# 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.

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**Child’s Last Name First M.I. Grade Room School**

**\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

**SNAP Number Letter TANF Number Letter Foster Child**

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**SNAP Number Letter TANF Number Letter Foster Child**

1. **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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑  ❑  ❑  ❑  ❑ |

1. **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.*

### I do not have a Social Security Number

### Signature of Adult:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 Digits of 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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](http://www.maine.gov/MyMaineConnection) 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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CHILDREN’S ETHNIC and RACIAL IDENTITIES**: Optional. You are **not required** to answer this question.

Mark one ethnic identity: Mark one or more racial identities:

❑ Hispanic or Latino ❑ Asian ❑ American Indian or Alaska Native

❑ Not Hispanic or Latino ❑ White ❑ Native Hawaiian or Other Pacific Islander

❑ Black or African American ❑ 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

1. 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 |

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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](https://www.ascr.usda.gov/how-file-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](mailto:program.intake@usda.gov).

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