September 2019

Dear Parent/Guardian,

We would like to welcome students to the Berkshire Hills Regional School District’s Food Service Program. All of our schools offer a nutritious breakfast and lunch every day. We continue our commitment to high quality food, in line with the District’s Wellness Policy (as well as all state and federal guidelines), and with the knowledge that good nutrition is important to the ability to learn. Please review our menus on-line at www.bhrsd.org. (Occasionally, due to unforeseen circumstances, the menu may be subject to change).

Meal Pricing:
- Muddy Brook Elementary – Breakfast $1.25 and Lunch $2.25
- Monument Valley Middle – Breakfast $1.35 and Lunch $2.50
- Monument Mountain High School – Breakfast $1.35 and Lunch $2.50
- REDUCED Price (ALL BUILDINGS) – Breakfast $0.30 and Lunch $0.40

Meal Benefits:

Your child(ren) may qualify for Free or Reduced priced meals. Please complete the enclosed application to determine your eligibility for these benefits (UNLESS you have received a NOTICE OF DIRECT CERTIFICATION from the school). All student benefits from the previous school year (as of June 2017) will be grandfathered ONLY until September 30th, 2017. New applications must be completed each year to qualify for FREE or REDUCED priced meals. Please allow one week for your application to be processed.

We encourage all families to apply for the Free/Reduced Lunch Program, because participation directly relates to eligibility for certain federal grants, bringing needed funds into the school. We know that some eligible children and families have chosen not to take advantage of this opportunity and we encourage you to please do so. With our cafeteria software program (NUTRIKIDS), all information of this type is completely confidential. Students who have paid for their meals, as well as students receiving Free/Reduced meal benefits go through the same process at check-out.

If you have received a NOTICE OF DIRECT CERTIFICATION, from the Food Service Department (Katherine Sullivan – Director), your child(ren) are now eligible and to receive either Free or Reduced Meals (as stated at the top of your letter) for the entire school year.

If you are submitting an application, please return the APPLICATION, I SPEAK STATEMENT and the SHARING INFORMATION (2 pages) of this packet to your school’s cafeteria or to the attention of:

Katherine Sullivan – Director of Food Services
313 Monument Valley Road (Monument Valley Regional Middle School)
Great Barrington, MA 01230

Payment and Charging Procedures:

MA Free and Reduced Price School Meal Application
School Year 2018-2019
1. Meals can be pre-paid at any time. We recommend pre-paying for meals as a convenience for your family and to help avoid any potential complications.
   a. Meals may be pre-paid by sending in cash or a check with your child to school. The amount will be credited to his/her meals account and each purchase will be subtracted from the balance. Checks should be made payable to – BHRSD FOOD SERVICE.
   
   b. You may also pre-pay on-line at www.MYSCHOOLBUCKS.com. Directions for on-line payments (see below).

2. At the Elementary School:
   a. After your child’s meal account balance reaches “$0.00”, a maximum of 4 meals will be served to each student who charges a meal. After charging 3 meals, the student’s next lunch will be an Alternative Meal (cost $2.25). We do not want any child to go without lunch, but we must have parents/guardians pay for meals.
   
   b. Parents/Guardians are required to pay for any monies owed on their student’s food service account. As a reminder, an email notification or a letter will be sent home with regard to the current balance and the amount of money owed to the school district. Please be advised that your child will receive an Alternative Meal until the balance (monies owed) has been paid.
   
   c. Student Account Balances may be viewed (without posting payments) at www.MYSCHOOLBUCKS.com (see below).

3. At the Middle and High Schools:
   a. If your child’s meal account balance reaches “$0.00”, an Alternative Meal (cost $2.50) will be provided to each student who charges a meal.
   
   b. Parents/Guardians are required to pay for any monies owed on their student’s food service account. As a reminder, an email notification will be sent with regard to the current balance and the amount of money owed to the school district. Please be advised that your child will receive an Alternative Meal until the balance (monies owed) has been paid.
   
   c. Students at the middle and high school will be reminded of their account balances when they go through the register.
   
   d. Student Account Balances may be viewed (without posting payments) at www.MYSCHOOLBUCKS.com (see below).

4. All Schools:
   a. If your child has an outstanding balance, any monies received will be applied to said balance. NO student will be allowed to purchase “EXTRAS” while their balances are delinquent. Extras include ANY item other than the Alternative Meal.

5. Returned Checks:
   a. A $15.00 returned check fee will be applied to checks returned to the school district by the bank for insufficient funds.
   
   b. This fee and the original amount of the check will be deducted from your child’s lunch account (creating a deficit) and will require immediate restitution.

All student purchases are tracked through the software program (NutriKids). If at any time you would like to check the status of your child’s account you may do so on line at www.MYSCHOOLBUCKS.com (see below) or you may contact your school cafeteria directly.

Muddy Brook Elementary - 413)644-2350 x3361
If the need should arise to restrict your child’s purchases, please contact Kathy Sullivan, Director of Food Service and a note will be placed in your child’s file.

If you have any questions or concerns, please contact Kathy Sullivan.

Sincerely,

Sharon L. Harrison
Business Administrator
(413)298-4017 x 16
Sharon.Harrison@bhrsd.org

Katherine Sullivan
Director of Food Services
(413)644-2325 or (855)255-8666
Kathy.sullivan@bhrsd.org

ON-LINE PAYMENT INFORMATION:

MySchoolBucks provides:

- **Convenience** - Available 24/7 on the web or with the Mobile App for your iPhone, Android or Windows phone!
- **Efficiency** - Make payments for all your students, even if they attend different schools within the district. Eliminate the need for your students to take money to school.
- **Control** - Set low balance alerts, view account activity, recurring/automatic payments & more!
- **Flexibility** - Make payments using credit/debit cards and electronic checks.
- **Security** – MySchoolBucks adheres to the highest security standards, including PCI and CISP.

Enrollment is easy!

2. You will receive a confirmation email with a link to activate your account.
3. Add your students using their school name and student ID (contact Kathy Sullivan).
4. Make a payment to your students’ accounts with your credit/debit card or electronic check.
   
   A program fee may apply. You will have the opportunity to review any fees and cancel if you choose, before you are charged.

If you have any questions, contact MySchoolBucks directly:

- [parentsupport@myschoolbucks.com](mailto:parentsupport@myschoolbucks.com)
- 1-855-832-5226
- Visit myschoolbucks.com and click on Help/FAQ’s
Dear Parent/Guardian:

Children need healthy meals to learn. Berkshire Hills Regional School District offers healthy meals every school day. Breakfast costs $1.25 @ Muddy Brook Elementary and $1.35 @ Monument Valley Middle & Monument Mt. HS; lunch costs $2.25 @ Muddy Brook Elementary and $2.50 @ Monument Valley Middle & Monument Mt. HS. Your children may qualify for free meals or for reduced price meals. Reduced price is $0.30 (all schools) for breakfast and $0.40 (all schools) 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, FDPIR, 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.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
<td>$445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>1,546</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>+8,177</td>
<td>+682</td>
<td>+158</td>
</tr>
</tbody>
</table>

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 Kathryn Burdsall – Director of Student Services @ (413)298-4017 x714 or @ Kathyrn.burdsall@bhrsld.org.

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: Katherine Sullivan – Director of Food Services, 313 Monument Valley Road, Great Barrington, MA 01230 or email to Kathy.sullivan@bhrsld.org or (413)644-2325 or (855)255-8666

MA Free and Reduced Price School Meal Application School Year 2019-2020
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 Katherine Sullivan – Director of Food Services - 313 Monument Valley Road, Great Barrington, MA 01230 or Kathy.sullivan@bhrsd.org or (413)644-2325 or (855)255-8666 immediately.

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 told you that your child is eligible for the new school year.

I GET WIC. CAN MY CHILDREN GET FREE MEALS?
Children in households participating in WIC may be eligible for free or reduced price meals. Please send in a completed application.

WILL THE INFORMATION I GIVE BE CHECKED?
Yes. We may also ask you to send written proof of the household income you report.

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.

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: Dr. Peter Dillon – Superintendent, P O Box 617, Stockbridge, MA 01262 or (413)298-4017 x719 or Peter.dillon@bhrsd.org.

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.

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 Katherine Sullivan – Director of Food Services - 313 Monument Valley Road, Great Barrington, MA 01230 or Kathy.sullivan@bhrsd.org or (413)644-2325 or (855)255-8666 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 Katherine Sullivan @ (413)644-2325 or (855)255-8666.

Sincerely,
Katherine Sullivan - Director of Food Services
August 8, 2019

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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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.

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 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: 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:

(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.”
**Step 2:** Do any household members currently participate in SNAP, TANF, or EPPRI?

<table>
<thead>
<tr>
<th>Foster and non-foster children go to step 3.</th>
<th>Foster and non-foster children go to step 3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster children who live with your household</td>
<td>Foster children who live with your household</td>
</tr>
<tr>
<td>go to step 4.</td>
<td>go to step 4.</td>
</tr>
<tr>
<td>Do you have any foster children or non-foster children?</td>
<td>Do you have any foster children or non-foster children?</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>(a) Are any children homeless, migrant, or runaway?</td>
<td>(a) Are any children homeless, migrant, or runaway?</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
| **Step 3:** Report Income for All Household Members

- Go to Step 4.
- Leave Step 2 Blank and go to Step 3.

- Foster children.
- Non-foster children.
- Medical assistance.
- Food assistance.
- Housing assistance.
- Transportation assistance.
- Other assistance.
- Earned Income Tax Credit.

**How to Apply for Free and Reduced Price School Meals**

Please use a pen or pencil when filling out the application and do your best to print clearly.

*Kathy Sullivan/Consumer*
**Step 4: Contact Information & Adult Signature**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Provide the last four digits of your Social Security Number.</td>
<td><strong>2.</strong> Provide the last four digits of your Social Security Number.</td>
</tr>
<tr>
<td><strong>3.</strong> Provide the last four digits of your Social Security Number.</td>
<td><strong>4.</strong> Provide the last four digits of your Social Security Number.</td>
</tr>
</tbody>
</table>

**Income**

- **4a.** Include all income received by child reported in Step 1.
- **4b.** Include all income received by child reported in Step 1.
- **4c.** Include all income received by child reported in Step 1.
- **4d.** Include all income received by child reported in Step 1.
- **4e.** Include all income received by child reported in Step 1.

**Expenses**

- **5a.** Include all expenses reported in Step 1.
### Step 4: Contact Information and Adult Signature

<table>
<thead>
<tr>
<th>Contact Information and Adult Signature</th>
</tr>
</thead>
</table>

- **Signature of adult**: Please provide your signature in the box.
- **Name**: Print and sign your name and address in the fields provided. If this information is available, include your current address.
- **Phone number**: Include if you have one to help us reach you quickly if we need to contact you.
- **Email address**: Include if you have one to help us reach you quickly if we need to contact you.
- **City/State**: Include if you have one to help us reach you quickly if we need to contact you.
- **ZIP Code**: Include if you have one to help us reach you quickly if we need to contact you.

- **Address**: Include if you have one to help us reach you quickly if we need to contact you.
- **Emergency Contact**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Name**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Age**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Gender**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Race**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Ethnicity**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Disability**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Language**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Religion**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Sexual Orientation**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Gender Identity**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Health**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Medical Condition**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Special Education**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Supports**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Transportation**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Clothing**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Food**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Health Insurance**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's School**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Home**: Include if you have one to help us reach you quickly if we need to contact you.
- **Child's Family**: Include if you have one to help us reach you quickly if we need to contact you.

- **Adult Signature**: Please provide your signature in the box.
- **Name**: Print and sign your name and address in the fields provided. If this information is available, include your current address.
- **Phone number**: Include if you have one to help us reach you quickly if we need to contact you.
- **Email address**: Include if you have one to help us reach you quickly if we need to contact you.
- **City/State**: Include if you have one to help us reach you quickly if we need to contact you.
- **ZIP Code**: Include if you have one to help us reach you quickly if we need to contact you.

**Note**: This form is optional and does not affect your eligibility for free or reduced price meals.
### Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

### Household Members

<table>
<thead>
<tr>
<th>Member</th>
<th>Relationship</th>
<th>Full Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Income Information

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Total Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Education Information

<table>
<thead>
<tr>
<th>School Name</th>
<th>Student Name</th>
<th>Grade</th>
<th>Program</th>
<th>Grade School</th>
<th>Homeless</th>
<th>Foster Care</th>
<th>18 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes

- [Notice of Direct Certification](#) - Free meals are not provided. If you have a notice of Direct Certification, please provide it.
- Application is open from [Start Date] to [End Date].
I Speak Statements

☐ أنا أتكلم اللغة العربية. (Arabic)
☐ Հայերեն եմ խավոր (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)
☐ Μιλάω ελληνικά. (Greek)
☐ હું ગુજરાતી બોલતા હું (Gujarati)
☐ Mwen pale Kreyòl. (Haitian Creole)
☐ मैं हिंदी बोलता हूँ (Hindi)
☐ Kuv hais los hmoob. (Hmong)
☐ 私は日本語を話します。 (Japanese)
☐ ខ្មែរ (Cambodian)
☐ 문민의 모국어는 한국어입니다. (Korean)
☐ زبان کردی دومانه فکرم. (Kurdish)
☐ ທ່ານຈະເຮັດເຊີ່ມ ລາວ (Lao)
☐ Yie gorengv Mienh waac. (Mien)
☐ Mówię po polsku. (Polish)
☐ Eu falo Português. (Portuguese)
☐ ਹੁੰ ਪੰਜਾਬੀ ਭਾਸ਼ਾ (Punjabi)
☐ Я говорю по-русски. (Russian)
☐ Ou te tautala faSamoa. (Samoan)
☐ Govorim srpski. (Serbian)
☐ Waa xan ku hadlaa Soomaalii. (Somali)
☐ Yo hablo español. (Spanish)
☐ لغتي السودانية (Sudanese)
☐ Marunong po akong magsalita ng Tagalog. (Tagalog)
☐ ถ้าเจ้าถามภาษาไทย (Thai)
☐ ከENTRY VIET (Tigrinya)
☐ Я розмовляю українською. (Ukrainian)
☐ مین اردو بولتا/ بالی ڈس. (Urdu)
☐ Tôi nói tiếng Việt. (Vietnamese)

USDA is an equal opportunity provider and employer.
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 (CHIP). 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 CHIP that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and CHIP 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 CHIP, 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 Katherine Sullivan – Director of Food Services at [(413)644-2325 or (855)255-8666 or Kathy.sullivan@bhrsd.org.

Return this form to: The SCHOOL CAFETERIA or BHRSD Food Service, 313 Monument Valley Road, Great Barrington, MA 01230.
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 BUTTERNUT SKI PROGRAM

☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with ATHLETIC DEPARTMENT @ MONUMENT MTN. REGIONAL H S.

☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with THE PROJECT CONNECTION PROGRAM

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 Katherine Sullivan – Director of Food Services at [(413)644-2325 or (855)255-8666 or Kathy.sullivan@bhrsd.org.

Return this form to: The SCHOOL CAFETERIA or BHRSD Food Service, 313 Monument Valley Road, Great Barrington, MA 01230.
**What is SNAP?**

SNAP (Supplemental Nutrition Assistance Program) is a federal program that helps people with low income buy food. If you are eligible, you can get benefits that you can use to buy food at stores or supermarkets.

**How to Apply for SNAP?**

1. Fill out the application.
2. Submit your application to your local department of social services.
3. Get SNAP benefits when you are approved.

**Who is eligible for SNAP?**

You may be eligible for SNAP if you meet the following criteria:

- You live in a household with at least one member who is a member of the SNAP program.
- Your household's income is below the federal poverty line.
- You are a U.S. citizen or a legal resident.

To apply, you will need:

- Your name and address
- Social Security numbers for all members of your household
- Proof of income
- Proof of household size

**Applying for SNAP**

Applying for SNAP is easy. You can fill out the application online or in person at your local department of social services. You will need to provide information about your income, household size, and other details.

**Benefits**

Once approved, you will receive benefits that you can use to buy food at stores or supermarkets. These benefits can be used to buy a variety of food, including fresh fruits and vegetables, meats, and dairy products.

**Resources**

Visit the Department of Agriculture's website for more information on how to apply for SNAP and other food assistance programs.

**Questions?**

Contact your local department of social services for help with the application process.
Para saber más, llame al 1-800-841-2900

Para más información, visite MassHealth.

If your child is eligible for free or reduced school meals, your child may also be eligible for reduced or free health insurance.

To learn more call 1-800-841-2900

To learn more about MassHealth, visit their website.