

Dear Parent/Guardian:

The **Readfield Elementary School** offers a choice of healthy meals each school day. Children may buy lunch for **\$2.75** and breakfast for **\$1.00**. Children who qualify under U.S. Department of Agriculture guidelines may get meals free or a reduced price of **.40** for lunch and **zero** for breakfast. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by a doctor. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.

Your child can get free school meals if you get SNAP, Temporary Assistance for Needy Families (TANF) or benefits from the Food Distribution Program on Indian Reservations (FDPIR). If your total household income is the same or below the amount on the Income Chart, your child can get meals either free or at a reduced price.

How do I get free or reduced price school meals for my child? You must complete the Free and Reduced Price School Meal Application and return it to the school.

- **Households getting SNAP, TANF, or benefits from FDPIR.** You only have to include your child's name and case number, and an adult household member must sign the form.
- **Households that do not get SNAP, TANF, or benefits from FDPIR.** If you do not have a case number, you must include the names of all household members, the amount of income each person got last month and where the income came from. An adult household member must sign the form and include the last four digits of his/her social security number, or indicate that he or she has none.
- **Households with a foster child.** You only have to include the child's name and check the box indicating that the child is a Foster Child on the Meal Application, and an adult must sign the form.

2017-18 School Year Income Guidelines For Reduced Price Meals	
REDUCED	
INCOME	
Household Size	Monthly
1	1,860
2	2,504
3	3,149
4	3,793
5	4,437
6	5,082
7	5,726
8	6,371
For each additional family member add:	
	645

Will the form be verified? Your eligibility may be checked at any time during the school year. School officials may ask you to send written evidence that shows your child should get free or reduced price school meals.

Can I appeal the school's decision? You can talk to school officials if you do not agree with the school's decision on your form. You also may ask for a fair hearing by calling or writing to:

Superintendent of Schools Phone: 207-685-3336 x2
Address 45 Millard Harrison Drive, Readfield, ME 04355

Will information on my form be kept confidential? We will use the information on your form to decide if your child should get free or reduced price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

Can I apply for free and reduced price meals later? You may apply for free and reduced price meals at any time during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or get SNAP, TANF or benefits from FDPIR, complete a form then.

We will let you know if you are approved or denied.

Sincerely,

Donna H. Wolfrom
Superintendent of Schools

HOW TO COMPLETE THE FREE AND REDUCED SCHOOL MEAL APPLICATION

Please complete the Free and Reduced School Meal Application using the instructions below. Sign the form and return it to

Readfield Elementary School

If you need help, call: # 207-685-4923 x1085.

1 CHILD INFORMATION: Print your child's name.

- (a) If you are applying for school meals, include your child's grade and the name of the school.
- (b) If you are applying for meals under the Summer Food Service Program (SFSP), please check the box.

BENEFITS: Complete this Part and sign the form in #3.

- (a) If you are applying for school meals, list your current SNAP or TANF case number(s) for your child(ren).
- (b) Sign the form in #3. An adult household member must sign. You do not have to list a social security number.

FOSTER CHILDREN: Complete this part and sign the form in #3. (Foster children may be directly certified.)

- (a) A foster parent or other official representing the child must sign the form in #3. You do not have to list a social security number.
- (b) Foster children should be included as a household member. This may help other household members qualify for benefits.

2 ALL OTHER HOUSEHOLD MEMBERS: Complete this Part and sign the form in #3.

- (a) Write the names of everyone in your household other than those listed above in #1. Include yourself, your spouse, and all other household members.
- (b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.
- (c) If anyone is self-employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the school if you need help.
- (d) Sign the form and include the last four digits of your social security number in #3. *If you do not have a social security number, check the appropriate box.*

3 SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

- (a) The form must have the **signature** of an adult household member.
- (b) The adult household member who signs the statement must include the **last four digits of his/her social security number**. *If he/she does not have a social security number, check the appropriate box.* A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.

4 OTHER BENEFITS: **Optional.** You may complete this section only if you wish to receive information about Medicaid or Cub Care benefits.

5 ETHNIC/RACIAL IDENTITY: You are **not required** to answer this question to get meal benefits, but completion of this information will help ensure everyone is treated fairly.

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business, day care business or farm

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social Security

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments
Foster child income

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION – SY 2018

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>	<u>M.I.</u>	<u>Grade</u>	<u>Room</u>	<u>School</u>
-----	-----	-----	-----	-----	-----
SNAP Number	Letter <input type="checkbox"/>	TANF Number	Letter <input type="checkbox"/>	<input type="checkbox"/> Foster Child	

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

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

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

Health Insurance Yes, I want Maine Care health care coverage information for my child. School officials may give my name and address to the Department of Health & Human Services so that they can send me information about Maine Care low-cost or free health care coverage for my child. (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health care coverage.)

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

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) _____

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For each additional family member add:	
	645

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.