

Dear Parent/Guardian:

The **Wayne Elementary School** offers a choice of healthy meals each school day. Children may buy lunch for **\$3.00** 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.

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

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 Dr., 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,

Jay Charette,
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

Wayne 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.
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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.
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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.
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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.*
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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.
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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 form

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 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.

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

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

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

Child's Last Name	First	M.I.	Grade	Room	School
_____	_____	_____	_____	_____	_____
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.

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 **Jay Charette, Superintendent of Schools** at this address **45 Millard Harrison Dr., Readfield, ME 04355** or calling him/her at **207-685-3336 x2**.

Sincerely,

Approving Officer

Name: Jeff Bridges

Street/RFD/P.O. Box: 2250 Millard Harrison Dr.

City/Town: Readfield, ME (ZIP) 04355

School Year 2019 Income Guidelines For Reduced Price Meals

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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, hard 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 [How to File a Program Discrimination Complaint](#) 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.

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State

This institution is an equal opportunity provider. In accordance with State law this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, sexual orientation or disability. (Not all prohibited bases apply to all programs)

If you wish to file a discrimination complaint electronically, please select [File a Complaint](#) 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!](#)". Maine is an equal opportunity provider and employer.