

East Longmeadow Public Schools
School Year 2025-2026
Alternate Financial Assistance Income Form

Our school district participates in the Community Eligibility Provision (CEP), which means all students will continue to receive one school breakfast and one school lunch daily at no out-of-pocket cost. However, to determine eligibility to receive additional benefits (like reduced price transportation or sports fees, or to access special income-based programs for your child(ren) at the school level), the below household income form must be completed and returned to your child's school or directly to the district office. You will only need to submit one form for your household by including all your children's names and school they attend.

*IMPORTANT NOTES: The submission of this form has no impact on receiving no charge school meals. Not submitting this form may prevent you from receiving a fee waiver or getting access to certain income-based programs if you feel that your household may qualify. Additional information may be required at the discretion of the school district office.
 This form is in lieu of the Massachusetts Household Application for Free and Reduced Price School Meals.*

1. **Enter the total number of people in your household.** Be sure to include all children and adults, related and unrelated, that live in a single dwelling and share income and expenses.
2. **Enter your annual combined household income.** Make sure to include all of the following income sources, work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be BEFORE any deductions for taxes, insurance, medical expenses, child support, etc.

1=Total Number of People in household	2=List the combined annual income for all people in the household (include all income sources listed above, before taxes)
<input type="text"/>	<input type="text"/> Total Combined Household Income=_____

You must list all students in the household. If any student you are applying for receives SNAP, TANF, and/or Medicaid benefits; or is a foster child, is homeless, migrant, or runaway; or attends Head Start; please check the appropriate boxes.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	SNAP/TANF Benefits	Medicaid Benefits	Foster	Homeless, Migrant, Runaway	Head Start
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any child (ren) referenced above receive SNAP, TANF, and/or Medicaid benefits, please list the appropriate case number(s) here:

SNAP/TANF case number: _____ Medicaid case number: _____

Contact Information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Household Member Completing this form (print name): _____

Signature: _____

Today's Date: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Daytime Phone Number: _____

Email: _____

Checklist

- Have you included all of your children as household members?
- Are **both** the household size and total household income range boxes checked?
- Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?
- Have you signed the form?

DO NOT FILL OUT THIS BOTTOM PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Economically Disadvantaged (meeting income and household guidelines):
Non-Economically Disadvantaged (NOT meeting income and household guidelines):

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____

Print Name: _____

Date: _____

IMPORTANT NOTES: Federal regulations mandate that all costs associated with distributing, collecting, and reviewing these household income forms must be paid with funds outside of the nonprofit school food service account. School food service personnel are not allowed to be involved in this process unless their labor expenses are paid by an alternative funding source outside of the non-profit school food service account. All documentation is subject to federal and state audits.