

Free and Reduced Price School Meal Application - SY 2017

***APPLY ONLINE at www.paypams.com/onlineapp QUICKEST results!**

OR Complete this form- only 1 per Family needed, 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	First _____	M.I. _____	Grade _____	Birth date _____	School _____
(SNAP) Food Stamp # ends with A	TANF Number	Letter <input type="checkbox"/>		<input type="checkbox"/> Foster Child	

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

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

***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				
<u>All Other Household Members</u> *List each household member not listed in #1 <i>You must show some income or check box to right.</i>	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
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.

Health Insurance Yes, I want Maine Care health care coverage for my child. School officials may give my name and address to the Department of 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 & 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

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

2016-2017 School Year Income Guidelines

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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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).