Hudson Public Schools
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Supplemental low-income data collection form--Summer/Fall 2026

Dear families,

As you may know, **HUDSON PUBLIC SCHOOLS** receives additional state and local funding to support learning for students whose families are identified as low income. The Massachusetts Department of Elementary and Secondary Education identifies most of these students already based on their participation in public assistance programs, but not all. We are sending this form to families to help us identify additional students who might be eligible to be counted as low income for school aid purposes.

Please be aware that this is a voluntary process. Families are not required to submit this information.

This Supplemental Low-Income Data Collection Form is not an application for free or reduced-price school meals, and this form will in no way impact your child's access to free or reduced-price lunch and breakfast if your child already accesses these benefits.

The information that families provide on this form and any supporting documentation will be kept by **HUDSON PUBLIC SCHOOLS**. It will only be used by **HUDSON PUBLIC SCHOOLS** or the Massachusetts Department of Elementary and Secondary Education to verify household income to determine the state and local funding that **HUDSON PUBLIC SCHOOLS** will receive.

Please follow the steps outlined below to complete the form and return it along with the required supporting documentation to **NELY FRIAS, NCFRIAS@HUDSON.K12.MA.US, by June 30, 2027**. If you need assistance completing any portion of the form or gathering other required information, please contact **NELY FRIAS, NCFRIAS@HUDSON.K12.MA.US**.

STEP 1: Income requirements

First, calculate your household's ANNUAL income. Make sure to include all income sources, including: work, public assistance, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), unemployment insurance, veterans benefits, and child income. Use gross income, before any deductions for taxes, insurance, medical expenses, child support, etc.

Second, identify the total number of people in your household in the table below. Count all children and adults, related and un-related, that live in your household and share income and expenses.

Third, follow the arrow from the number of people to the incomes that qualify. If your household income is in the listed range for the number of people in your household, check the box and complete the form. Your household must meet the income requirements for your household size in order to be identified as low income for school aid purposes. For example, a household with one adult and two children (three total people) and an income of $40,000 would qualify because their income is between $0 and $50,542.

# people in household	If your household income is in this range…	then check this box.
2 →	$0 -$40,034 →	❑
3 →	$0 - $50,542 →	❑
4 →	$0 – $61.050 →	❑
5 →	$0 - $71,558 →	❑
6 →	$0 - $82,066 →	❑
7 →	$0 - $92,574 →	❑
8 →	$0 - $103,082 →	❑

If household income does not fall within in the corresponding range based on your household size, your household does NOT qualify and you should not complete the form.

If your household has more than 8 people, provide the following information and work with your district or school to determine whether your household qualifies. Please print and fill out the table below as needed.

NUMBER OF CHILDREN/ADULTS: _____	ANNUAL INCOME: _____
To be completed by the district/school:	**Based on federal guidelines, does the household qualify based on size and combined annual income? If so, check this box and provide your initials:** ❑ **Initials: _____**

STEP 2: Student information

List all students in the household who are or will be enrolled in grades PK–12 in HUDSON PUBLIC SCHOOLS as of October 1, 2026. If additional students should be included, please add rows below this table. Please print and fill out the table below.

Completed by parents/guardians			Completed by the district/school
First name	Last name	Grade	SASID

STEP 3: Supporting documentation

Please provide one or more of the following sources of evidence to verify your household income. You should submit documents that can be used to calculate one recent month's income, such as a biweekly paycheck stub from this month or last month. *Check all sources that apply.* Please print and fill out the table below.

❑	***Jobs:*** Paycheck stub or pay envelope that shows the amount and how often the pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
❑	***Social Security, pensions, or retirement:*** Social Security retirement benefit letter, statement of benefits received, or pension award notice.
❑	***Unemployment, disability, or worker's compensation:*** Notice of eligibility from state employment security office, check stub, or letter from the worker's compensation's office.
❑	***Public Assistance:*** Benefits letter from the Massachusetts Department of Transitional Assistance for SNAP or TAFDC, or the Executive Office of Health and Human Services for MassHealth.
❑	***Child Support or Alimony:*** Court decree, agreement, or copies of checks received.
❑	***Other income (such as rental income):*** Information that shows the amount of income received, how often it is received, and the date received.
❑	***No income:*** A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.
❑	***Military Housing Privatization Initiative:*** Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

STEP 4: Community contact

If your household is not able to provide adequate supporting documentation as listed in Step 3 above, then a **community contact** must provide written evidence to support the household's range of combined annual income reported above in Step 1.

A *community contact* is a person outside of your household who knows about your household's circumstances and can attest to your household's income range selected in Step 1. Community contacts include social service agencies, religious organizations, and other community groups. Please print and fill out the table below as needed.

Name of community contact and organizational affiliation	
Organization address [Street, City, State, Zip Code]	
Contact information	
Signature	Today's date

STEP 5: Adult signature and contact information

By signing this form, I certify (promise) that all information on this application is true and that all income is reported. Please print and fill out the table below.

Name of adult completing the form (printed)	
Household address (if available) [Street, City, State, Zip Code]	
Contact information	
Signature	Today's date

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

I have reviewed the above information and documentation and have concluded that it is properly and completely filled out to the best of my knowledge. Please print and fill out the table below.

Name of district or charter school official (printed)	
Signature	Today's date

All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the school food service account.

Please note that a community contact (if provided) cannot be an employee of the student's district/charter school or any individual receiving payments from the district/charter school to manage or administer the income verification process. This form cannot be certified if the community contact meets either of these criteria.