Dear Parent/Guardian:

The Ellsworth Elementary Middle School and the Ellsworth High School offer a choice of healthy meals each school day. Students may buy lunch for **$3.00** and breakfast for **$1.25**. Students who qualify under U.S. Department of Agriculture guidelines for free or reduced meals may get their meals for lunch and breakfast at no charge. 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 you’re 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.

**2019-2020 School Year Income Guidelines**

**For Reduced Price Meals**

|  |  |
| --- | --- |
| REDUCED | |
| INCOME | |
| 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 |
|  |  |

* ***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.

**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: Dan Higgins Superintendent of Ellsworth School District, 66 Main Street

Ellsworth, Maine 04605. 207-664-7100

**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,

Ray Daily, FSD

**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 on line 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, Officeof the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email:** [**proram.intake@usda.gov**](mailto:proram.intake@usda.gov)

**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 filled at the office of 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** [**http://www.maine.gov/mhrc/file/instructions**](http://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 Reduce Price School Meal Household Application

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

Ray Daily, Ellsworth School Department, 66 Main Street, Ste. 201, Ellsworth, Maine 04605, If you need help, call: #207-479-4818

**Step 1 STUDENT INFORMATION**

* 1. **List all students living in the household**
  2. **Include the name of the school they attend (if known)**
  3. f you are applying for school meals, include your child’s grade and the name of the school.
  4. 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.

* + - 1. If you are applying for school meals, list your current SNAP or TANF case number(s) for your child(ren).
      2. 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.)

1. 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.
2. Foster children should be included as a household member. This may help other household members qualify for benefits.
3. **ALL OTHER HOUSEHOLD MEMBERS:** Complete this Part and sign the form in #3.
   * + - 1. Write the names of everyone in your household other than those listed above in #1. Include yourself, your spouse, and all other household members.
         2. 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.
         3. 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.
         4. 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.*
4. **SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:**

The form must have the **signature** of an adult household member.

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.

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

**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

### Pensions/Retirement/Social Security

Pensions

Supplemental Security Income

Retirement income

Other Monthly Income/Self-employment

Disability benefits

Cash withdrawn from savings

Interest/dividends

Worker’s compensation

Net income from self-owned business, day care business or form

#### Welfare/Child Support/Alimony

Public assistance payments

Welfare payments

Alimony/child support payments

Foster child income

Veteran’s payments

Social Security

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