

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

School Office 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 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				
	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
All Other Household Members					<input type="checkbox"/>
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

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

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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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