

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION – SY 2017

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				
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. _____	\$ _____	\$ _____	\$ _____	\$ _____	<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.

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.)

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

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

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 _____ at this address _____ or calling him/her at _____.

Sincerely,

Approving Officer

Name: _____

Street/RFD/P.O. Box: _____

City/Town: _____, ME (ZIP) _____

2016-17 School Year Income Guidelines For Reduced Price Meals

REDUCED INCOME	
Household Size	Monthly
1	1,832
2	2,470
3	3,108
4	3,747
5	4,385
6	5,023
7	5,663
8	6,304
For each additional family member add:	
	642

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.