

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 for a reduced price of *no charge* for lunch and *no charge* 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 licensed medical authority, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by a licensed medical authority. 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, unless it meets the definition of disability. Please call the school for further information.

Your child can get free school meals if any member of the household receives 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. To apply, fill out the Free and Reduced Price Meal Application and return it to: Wayne Elementary School.

**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 contacting Superintendent of Schools at 207-685-3336 x2, or [jay\\_charette@maranacook.org](mailto:jay_charette@maranacook.org), 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 notify you if your application has been approved or denied.

Sincerely,

**Jay Charette**  
**Superintendent of Schools**

School Year 2020 Income Guidelines For Reduced Price Meals	
REDUCED	
INCOME GUIDELINES	
Household Size	Monthly
1	1,926
2	2,607
3	3,289
4	3,970
5	4,652
6	5,333
7	6,015
8	6,696
For each additional family member add:	
	682

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 [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](mailto:program.intake@usda.gov).

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

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.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

## Instructions for Completing the Free and Reduced Price School Meal Household Application

Complete the Free and Reduced Price School Meal Household Application using the instructions below.  
Sign the form and return it to: Wayne Elementary School. If you need help, call: 207-685-4923 x 1085.

### Step 1 STUDENT INFORMATION

- (a) List all students living in the household
- (b) Include the name of the school they attend (if known)
- (c) If the student is a Foster, Homeless or Migrant child, check the applicable box.
  - a. A foster parent or other official representing the child must sign the form in step 4. You do not have to list a social security number.
- (a) Foster children should be included as a household member. This may help other household members qualify for benefits.

### Step 2 BENEFITS

- (a) If any members of your household receive SNAP, TANF or FDPIR assistance provide the case number and name of the person receiving these benefits. Skip step 3.
- (b) Sign the form in 4. An adult household member must sign. You do not have to list a social security number.

### Step 3 INCOME

- (a) Write the names of each person living in your household.
- (b) Write the amount of income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column on the form.
- (c) Check the box for how often each income is received.
- (d) 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.

### Step 4 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.

**Step 5 OTHER BENEFITS: Optional.** You may complete this section only if you wish to receive information about Medicaid or Maine Care benefits.

**Step 6 CHILDREN'S ETHNIC/RACIAL IDENTITY: Optional.** 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	Public Assistance/Child Support/Alimony Received	Pensions/Retirement/Social Security & Other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business)  If you are in the military: -Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) --Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Social Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities-Investment income -Earned interest -Rental income -Regular cash payments from outside household

**FREE AND REDUCED PRICE SCHOOL MEAL HOUSEHOLD APPLICATION - SY 2020**

**Step 1: STUDENT INFORMATION** List all students living in the Household

_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		
_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		
_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		
_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		

**Step 2: BENEFITS** If any members of your household receive SNAP, TANF or FDPIR assistance provide the case number and name of the person receiving these benefits. You may skip step 3.

Name: \_\_\_\_\_   
 \_\_\_\_\_ SNAP or TANF Number Letter

**Step 3: INCOME** List ALL Household Members including students listed above and total gross income (before deductions).

Names	Gross Income														
	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Welfare, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
Household Member	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Step 4: Required - Adult signature and last four digits of social security number**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted 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: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

**\* FOR SCHOOL USE ONLY \***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Categorically eligible free: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 5: 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 \_\_\_\_\_

**Step 6: 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/Guardian:

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

- 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
- Denied because:
  - Household income is over the amount allowable.
  - The application is missing \_\_\_\_\_.
- Other \_\_\_\_\_.

You may appeal this decision by contacting the Hearing Official, [Jay Charette, Superintendent of Schools](#) at [207-685-3336](tel:207-685-3336) or [jay\\_charette@maranacook.org](mailto:jay_charette@maranacook.org).

Sincerely,

\_\_\_\_\_  
Approving Officer

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REDUCED	
INCOME GUIDELINES	
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For each additional family member add:	
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The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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 where 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.

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