FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION – SY 2017

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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.

2. **TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS_____**

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

__ __ __ __ __ __ __ __ ☐ **SNAP Number Letter** __ __ __ __ __ __ __ __ ☐ **TANF Number Letter** ☐ **Foster Child**

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

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

__ __ __ __ __ __ __ __ ☐ **SNAP Number Letter** __ __ __ __ __ __ __ __ ☐ **TANF Number Letter** ☐ **Foster Child**

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._____	$_____	$_____	$_____	$_____	❑

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:_____ **Phone:**_____ **Work Phone:**_____

_____

Mailing 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
___ 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

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

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