

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION – SY 2019

F R D

1. For each household, complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

<u>Child's Last Name</u>	<u>First</u> <input type="checkbox"/>	<u>M.I.</u> <input type="checkbox"/>	<u>Grade</u>	<u>Room</u>	<u>School</u>
SNAP Number _____	Letter _____	TANF Number _____	Letter _____	<input type="checkbox"/> Foster Child	
<u>Child's Last Name</u>	<u>First</u> <input type="checkbox"/>	<u>M.I.</u> <input type="checkbox"/>	<u>Grade</u>	<u>Room</u>	<u>School</u>
SNAP Number _____	Letter _____	TANF Number _____	Letter _____	<input type="checkbox"/> Foster Child	
<u>Child's Last Name</u>	<u>First</u> <input type="checkbox"/>	<u>M.I.</u> <input type="checkbox"/>	<u>Grade</u>	<u>Room</u>	<u>School</u>
SNAP Number _____	Letter _____	TANF Number _____	Letter _____	<input type="checkbox"/> Foster Child	
<u>Child's Last Name</u>	<u>First</u> <input type="checkbox"/>	<u>M.I.</u> <input type="checkbox"/>	<u>Grade</u>	<u>Room</u>	<u>School</u>
SNAP Number _____	Letter _____	TANF Number _____	Letter _____	<input type="checkbox"/> Foster Child	

2. TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS _____

ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income.

ANNUAL INCOME CONVERSION: WEEKLY X 52, BI-WEEKLY X 26, SEMI-MONTHLY X 24, MONTHLY X 12

Names	Current Monthly Income				
All Other Household Members	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income	Check if NO Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
2. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
3. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
4. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
5. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

3. SIGNATURE: An adult household member must sign the application and list the last 4 digits of his/her social security number before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address **Zip Code** **Date**

Privacy Act Statement. Unless you list the child's SNAP or TANF case number, Section 9 of the National School Lunch Act requires that you include the last 4 digits of the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if the last 4 digits of a social security number are not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The last 4 digits of the social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine current certification for SNAP or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received and checking the documentation produced by the household member to the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

For School Use Only: SNAP/FDPIR/TANF household categorically eligible free: [] Yes [] No

Total monthly income: _____ Approved Free: _____ Approved Reduced: _____ Denied: _____

Determining official: _____ Signature: _____ Date: _____

4. OTHER BENEFITS – You do not have to complete this part to get free or reduced price school meals.

It's not too late to sign up for free or low-cost health coverage! Enrollment is open year round. Children or teens in a family may qualify for MaineCare. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. You can apply online using [My Maine Connection](#) If you have questions or would like assistance with your application, call the Consumers for Affordable Health Care (CAHC) at 1-800-965-7476.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child.
 I give up my rights to confidentiality for the purpose of applying for health insurance only.
 I certify that I am the parent/guardian of the child for whom application is being made.

Signature of parent/guardian _____ Date _____

5. CHILDREN'S ETHNIC and RACIAL IDENTITIES: Optional. You are not required to answer this question.

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

NOTIFICATION OF ELIGIBILITY

DATE: _____

Dear Parent or Guardian:

Your application for free or reduced price meals for your child(ren) has been:

1. Approved for applicable programs listed below (check all that apply)

- Free Lunches
- Free Breakfasts
- Free After School Snacks
- Free Milk for K and Pre-K, if meals are unavailable to them
- Reduced price lunches at \$ _____ per meal
- Reduced price breakfast at \$ _____ per meal
- Reduced price After School Snacks at \$ _____ per snack

2. Denied because:

- Household income is over the amount allowable.
- The application is missing _____.
- Other _____.

You may appeal this decision by writing the Hearing Official, who is _____ at this address _____ or calling him/her at _____.

Sincerely,

 Approving Officer

Name: _____

Street/RFD/P.O. Box: _____

City/Town: _____, ME (ZIP) _____

School Year 2019 Income Guidelines For Reduced Price Meals

REDUCED INCOME	
Household Size	Monthly
1	1,872
2	2,538
3	3,204
4	3,870
5	4,536
6	5,202
7	5,868
8	6,534
For each additional family member add:	
	666

Federal

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 ere they applied for benefits. Individuals who are deaf, heard 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> 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.

USDA is an equal opportunity provider, employer, and lender.

State

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin. If you wish to file a discrimination complaint electronically, please go to https://www.maine.gov/mhrc/file_a_complaint/general_intake_form.htm and complete an intake questionnaire. Before completing this process, it may be helpful to review relevant links under Guidance. If you are not sure how the Maine Human Rights Act may apply to you, please review the publication, "What It Is! How It Works" located at https://www.maine.gov/mhrc/guidance/what_it_is.htm. Maine is an equal opportunity provider and employer.