

**Free and Reduced Price School Meal Application - SY 2019****\*APPLY ONLINE at [schoollunchapp.com](http://schoollunchapp.com) QUICKEST results!**OR Complete this form- use only 1 application per Family, Sign & Return to School

Please read instructions. Contact us if you have questions or need help at 626-2468 x1141 or x1142

**1. STUDENT INFORMATION**

Child's Last Name _____ A (SNAP) Food Stamp# (8 digit # ends with A)	First _____	M.I. _____	Grade _____ <input type="checkbox"/>	Birth date _____	School _____	<input type="checkbox"/> Foster Child
TANF Number _____	Letter _____					
Child's Last Name _____ A (SNAP) Food Stamp# (8 digit # ends with A)	First _____	M.I. _____	Grade _____ <input type="checkbox"/>	Birth date _____	School _____	<input type="checkbox"/> Foster Child
TANF Number _____	Letter _____					
Child's Last Name _____ A (SNAP) Food Stamp# (8 digit # ends with A)	First _____	M.I. _____	Grade _____ <input type="checkbox"/>	Birth date _____	School _____	<input type="checkbox"/> Foster Child
TANF Number _____	Letter _____					
Child's Last Name _____ A (SNAP) Food Stamp# (8 digit # ends with A)	First _____	M.I. _____	Grade _____ <input type="checkbox"/>	Birth date _____	School _____	<input type="checkbox"/> Foster Child
TANF Number _____	Letter _____					

\*IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP OR TANF ASSISTANCE ALL STUDENTS IN THE HOUSEHOLD ARE ELIGIBLE FOR FREE MEALS. PROVIDE THE NAME AND CASE # NUMBER FOR THE PERSON WHO RECEIVES BENEFITS & SKIP TO SECTION 3.

\*HOMELESS, RUNAWAY OR MIGRANT STUDENTS ARE ELIGIBLE FOR FREE MEALS. \*SEE GUIDANCE OFFICE FOR MORE INFORMATION.

**2. TOTAL NUMBER IN HOUSEHOLD: CHILDREN + ADULTS = \_\_\_\_\_**

- a. List ALL household members below, if not listed above in Section #1  
b. List ALL income for EACH person or  the right hand box if that person has NO income

ANNUAL INCOME CONVERSION: WEEKLY X 52, BI-WEEKLY X 26, SEMI-MONTHLY X 24, MONTHLY X 12

Names	List ALL Current Monthly Income				
	Monthly Earnings from Work – Job 1 (Before Deductions)	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
<b>All Other Household Members</b> *List each household member not listed in #1 You must show some income or check box to right.					
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
2. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
3. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
4. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

**3. SIGNATURE:** An adult household member must sign the application 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: \_\_\_\_\_ \*Print Name: \_\_\_\_\_

\*Last 4 Digits of Social Security Number: \_\_\_\_\_ or  I do NOT have a Social Security #

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_ (Your eligibility results will be emailed to you)

For School Use Only: SNAP/FDPIR/TANF household categorically eligible free:  Yes  No

INCOME BASED Eligibility: Total Monthly Income: \_\_\_\_\_ Approved Free: \_\_\_\_\_ Approved Reduced: \_\_\_\_\_ Denied: \_\_\_\_\_

Determining official: \_\_\_\_\_ Signature: \_\_\_\_\_ 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.

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

It's not too late to sign up for free or low-cost health coverage! Enrollment is open year round. Children or teens in a family may qualify for MaineCare. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. You can apply online using [My Maine Connection](#) If you have questions or would like assistance with your application, call the Consumers for Affordable Health Care (CAHC) at 1-800-965-7476.

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 the purpose of applying for health insurance 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

**School Year 2019 Income Guidelines For Reduced Price Meals**

REDUCED INCOME	
Household Size	Monthly
1	1,872
2	2,538
3	3,204
4	3,870
5	4,536
6	5,202
7	5,868
8	6,534
For each additional family member add:	
	666

**Federal**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**State**

This institution is an equal opportunity provider. In accordance with State law this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, sexual orientation or disability. (Not all prohibited bases apply to all programs)

If you wish to file a discrimination complaint electronically, please select [File a Complaint](#) and complete an intake questionnaire. Before completing this process it may be helpful to review relevant links under Guidance. If you are not sure how the Maine Human Rights Act may apply to, you please review the publication "[What It Is! How It Works!](#)". Maine is an equal opportunity provider and employer.