



**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. 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

**NOTIFICATION OF ELIGIBILITY**

DATE: \_\_\_\_\_

Dear Parent or 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)  
 Free Lunches  
 Free Breakfasts  
 Free After School Snacks  
 Free Milk for K and Pre-K, if meals are unavailable to them  
 Reduced price lunches at \$ \_\_\_\_\_ per meal  
 Reduced price breakfast at \$ \_\_\_\_\_ per meal  
 Reduced price After School Snacks at \$ \_\_\_\_\_ per snack
- 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) \_\_\_\_\_

**2014-2015 School Year Income Guidelines For Reduced Price Meals**

REDUCED INCOME	
Household Size	Monthly
1	1,800
2	2,426
3	3,051
4	3,677
5	4,303
6	4,929
7	5,555
8	6,181
For each additional family member add:	
	626

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