

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

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.rsu22.us/resources/school_nutrition/free_reduced_meals_application

STEP 1: STUDENT INFORMATION: List all students that live in the household

Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>

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: _____ SNAP or TANF Number Letter

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

Names Household Member (include students listed above)	Gross Income (before deductions)														
	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
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ I do not have a Social Security Number

Printed Name: _____ Phone: _____ Email: _____

Address: _____ Date: _____

*** FOR SCHOOL USE ONLY ***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: _____ Household Size: _____ Free ___ Reduced ___ Denied ___ Categorically eligible free: _____

Determining Official's Signature: _____ Date: _____

Verification - Confirming Official's Signature: _____ Date: _____

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:

- Asian
 White
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Other

NOTIFICATION OF ELIGIBILITY

DATE: _____

Dear Parent/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

- Approved for applicable programs listed below (check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Free Lunches | <input type="checkbox"/> Reduced price lunches at \$ _____ per meal |
| <input type="checkbox"/> Free Breakfasts | <input type="checkbox"/> Reduced price breakfast at \$ _____ per meal |
| <input type="checkbox"/> Free After School Snacks | <input type="checkbox"/> Reduced price After School Snacks at \$ _____ per snack |
- Denied because:
- | | |
|---|--|
| <input type="checkbox"/> Household income is over the amount allowable. | <input type="checkbox"/> The application is missing _____. |
|---|--|
- Other _____.

You may appeal this decision by contacting the Hearing Official, _____ at (862-3255, Nick Raymond, Superintendent of Schools) _____.

Sincerely,
[Signature of Approving Officer]

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:

- (1) **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)



Maine Migrant Education Program















School Survey 2023-2024

School Name: _____ School District: _____

The following information is confidential and for Migrant Education screening only
Please complete to see if your child may qualify for **free services** such as: **free lunch, education and support services, and graduation support**

1. Have you or anyone in your home worked temporarily or seasonally in agriculture or fishing anywhere in the U.S. in the past 3 years? Yes No

If yes, please circle all that apply:

 Feed Cattle, Processing, Packing	 Dairy	 Eggs	 Blueberries	 Cultivation, Soil Preparation	 Fishing, Fish Processing	 Lobstering
 Broccoli / Cauliflower	 Fishing Elvers	 Forestry (landscaping not included)	 Greenhouse, Nursery, Sod	 Harvest Potatoes	 Picking Apples	 Harvest ANY fruits or vegetables

2. If yes, did you or that person change your residence to do this work (even if only for a short period of time like a week)? Yes No

3. Have your children moved with you across school district lines in the last 3 years? Yes No

Parent/Guardian Name: _____ Phone: _____

Street Address: _____ City: _____

Best Day and Time to Call: _____ Email: _____

Please list children below:

First Name	Last Name	Grade	Date of Birth

Please return this form to one of your child's teachers, or to the central office of your school. We will call you to see if your children are eligible for the program.

If you would like to speak with us directly about our services, call (207) 557-1787. Thank you!

SCHOOL STAFF: PLEASE MAIL US THIS FORM IF ALL QUESTIONS SAY 'YES'

For the most up to date version of this form go to website: maine.gov/doe/schools/safeschools/migrated/migratedform