

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION - SY 2008

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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
Food Stamp Number	Letter	TANF Number	Letter	Foster Child Monthly Income	

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2. TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS _____
 ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income.

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Names	Current Monthly Income				
	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
All Other Household Members					<input type="checkbox"/>
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 his or 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 food stamp 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: _____ 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 food stamp or TANF case number, Section 9 of the National School Lunch Act requires that you include 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 a social security number is 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 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 food stamp or TANF office to determine current certification for food stamps 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: Food stamp/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. RACIAL/ETHNIC IDENTITY: Optional. You are not required to answer this question.

- White, not of Hispanic Origin Black, not of Hispanic Origin Hispanic or Latino Asian or Pacific Islander American Indian or Alaska Native 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) _____

2007-2008 School Year Income Guidelines For Reduced Price Meals

Table with 2 columns: Household Size, Monthly. Rows for household sizes 1-8 and a row for additional family members.

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