



**HATFIELD PUBLIC SCHOOLS  
OFFICE OF THE SUPERINTENDENT**

34 School Street, Hatfield, MA 01038

P. (413) 247-5641

F. (413) 247-0201

Mr. John F. Robert, M.Ed. CAGS  
Superintendent of Schools

jrobert@hatfieldps.net

Dear Parent/Guardian:

Children need healthy meals to learn. Hatfield Public Schools offers healthy meals every school day. Breakfast costs \$1.50; lunch costs \$3.00. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. 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**

**WHO CAN GET FREE OR REDUCED PRICE MEALS?**

- All children in households receiving benefits from MA SNAP, MA TAFDC, or specific categories of 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 2018-2019			
Household size	Yearly	Monthly	Weekly
1	\$22,459	\$1,872	\$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	+7,992	+666	+154

**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

**WHAT IF MY INCOME IS NOT ALWAYS THE SAME?**

List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

**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 also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

**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.

**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 Amy Hutchins, Food Service Director, 33 Main Street, Hatfield, MA 01038, 413-247-5010, ext 314 or [ahutchins@hatfieldps.net](mailto:ahutchins@hatfieldps.net) to receive a second application.

**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.

If you have other questions or need help, call Amy Hutchins, Food Service Director, 413-247-5010, ext. 314

Sincerely,



John F. Robert  
Superintendent of Schools  
Hatfield Public Schools  
July 11, 2018

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 of 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:** This explains what to do if you believe you have been treated unfairly.

"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

# 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, even if your children attend more than one school in Hatfield Public School District. 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 [School/school district contact here; phone and email preferred].

**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.

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

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

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].
- The Food Distribution Program on Indian Reservations (FDPIR).

<p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave STEP 2 blank and go to STEP 3.</li> </ul>	<p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write the Agency ID for SNAP, TANF, or FDIPIR. You only need to provide one Agency ID. If you participate in one of these programs and do not know your Agency ID, contact: [State/local agency contacts here].</li> <li>• Go to STEP 4.</li> </ul>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## 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.
  - 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





# I Speak Statements

- أنا أتكلم اللغة العربية. (Arabic)
- Tu hununul tu huytpeklu (Armenian)
- 我说中文 (Chinese Simplified)
- 我說中文 (Chinese Traditional)
- Ja govorim hrvatski. (Croatian)
- اینجانب به زبان فارسی صحبت می کنم. (Farsi)
- Je parle français. (French)
- Μιλώ ελληνικά. (Greek)
- ཨྲ གུམ་པའི་ ལོལ་ ལྷོ (Gujarati)
- Mwen pale Kreyòl. (Haitian Creole)
- मैं हिंदी बोलता हूँ (Hindi)
- Kuv hais lus hmoob. (Hmong)
- 私は日本語を話します。 (Japanese)
- ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)
- 본인의 모국어는 한국어입니다. (Korean)
- ئە ز زمانى كوردى ده ئاخفم. (Kurdish)
- ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)
- Yie gorngv Mienh waac. (Mien)
- Mówię po polsku. (Polish)
- Eu falo Português. (Portuguese)
- ਦਿ ਸੁਪੇਆਕ ਪੰਜਾਬੀ (Punjabi)
- Я говорю по-русски. (Russian)
- Ou te tautala faaSamoa. (Samoan)
- Govorim srpski. (Serbian)
- Waxaan ku hadlaa Somali. (Somali)
- Yo hablo español. (Spanish)
- أتحدث السودانية (نقوي سوداني) (Sudanese)
- Marunong po akong magsalita ng Tagalog. (Tagalog)
- ข้าพเจ้าพูดภาษาไทย (Thai)
- እነ ትግርኛ ይዘረብ እየ. (Tigrinya)
- Я розмовляю українською. (Ukrainian)
- میں اردو بولتا/بولتی ہوں . (Urdu)
- Tôi nói tiếng Việt. (Vietnamese)

USDA is an equal opportunity provider and employer.

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

School: \_\_\_\_\_

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

Your SNAP application will be reviewed while you are waiting for your Social Security numbers.

• If you are not a citizen, bring proof of legal non-citizen status.

Optional proof you may claim to maximize SNAP benefit amount are:

- Dependent care expenses for child or adult care.
- Housing costs for rent, mortgage, taxes, insurance, heat and utilities.
- Medical bills – if you are age 60 or older or if you are disabled.

#### How Do I Find a DTA Office?

DTA has more than 20 offices across Massachusetts.

To find the office nearest you, visit [www.mass.gov/dta](http://www.mass.gov/dta) and click on the DTA Office Locations link or call DTA at 1-877-382-2363.

#### How Can I Get More Information?

For more information about how you can get SNAP benefits, contact DTA at 1-877-382-2363 or visit [www.mass.gov/dta](http://www.mass.gov/dta).

#### Nondiscrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form.

You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [programintake@usda.gov](mailto:programintake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State) found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

USDA is an equal opportunity provider and employer.

## HOW TO GET SNAP BENEFITS



Putting healthy food within reach.



Putting Healthy Food Within Reach

DEPARTMENT OF AGRICULTURE

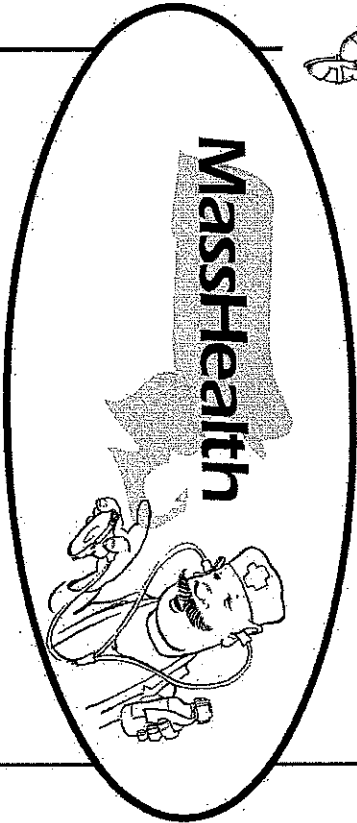


SNAP-BB (E) (Rev. 10/2014) 09-075-1014-03



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 elgible para almuerzo gratis o reducido, su niño pueda ser elgible para seguro de salud gratis o de bajo costo por medio de MassHealth.

Para saber mas, llame al: 1-800-841-2900

COVERING  
KIDS

