

4. OTHER BENEFITS – You do not have to complete this part to get free or reduced price school meals.

Health Insurance Yes, I want Maine Care health care coverage information for my child. School officials may give my name and address to the Department of Health & Human Services so that they can send me information about Maine Care low-cost or free health care coverage for my child. (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health care coverage.)

*****IMPORTANT BELOW*****

Participation/Equipment Use/Test/Other Fees I authorize Regional School Unit 16 to release the free and reduced school meal eligibility status of my children to other school programs for the purposes of determining eligibility for free or reduced fees for participation, equipment usage, test and other fees as appropriate. Eligibility status information may only be released to school administrators.

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 this purpose 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

Finally....

- Your application will be processed within 10 working days. A notification letter will be sent to your mailing address to inform you of your family’s eligibility status.
- Remember...you only have to complete this form once regardless of where your children attend school. **You do not have to complete a form for each school.** The information will be entered from any of our schools.
- Please review your information in #2 of the application. **The total number of people in the household must equal the total number of names listed in #1 and #2.**

**2010-2011 School Year Income Guidelines
For Reduced Price Meals**

REDUCED INCOME	
Household Size	Monthly
1	1,670
2	2,247
3	2,823
4	3,400
5	3,976
6	4,553
7	5,130
8	5,706
For each additional family member add:	
	577

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