SY 2024 HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: https://www.rsu63.org/domain/224 STEP 1: STUDENT INFORMATION: List all students that live in the household

			Foster Child Homeless/Migrant
Student Last Name	Student First Name	School	
			Foster Child Homeless/Migrant
Student Last Name	Student First Name	School	
			Foster Child Homeless/Migrant
Student Last Name	Student First Name	School	
			Foster Child Homeless/Migrant
Student Last Name	Student First Name	School	
STEP 2. ASSISTANCE PRO	CRAMS : Do any members of the housek	old (including you) current	ly participate in SNAP TANE or

STEP 2: ASSISTANCE PROGRAMS: Do any members of the household (including you) currently participate in SNAP, TANF or FDPIR assistance? If NO, go to STEP3. If YES, write the case number and name of the person receiving these benefits. Do not complete STEP 3. Name:

STEP 3: HOUSEHOLD INCOME: List all Household Members including yourself & students listed above and <u>gross</u> income for each person listed. **By entering '0' or leaving any fields blank, you certify (promise) there is no income to report.**

Names	Gross Income (before deductions)														
Household Member (include students listed above)	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Welfare, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
TOTAL HOUSEHOLD SIZE:	•					•					•				

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (required)

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

gnature of Adult: Last 4 Digits of Social Security Number:				Number:[I do not have a Social Security Number			
Printed Name:	Phone:			Email:				
Address:]	Date:				
* FOR Annual Income Conversion: Weekly	x 52, Every 2			onth x 24, Monthly x 12				
Total Income: Household Size:	Free R	educed	Denied	Categorically eligible free	2:			
Determining Official's Signature:				Date:				
Verification - Confirming Official's Signature:				Date:				

Letter

SNAP or TANF Number

STEP 5: Optional CHILDREN'S ETHNIC and RACIAL IDENTITIES 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:

WhiteBlack or African American

American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
Other

NOTIFICATION OF ELIGIBILITY

DATE:

Dear Parent/Guardian:

Your ap	plication for free or reduced price meals for your child(ren)) has been:					
	Approved for applicable programs listed below (check al	or 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					
	Denied because:						
	Household income is over the amount allowable.	□ The application is missing					
	Other						
You ma	y appeal this decision by contacting the Hearing Official, 1	Kelly Theriaultat 207-843-7851/ ktheriault@rsu63.org					
		Sincerely,					
		Kelly Theriault					

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed

AD-3027 form or letter must be submitted to USDA by:

 mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

(2) fax:

(833) 256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider

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 filed at the office of the 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 https://www.maine.gov/mhrc/file/instructions and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

(Federal Statement Revised 5/2022)

SY 2024 HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS INSTRUCTIONS

STEP 1: STUDENT INFORMATION:

- (a) List all students living in the household
- (b) Include the name of the school they attend (if known)
- (c) If the student is a Foster, Homeless or Migrant child, check the applicable box.
- (d) Foster, migrant, homeless, and runaway children, and children enrolled in a Head Start program are categorically eligible for free meals. If you are completing an application for these children, contact the school for more information.
- (e) If the student is a Foster child, their foster parent or other official representing the child must sign the form in step 4. You do not have to list a social security number.
- (f) Foster children should be included as a household member. This may help other household members qualify for benefits.

STEP 2: ASSISTANCE PROGRAMS:

- (a) If any member of the household currently participates in SNAP, TANF or FDPIR, provide the case number and name of the person receiving these benefits. Skip step 3. An adult household member must sign the form in Step 4 but does not have to list a social security number.
- (b) If no one in the household participated in SNAP, TANF or FDPIR, proceed to step 3.

STEP 3: HOUSEHOLD INCOME:

- (a) Write the names of <u>each</u> person living in your household including yourself and the students listed in step 1. A household is a person(s) living together that shares income and expenses, even if not related.
- (b) Write the amount of gross income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column.
- (c) Check the box for how often each income is received.
- (d) If 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.
- (e) Entering \$0 or leaving any income field blank is a positive indication there is no income to report.
- (f) Report total household size. This number must equal the number of household members listed in section 3.

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

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

(a) The adult household member who signs 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.

STEP 5: *Optional* - **CHILDREN'S ETHNIC and RACIAL IDENTITIES**: You are not required to answer this question, but completion of this information will help ensure everyone is treated fairly.

INCOME TO REPORT							
Earnings from Work	Public Assistance/Child Support/Alimony Received	Pensions/Retirement/Social Security & Other Income					
-Salary, wages, cash bonuses	-Unemployment benefits	-Social Security (including railroad retirement					
-Net income from self-employment (farm or	-Worker's compensation	and black lung benefits					
business)	-Social Security Income (SSI)	-Private pensions or disability benefits					
	-Cash assistance from State or local government	-Regular income from trusts or estates					
If you are in the military:	-Alimony payments	-Annuities-Investment income					
-Basic pay and cash bonuses (do not include	-Child support payments	-Earned interest					
combat pay, FSSA or privatized housing	-Veteran's benefits	-Rental income					
allowances)	-Strike benefits	-Regular cash payments from outside household					
Allowances for off-base housing, food and							
clothing							