



PSB Food Services

Information Packet 2022- 2023

The Public Schools of Brookline information packet contains information on the district's National School Lunch Program, National School Breakfast Program and the After-school Snack Program. The district serves students in the Brookline Early Education (BEEP) all K12 schools in the district as well as St Mary's Assumption in Brookline.

Please reference this packet to get quick answers to questions as well as our school contact list.

Sasha Palmer

Director of Food Services



PSB Food Services

Welcome Letter

Dear Parent/Guardian,

As the Director of Food Services, I would like to welcome your child to the Public Schools of Brookline and our breakfast, lunch, and snack programs. Since good nutrition and learning go hand in hand, we hope to encourage your child to take part in the breakfast, lunch, and snack programs daily.

Universal Free School Meals has been extended in Massachusetts for the **2022-2023** school year! There will be *no cost to families for any student* to receive school lunch at schools participating in the National School Lunch Program. There is no cost for breakfast or a snack either at schools where they are available.

Interactive menus can be found on our [Food Service website](https://publicschoolsofbrookline.schoolnutrition.com) at publicschoolsofbrookline.schoolnutrition.com or you may also view menu items in the [Titan Family Portal](#). You can rest assured that all meals meet or exceed the federal or state nutrition guidelines. We are always striving to make the meals enticing and delicious so the students can become food-wise as well as book-wise. The district is committed to adding fresh local ingredients as well as a salad bar in each school this year.

The state allows us to serve only one breakfast, lunch, and snacks to each student for *Free*. Students can purchase additional items such as a second meal or a la carte items available in each school. Please be aware that a second meal or a la carte items are at a cost and not part of the free meals program. A “Cafeteria Price List” can be found on our website. As a reminder students will need to have a student account with funds in order to purchase these items.

The district currently utilizes a POS system to account for meal purchases and transactions. The system allows you to pay in advance for a second meal or other a la carte items which are then charged against your child’s account.

Online deposits can be made with a credit/debit card through Titan Family Portal. Set up an account today if you haven't already done so. To set up an account you will need your child’s Student Identification Number (LASID) which can be found in the [parent portal](#).

Your child can access these funds on their account using an ID card or their pin number at the register. Each child will receive a lunch card from their teacher on their first day back to school. These cards are either left at school or sent home with the students. Please ensure that your child returns their cards daily if they take them home.

If you are looking to avoid the processing fee from online deposits, elementary students can bring a check (no cash please) to their homeroom teacher in an envelope marked "lunch money" with your child’s first and last name. Secondary students can give payments to the cashier as they go through the breakfast or lunch line.

Checks should be made out to **Public Schools of Brookline Food Service** (or **PSBFS**) and will serve as your receipt.

Public Schools of Brookline Food Services Proactive Response to The Nationwide Epidemic Concerning
“Lunch Shaming”

- No "Type A" reimbursable meal will be removed from a student's lunch tray. However, the District does not permit second meals, a la carte items or extra entrees to be purchased unless funds are available in the student's lunch account.
- All negative account balances are the parent/guardian's responsibility to bring up to, at least, a \$0.00 balance.
- "Negative Balance Alerts" are sent to the parent/guardian email of record with the district every week.
- "Low Balance Alerts" are sent to the parent/guardian email of record with the district every day their student's account balance falls below \$5.00. Parents/guardians have the option to toggle this alert notification on or off in Titan Family Portal.
- Parents can monitor their child's accounts 24/7 in Titan Family Portal.

Please use *Titan Family Portal* to access the statewide online Free or Reduced Price Meals Application to apply for Free or Reduced Priced meals. If you do not have access to a computer at home, each school building, as well as the Brookline Public Library, is equipped with a computer that parents/guardians can use to fill out the online application.

Free and Reduced Price Meals: Eligibility from the previous school year is carried over for the first 30 days of the current school year or until a new eligibility determination is made (whichever comes first). If you do not receive a "*NOTIFICATION OF APPROVAL FOR FREE MEALS-DIRECT CERTIFICATION*" letter from Food Services before the first day of school, you must submit an application in order to qualify. All approval letters will be sent from our school meals software.

If the application is approved, your child will receive free or reduced meals status for the remainder of the school year. This status may be used to access additional benefits in the school as well as state benefits such as P-EBT. There is no discrimination or overt identification of free or reduced students. All computer meal transactions are the same, so please take advantage of the program if you feel you qualify.

As a reminder all meals are free to students this year whether or not you submit a Free or Reduced application. Your child participating in free school meals does not take away meals from anyone else – in fact – it helps other children and families who need it most! **All families** are encouraged to take advantage of free school meals because it:

- Saves you time & money
- Boosts revenue for your child's school.
- Breaks down barriers and stigma for other children who eat school meals

In closing, I am always eager to hear any questions, comments, or suggestions you or your child may have concerning the school meal program. Please call Food Service any time at 617-730- 2499 or email me at sasha_palmer@psbma.org. We look forward to serving your child and hope their cafeteria memories are always happy, healthy ones.

Sincerely,
Sasha Palmer
Director of Food Service

Limited English Proficiency Taglines Cover Page

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-617 264 6412 (TTY: 1-617 264 6412).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-617 264 6412 (TTY: 1-617 264 6412).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-617 264 6412 (TTY: 1-617 264 6412)

Mandarin Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-617 264 6412 (TTY：1-617 264 6412)。

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1617 264 6412 (TTY: 1-617 264 6412).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-617 264 6412 (телетайп: 1-617 264 6412).

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-617 264 6412 (TTY: 1-617 264 6412).



I Speak Statements

- | | |
|--|--|
| <input type="checkbox"/> Unë flas shqip (Albanian) | <input type="checkbox"/> N a pò Klào Win. (Kru) |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic) | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao) |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic) | <input type="checkbox"/> Yie gorngv Mienh waac. (Mien) |
| <input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian) | <input type="checkbox"/> म नेपाली बोल्छु (Nepali) |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali) | <input type="checkbox"/> Mówię po polsku . (Polish) |
| <input type="checkbox"/> Ja govorim bosanski jezik (Bosnian) | <input type="checkbox"/> Eu falo Português . (Portuguese) |
| <input type="checkbox"/> ကျွန်တော်ပြောတာကမြန်မာစကားပြောတာပါ။ (Burmese) | <input type="checkbox"/> ਦਿ ਸ੍ਰੇਆਕ ਪੰਜਾਬੀ (Punjabi) |
| <input type="checkbox"/> 我说中文 (Chinese Simplified) | <input type="checkbox"/> Cunosc limba Română . (Romanian) |
| <input type="checkbox"/> 我說中文 (Chinese Traditional) | <input type="checkbox"/> Я говорю по-русски . (Russian) |
| <input type="checkbox"/> Ja govorim hrvatski . (Croatian) | <input type="checkbox"/> Ou te tautala faaSamoa . (Samoan) |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi) | <input type="checkbox"/> Govorim srpski . (Serbian) |
| <input type="checkbox"/> Je parle français . (French) | <input type="checkbox"/> Waxaan ku hadlaa Somali . (Somali) |
| <input type="checkbox"/> Je parle le Français haïtien (French Creole) | <input type="checkbox"/> Yo hablo español . (Spanish) |
| <input type="checkbox"/> Μιλάω ελληνικά . (Greek) | <input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese) |
| <input type="checkbox"/> હું ગુજરાતી બોલુ છું (Gujarati) | <input type="checkbox"/> Marunong po akong magsalita ng Tagalog . (Tagalog) |
| <input type="checkbox"/> Mwen pale Kreyòl . (Haitian Creole) | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai) |
| <input type="checkbox"/> म हिंदी बोलता हूँ (Hindi) | <input type="checkbox"/> እነ ትግርኛ ይዛረብ እየ. (Tigrinya) |
| <input type="checkbox"/> Kuv hais lus hmoob . (Hmong) | <input type="checkbox"/> Я розмовляю українською . (Ukrainian) |
| <input type="checkbox"/> Ana m a sụ igbo (Igbo) | <input type="checkbox"/> میں اردو بولتا/بولتی ہوں۔ (Urdu) |
| <input type="checkbox"/> Parlo Italiano (Italian) | <input type="checkbox"/> Tôi nói tiếng Việt . (Vietnamese) |
| <input type="checkbox"/> 私は 日本語 を話します (Japanese) | <input type="checkbox"/> יידיש רעד איך (Yiddish) |
| <input type="checkbox"/> Mi chat Jamiekan langwjj (Jamaican Creole) | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba) |
| <input type="checkbox"/> yk t kqhl (Karen) | |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer) | |
| <input type="checkbox"/> 본인의 모국어는 한국어 입니다 (Korean) | |
| <input type="checkbox"/> نه ز زمانی کوردی ده ناخفم. (Kurdish) | |

USDA is an equal opportunity provider and employer.

Student Name: _____

School: _____

Grade: _____



PSB Food Services

Dear Parent/Guardian:

Children need healthy meals to learn. **The Public Schools of Brookline** offers healthy meals every school day. **In School Year 2022-2023, all students will receive free breakfast and lunch at school.** The Commonwealth of Massachusetts has provided money to do this for one year through the State budget. We need your help to keep providing free meals to all students in future years. Please fill out this application for free and reduced-price school meals. If many families fill out and return this form, we will get more money from the federal government for free school meals now and in the future. We will also get more money for other school programs. Filling out this form also helps our community provide free summer meals to all kids and free meals to kids in childcare. The information you provide is confidential. We follow strict federal rules to keep your information private.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for free or reduced-price school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling Project Bread's FoodSource Hotline at 1-800-645-8333 and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect:

<https://dtacconnect.eohhs.mass.gov/apply>

Frequently Asked Questions

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: mona_saltalamacchia@psbma.org, **333 Washington Street 5th Floor, Brookline MA 02445, 617 730 2415.**

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 **Mona Saltalamacchia, 333 Washington Street, Brookline MA 02445, 617 730 2415, mona_saltalamacchia@psbma.org** 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.

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.

WHO QUALIFIES FOR FREE OR REDUCED-PRICE MEALS?

This year, all students in our schools will get free breakfast and lunch at school. But only some students qualify as "eligible" for free meals. These are:

- 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 their household's income is within the limits of 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 2022 - 2023			
Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional person:	+8,732	+728	+168

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 another 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 **Maria Letasz** at **maria_letasz@psbma.org**.

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.

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 [PSB Food Service Website](#) to begin or to learn more about the online application process. Contact **Mona Saltalamacchia**, **333 Washington Street, 617 730 2415**, **mona_saltalamacchia@psbma.org** if you have any questions about the online 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 **Samuel Rippin**, **333 Washington Street 5th Floor, Brookline Ma 02445, 617 935 4479**, **samuel_rippin@psbma.org**.

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 **Mona Saltalamacchia, 333 Washington Street 5th Floor Brookline MA 02445, 617 730 2415, mona_saltalamacchia@psbma.org 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 **617- 730 - 2499**

Sincerely,

Name: Sasha Palmer
Title: Director of Food Services
Date: August 17, 2022

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 the 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 another 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 the 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:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the

alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.



PSB Food Services

Dear Parent/Guardian:

Prior to initiating the hearing procedure, the parents or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information and obtain an explanation of data submitted in the application or the decision rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

Each LEA is required to develop its own official hearing procedure that is inclusive of all listed below.

The hearing procedure provides for the following:

1. A publicly announced, simple method for making an oral or written request.
2. An opportunity to be assisted or represented by an attorney or other person.
3. An opportunity to examine, prior to and during the hearing, any documents, and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing.
5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
7. That the hearing is conducted and the decision made by a hearing official who did not participate in making the decision under appeal or any previously held conference regarding the meal benefit issuance process.
8. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and be made a part of the hearing record.
9. That the parties concerned and any designated representative thereof be notified in writing of the decision of the hearing official and that the decision of the hearing official is binding.
10. That for each hearing a written record be prepared, including the challenge or decision under appeal, any documentary evidence, a summary of any oral testimony presented at the hearing, the decision of the hearing official including the reasons thereof, and a copy of the notification to the parties concerned of the hearing official's decision.
11. That such written record be preserved for a period of 3 years after the close of the school year to which it pertains. These records shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.

During the appeal and hearing procedure:

- A. Children who have been denied benefits upon application shall not receive continued benefits during this period.

- B. Children who have been approved for benefits but are subject to termination or reduction of benefits later in the same school year shall continue to receive benefits if an appeal of the adverse action has been made within the 10-day advance notice period.

Advance notification shall be provided to families who receive a termination of benefits 10 calendar days prior to the actual termination. The notice shall advise households of: (1) the change; (2) the reason for the change; (3) the right to appeal the action within the 10-day advance notice period; (4) instructions on how to appeal and (5) the right to reapply any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the Local Educational Agency.

Non-Discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Sharing Information with Medicaid/CHIP

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 it 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 with 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 **Sasha Palmer at 617 730 2436** or e-mail: **sasha_palmer@psbma.org**
Return this form to: **333 Washington Street, 5th Floor, Brookline MA 02445** by **October 15, 2022**

Sharing Information with Medicaid/CHIP

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 **Brookline Public Schools Transportation Dept.**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Brookline Early Education Program**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Brookline Public School Sports 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 with 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 **Sasha Palmer at 617 730 2499** or e-mail at **sasha_palmer@psbma.org**
Return this form to: **Food Service Dept. 333 Washington Street, 5th Floor, Brookline MA 02445** by **October 15, 2022.**

Brookline Early Education Meal Program Guide

All students registered in the Brookline Early Education Program may participate in the National School Lunch Program and National School Breakfast Program.

All meals are FREE for the 2022- 2023 school year. Although meals are FREE we still need to verify your child's meal eligibility which will help to qualify your child for state and district benefits. If you think you qualify, complete an application form online at <https://family.titank12.com> or complete the paper application in the information packet. You can also use the chart above to check if you qualify.

An application is not required for your child to receive FREE meals this year. Complete one only if you think you may qualify.

Participating is simple.

All BEEP students can preorder their meals online. You will need to set up an online ordering account in order to preorder meals daily. Meals can be preordered in advance. To set up your account you will need your child's student Identification number also called (LASID) which can be found in the family portal.

To participate:

Set up an online ordering account at <https://family.onlineordering.linq.com>

Add your students to your account and begin adding meals to your cart

Once you've selected the meals for the day please remember to check the items in your cart.

BEEP Menus

Beep interactive menus can be found on our website at publicschoolsofbrooklinefoodservices.com. Use this menu to assist in filtering items if your student has allergies. Please refer to our Allergen section of the packet for more information.

Food Safety

The Food Services Department has a HACCP Food Safety program, which is explained below.

HACCP: Hazard Analysis Critical Control Point

- Each of the 10 Brookline Public schools, as well as the Food Services Director, keeps a copy of the HACCP Procedure manual in their office.
- The table of contents is attached here:
- HACCP procedures are reviewed and revised periodically, and signed off on by each Cafeteria Manager, assuring they are aware of, and employ each procedure.
- All Cafeteria managers are required to maintain ServSafe Certification. All Food Service staff goes through a series of monthly Food Safety training.
- During an orientation with the Director, every new Cafeteria Worker is briefed on food safety, the importance of personal hygiene, dress code, sanitation, food temperatures, and constant awareness that “the children’s health and safety are in our hands”.
- Sanitation is a huge priority in the Brookline Public Schools Cafeterias and all procedures are followed diligently, including
 - Personal hygiene
 - Food temperatures at all stages of production
 - Thermometer calibration
 - Sanitizing equipment, utensils, and work surfaces
 - A monthly food safety checklist completed at each school
- HACCP records are turned in to the Food Services Director at the end of each month, reviewed for completeness, followed up on, and records kept for 2-3 years.
- Brookline Public School Food Services contracts with SFS Services to provide
 - Sanitation products, guidance, and product usage training
 - Monthly food safety inspections at each school, including reports on each visit, which are reviewed with the director, and kept on file for 2-3 years. The Food Services Director follows up on each report, if necessary.
 - Brief food safety training modules conducted with staff during each school kitchen visit
- The Board of Health in Brookline Public Schools conducts thorough food safety inspections at least 2 times/year at each school, providing reports which are followed up on until all issues are resolved if any.



PSB Food Services

The following procedures are in place to assure we are able to do our best to keep each child safe.

Parents need to update the School Nurse early every fall, and anytime there is a change regarding their child's allergy.

Communication about Food Allergies:

For a Life-Threatening Food Allergy, Food Intolerance, or food-related medical condition:

- The parent/guardian provides the school nurse with documentation from a physician stating the child's food allergy, intolerance, or condition.
- **For Life-Threatening Food Allergies** - information is automatically sent to the Food Service software and the student account is flagged at the Point of Service (POS). The manager and staff familiarize themselves with the student's information. An alert is sent each time a student tries to access a menu item with that allergen. The system prevents the cashier from serving this student-restricted item without an override.
- **For Non-life-threatening Food Allergies, Food Intolerance, or other Special Dietary Needs**, the school nurse will assure that there is current documentation on file from the student's health care provider, identifying the condition restricting the child's diet, foods to be omitted, and food choices to be substituted.
- Since this information is automated we can assure that the most current allergy information is reported to our cafeteria for each student daily.
 - The nurse input the information in the Student Management system (Aspen) which is imported into the Food services software nightly.
 - This new process allows Food Services to receive accurate timely information.

Special arrangements

1. Parents may call the Food Service Director or Dietitian to discuss and formulate a plan for trying to accommodate the child's special dietary needs. Ingredients and food items can be discussed at that time.
2. The Food Service Director may complete a "Food Allergy or Intolerance Student Information Form" based on the discussion. This will be updated in the software copies will be distributed to the school cafeteria, the parent, and the school nurse, as well as filed a copy in the Food Services Office.

Menu website:

The PSB Food Service website (www.publicschoolsofbrooklinefoods-services.com) Menus page has an interactive menu that allows you to filter items based on the major allergens in the food items we are serving. If you click on the food item in a

menu, a pop-up box will appear with all pertinent nutrition and allergy information. You can use the special meal accommodations tab to highlight items with the selected allergen to filter items before ordering.

In the kitchen

- Food Service does not purchase or serve any food items that contain peanuts, tree nuts, or shellfish on the ingredient list. The only exception is at the High School, where we purchase Peanut Butter and Jelly Pockets, which are individually wrapped.
- A packet of every day’s daily entree item and all everyday items, with their nutrition and allergy information, is available in every cafeteria. This is printed out at the beginning of each month.
- Lactaid milk is available at all schools. Water can not be substituted for milk unless ordered by a doctor.
- During food preparation, extreme care is taken to avoid cross-contamination between foods. See below:

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*PROCEDURES TO AVOID CROSS- CONTAMINATION OF
COMMON ALLERGENS DURING FOOD PREPARATION*

- *Food production surfaces are cleaned with hot soapy water and clean cloth before and after food preparation and between the preparation of different varieties of food.*
- *Thoroughly clean with hot soapy water and a clean cloth, all utensils, pots, pans, serving pieces, and preparation surfaces between each type of food prepared and served.*
- *After using the food slicer to slice cheese (or any other product) the slicer must be cleaned thoroughly with hot soapy water. (Preventing cross-contamination with cheese protein)*
- *Use separate utensils for spreading and serving foods. For example, do not use the same spreader for mayonnaise and mustard. Use a different spreader for each item. Do not use the same spatula to lift a Wow Butter and Jelly sandwich, then a grilled cheese sandwich.*

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Allergy Alert Procedures:

When:

- A **new food** is introduced which has a non-obvious allergen
- A familiar food has a **new allergen** that it didn't have before
 - because the ingredients changed from what is posted in the allergen list on the web
 - because the food item has been exposed to an allergen (i.e.: sesame seeds have been spotted on a roll/s in this delivery)

The cafeteria manager will do the following:

- Notify and discuss the issue with Food Service Director, Assistant Director, or Food Service Coordinator.
- Write on (with Dry Erase Marker only) the laminated alert notice, pictured below, the food item and what allergen it has / may have. Example:

HAMBURG ROLLS
may have
SESAME SEEDS
today

- Post the notice in an appropriate conspicuous place in the cafeteria (close to the food item).
- Inform the nurse as soon as possible.



At the cash register:

- A list of food served, and allergies to those foods are kept at the cash register for cashiers' reference.
- When the student enters their scan their lunch cards or PIN number to get lunch (or breakfast) their allergies/intolerance/condition appears on the screen for the cashier to read and acknowledge before entering the sale. The cashier reviews the foods on the tray to assure problem foods have been avoided.
- If the student has food on the tray which contains an allergen for that child, the cashier will inform the student, and kindly take the food from the tray and offer a substitution.
- If the student (older – we will not allow this with elementary students) refuses to accept the cashier's advice and won't let the cashier take the food from them:

1. The cashier presses an “Allergy Warning Ignored” button which records this.
2. After the meal, the cashier notifies the Cafeteria Manager that this transpired.
3. The Cafeteria Manager runs a report to identify which student it was.
4. The Cafeteria Manager informs the School Nurse of this issue (and the Food Services Director)
5. The Nurse contacts the parent/guardian to inform them, and work out a solution.

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Training:

- Food Service staff are trained annually regarding procedures to avoid cross-contamination, basic information about food allergies, recognizing an allergic reaction, proper response, and the Heimlich maneuver.
- Food Services staffs, as well as managers, are Allergen Awareness Certified. This certification must be kept up to date.
- A notebook is kept in the main Food Service office (at the Administration Building), of ingredient lists and nutrition labels for each of the food items served.

Supplemental Allergy Statement:

- Regarding foods that include a “Supplemental Allergy Statement” on the label (ie: “item may contain...” or “made in a plant that also produces products containing *an allergen.*”) -
 - The potential cross-contact ingredients on the food/allergen list are included on the website and app, indicated with an appropriate allergen icon or written notes describing the supplemental allergy statement.

Procedures for: Handling and Preventing Cross Contamination of **GLUTEN-FREE Meals**

It is understood that:

- Gluten is in all wheat (white and “whole wheat”), oats, barley, rye
- Any tiny amount of gluten can cause damage to the intestinal villi of an affected person
- Extreme care must be taken to avoid CROSS-CONTAMINATION of gluten into GLUTEN-FREE (GF) foods.
- GF foods will be clearly labeled

The following safe food handling procedures will be followed at all schools with gluten-free (GF) food items:

- Wash hands and use new gloves when handling GF foods.
- A clean apron and towels will be used.
- All GF products will be stored separately (in their own box and individually wrapped &labeled) from other products.
- Separate utensils, cutting boards and sheet pans will be used for GF foods than for regular foods. These items will be washed and sanitized following the standard dishwashing procedures.
- GF foods will be baked in the oven before regular foods.
- Fresh parchment paper will cover the workspace used to make GF sandwiches.
- Fresh parchment will be used to cover the sheet pans on which GF foods are baked.
- GF sandwiches will be assembled **FIRST** before other sandwiches.
- Gluten-free peanut butter and jelly sandwiches will be made before all other peanut butter and jelly sandwiches made on regular bread.
- There will be dedicated, separate jars of peanut butter and jelly for the gluten-free sandwiches; they will be labeled with a GF on the jars.
- Kitchen staff will be trained on an on-going basis on proper safe handling of GF meals.

Meal Pattern

The following are the USDA Meal Pattern guidelines for the nutrition standards for the National School Lunch Program and School Breakfast Program.

All meals meet or exceed this guideline. All components are offered daily and include a daily serving of vegetables and fruits. A salad bar is available in all schools this year.

Students are always strongly encouraged to take a fruit or a vegetable to complete their meal.

National School Lunch Meal Pattern



United States Department of Agriculture

National School Lunch Program Meal Pattern

	Grades K-5	Grades 6-8	Grades 9-12
Food Components	Amount of Food ^a per Week		
	(minimum per day)		
Fruits (cups) ^b	2½ (½)	2½ (½)	5 (1)
Vegetables (cups) ^b	3¾ (¾)	3¾ (¾)	5 (1)
Dark green ^c	½	½	½
Red/Orange ^c	¾	¾	1¼
Beans and peas (legumes) ^c	½	½	½
Starchy ^c	½	½	½
Other ^{c d}	½	½	¾
Additional Vegetables to Reach Total ^c	1	1	1½
Grains (oz eq) ^f	8-9 (1)	8-10 (1)	10-12 (2)
Meats/Meat Alternates (oz eq)	8-10 (1)	9-10 (1)	10-12 (2)
Fluid milk (cups) ^g	5 (1)	5 (1)	5 (1)
Other Specifications: Daily Amount Based on the Average for a 5-Day Week			
Min-max calories (kcal) ^h	550-650	600-700	750-850
Saturated fat (% of total calories) ^h	<10	<10	<10
Sodium Interim Target 1 (mg) ^h	≤ 1,230	≤ 1,360	≤ 1,420
Sodium Interim Target 1A (mg) ^h	≤ 1,110	≤ 1,225	≤ 1,280
<i>Trans</i> fat ^h	Nutrition label or manufacturer specifications must indicate zero grams of <i>trans</i> fat per serving.		

Food items are included in each group and subgroup and amount equivalents. The minimum creditable serving is 1/8 cup. b One-quarter cup of dried fruit counts as 1/2 cup of fruit; 1 cup of leafy greens counts as 1/2 cup of vegetables. No more than half of the fruit or vegetable offerings may be in the form of juice. All juice must be

100% full-strength. c Larger amounts of these vegetables may be served. d This category consists of “Other vegetables” as defined in paragraph (c)(2)(iii)(E) of this section. For the purposes of the NSLP, the “Other vegetables” requirement may be met with any additional amounts from the dark green, red/orange, and beans/peas (legumes) vegetable subgroups as defined in paragraph (c)(2)(iii) of this section. e Any vegetable subgroup may be offered to meet the total weekly vegetable requirement. f At least 80 percent of grains offered weekly must meet the whole grain-rich criteria specified in FNS guidance, and the remaining grain items offered must be enriched. g All fluid milk must be fat-free (skim) or low-fat (1 percent fat or less). Milk may be flavored or flavored, provided that unflavored milk is offered at each meal service. h Discretionary sources of calories (solid fats and added sugars) may be added to the meal pattern if within the specifications for calories, saturated fat, trans fat, and sodium. Foods of minimal nutritional value and fluid milk with a fat content greater than 1 percent are not allowed. Sodium Interim Target 1A must be met no later than July 1, 2023 (SY 2023-2024).

USDA is an equal opportunity provider, employer, and lender

National School Breakfast Meal Pattern



United States Department of Agriculture

School Breakfast Program Meal Pattern

	Grades K-5	Grades 6-8	Grades 9-12
Food Components	Amount of Food ^a per Week		
	(minimum per day)		
Fruits (cups) ^{b c}	5 (1)	5 (1)	5 (1)
Vegetables (cups) ^{b c}	0	0	0
Dark green	0	0	0
Red/Orange	0	0	0
Beans and peas (legumes)	0	0	0
Starchy	0	0	0
Other	0	0	0
Grains (oz eq) ^d	7-10 (1)	8-10 (1)	9-10 (1)
Meats/Meat Alternates (oz eq) ^e	0	0	0
Fluid milk ^f (cups)	5 (1)	5 (1)	5 (1)
Other Specifications: Daily Amount Based on the Average for a 5-Day Week			
Min-max calories (kcal) ^{g h}	350-500	400-550	450-600
Saturated fat (% of total calories) ^h	<10	<10	<10
Sodium Target 1 (mg)	≤ 540	≤ 600	≤ 640
Trans fat ^h	Nutrition label or manufacturer specifications must indicate zero grams of <i>trans</i> fat per serving.		

Food items included in each group and subgroup and amount equivalents. The minimum creditable serving is 1

/8 cup. b One-quarter cup of dried fruit counts as 1/2 cup of fruit; 1 cup of leafy greens counts as 1/2 cup of vegetables. No more than half of the fruit or vegetable offerings may be in the form of juice. All juice must be 100% full-strength. c Schools must offer 1 cup of fruit daily and 5 cups of fruit weekly. Vegetables may be substituted for fruits, but the first two cups per week of any such substitution must be from the dark green, red/orange, beans/peas (legumes), or “Other vegetables” subgroups, as defined in §210.10(c)(2)(iii) of this chapter. d At least 80 percent of grains offered weekly must meet the whole grain-rich criteria specified in FNS guidance, and the remaining grain items offered must be enriched. Schools may substitute 1 oz. eq. of meat/meat alternate for 1 oz. eq. of grains after the minimum daily grains requirement is met. e There is no meat/meat alternate requirement. f All fluid milk must be fat-free (skim) or low-fat (1 percent fat or less). Milk may be unflavored or flavored, provided that unflavored milk is offered at each meal service. The average daily calories for a 5-day school week must be within the range (at least the minimum and no more than the maximum values). h Discretionary sources of calories (solid fats and added sugars) may be added to the meal pattern if within the specifications for calories, saturated fat, trans fat, and sodium. Foods of minimal nutritional value and fluid milk with a fat content greater than 1 percent milk fat are not allowed.

USDA is an equal opportunity provider, employer, and lender



PSB Food Services

District Office Staff

Sasha Palmer	Director of Food Service
Vacant	Assistant Director of Food Services
Vacant	Food Service Coordinator/Trainer
Mona Saltalamacchia	Food Service Office Manger
Isma Badette	Food Service Driver

School Staff

School	Manager	Telephone	Email Address
Baker School	Vacant	617 879 4511	
Brookline High(Greenough)	Susan Crossley	617 713 5115	susan_crossley@psbma.org
Driscoll School	Rachel Manganiello	617 879 4266	rachel_ann_crossley@psbma.org
Heath School	Marie Leamey	617 879 4550	marie_leamey@psbma.org
Lawrence School	Sabrina Franklin	617 879 4310	sabrina_franklin@psbma.org
Lincoln School	Gabrielle Stefura	617 879 4610	gabrielle_stefura@psbma.org
22 Tappan School	Emerald Henderson	617 713 5793	emerald_henderson@psbma.org
Pierce School	Donna Odell	617 730 2588	donna_odell@psbma.org
Ridley School	Thomas Ruffen	617 879 4429	thomas_ruffen@psbma.org
Runkle School	Merima Kantardzic	617 879 4679	merima_kantardzic@psbma.org
St Mary's	Donna O'Dell	617 730 2588	donna_odell@psbma.org



2022-2023 Massachusetts 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 – REDUCED PRICE** 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	MI	Child's Last Name	School Name	Grade	Student? Circle Yes or No	Foster	Homeless	Migrant	Runaway
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

Write the **Agency ID Number**, then go to **STEP 4** (Do not complete STEP 3) **EBT number not accepted; SNAP award letter may be requested**

Agency ID Number: _____

STEP 3

Report Income for ALL Household Members (Skip this step if you 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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/ Alimony	How often?				Pensions / Retirement / All Other Income	How often?					
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		

Total Household Members
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of
Primary Wage Earner or Other Adult Household Member

XXX-XX-

Check if no SSN ☐

STEP 4

Contact Information and Adult Signature

PSB Food Services, 333 Washington St, 5th Floor, Brookline MA 02445

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

Printed name of adult signing the form

City

State

Zip

Signature of adult

Daytime Phone and Email (optional)

Today's date

Error prone ☐

INSTRUCTIONS

Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	- Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

Ethnicity (check one):

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

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.

OPTIONAL

Children's Racial and Ethnic Identities

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- fax:**
(833) 256-1665 or (202) 690-7442; or
- email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

For School Use Only

2022-2023 Massachusetts Application for Free and Reduced Price School Meals

Total Income <input type="text"/>		Household Size <input type="text"/>		Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12		Eligibility: <table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>		Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Categorical Eligibility <input type="checkbox"/>									
Free	Reduced	Denied																					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																					
Only annualize income if there are multiple pay frequencies How often? <table border="1"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>2x Month</td> <td>Month</td> <td>Annually</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>		Weekly	Bi-Weekly	2x Month	Month	Annually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Determining Official's Signature <input type="text"/>		Date <input type="text"/>		Confirming Official's Signature <input type="text"/>		Date <input type="text"/>		Verifying Official's Signature <input type="text"/>		Date <input type="text"/>	
Weekly	Bi-Weekly	2x Month	Month	Annually																			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			



TOWN OF BROOKLINE

Massachusetts

CONSENT, WAIVER, AND RELEASE OF PERSONALLY IDENTIFYING INFORMATION ALLOWING PARTICIPATION IN BROOKLINE RECREATION ACTIVITIES AT LITTLE OR NO COST

The Family Educational Rights and Privacy Act is the primary federal student privacy law protecting student education records and the student personally identifying information they contain from unauthorized disclosure. *See* 20 U.S.C. § 1232g; 34 C.F.R. §§ 99.1 to 99.67.

In an effort to better serve families in need of recreation who may not have the financial resources, Brookline Recreation and Brookline Public Schools have a coordinated effort to support our youth, reduce barriers, ease the burden of applying, and encourage the participation of young Town of Brookline residents in the available Recreation programs.

The Town of Brookline committed Federal ARPA funds to create free recreation opportunities, subject to conditions such as limited space, different programs each season, among other examples. Youth qualify for the available seats in programs that Recreation has selected each season, if they live in Brookline Public Housing or if they are eligible for free and reduced-price meals.

If you are interested in this new program, *we ask for your consent.*

The parent or guardian, if the student is younger than eighteen years old, or the student, if older than eighteen, and who signed below, provides the Town of Brookline and the Public Schools of Brookline with your absolute and unconditional consent, waiver, and release of liability, allowing the Public Schools of Brookline to share with the Town of Brookline, specifically Brookline Recreation, the student's status as to whether the student is eligible for free or reduced-price meals.

Public Schools of Brookline shall **not** share any of the financial information provided to Public Schools of Brookline by the parent, guardian, or student. Public Schools of Brookline shall **only** share the student's eligibility status by forwarding to Brookline Recreation a copy of this form, if eligible. Brookline Recreation shall **not** share with any third-party this information received from Public Schools of Brookline.

The parent, guardian, or student who signed below acknowledges and agrees that this consent complies with Family Educational Rights and Privacy Act, and every other student privacy law, to allow the Public Schools of Brookline to share personally identifying information with the Town of Brookline, specifically Brookline Recreation, to allow the student's participation in Brookline Recreation activities at little or no cost.

Printed name of student

Printed name of parent or guardian, if the student is younger than eighteen years old

Phone number of parent or guardian, student, or both

Email of parent or guardian, student, or both

Address of parent or guardian, student, or both

Signature of student OR signature of parent or guardian, if the student is younger than eighteen years old