saugus Public Schools does not discriminate on the basis of race, color, religion, sexual orientation, national origin, age, gender or handicap in, admission to, access to, treatment in, or employment in its programs and activities.*

**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: Richard Langlois, Superintendent of Saugus Public Schools at 781-231-5000 ext. 117.

**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 a U.S. citizen 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). You must include yourself and all children who live with you.

**14. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

**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 State Hotline number.

If you have other questions or need help, call 781-231-5045  
Si necesita ayuda, por favor llame al telefono: 781-231-5045  
Si vous voudriez d'aide, contactez nous au numero: 781-231-5045

Fax # 781-231-0762

Sincerely,

**Paula Graham**

**Director of Dining Services**

**SAUGUS PUBLIC SCHOOLS**

**MASSACHUSETTS FREE OR REDUCED PRICE SCHOOL MEALS**  
**FAMILY HOUSEHOLD MEAL BENEFIT APPLICATION**  
 SY 2011 - 2012



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)	CHECK IF NO INCOME
		* IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5.	
		<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)**

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: \_\_\_\_\_

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

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.

**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

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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).

**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 Cynthia Joyce at 781-231-5000 ext. 105.

Return this form to: 23 Main Street, Saugus MA 01906  
By Sept. 30, 2011

## SHARING INFORMATION WITH OTHER PROGRAMS

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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.

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- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Athletic Department**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Student Activity Department**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Transportation Department**

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 Mr. Sam Rippen, Executive Director Of Finance & Operations at 781-231-5000 ext. 109

Return this form to: 23 Main Street, Saugus MA 01906 By Sept. 30, 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**



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*

