FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION - SY 2015

1. For each household, completing if you need help completing		application to the s	school. Please re	ad the instructio	ns. Call the s	school		
Child's Last Name	First	M.I. Grade		Room	School			
SNAP Number Let	tter — TANF	TANF Number Letter		Foster Child				
Child's Last Name First		M.I. Grade		Room Sch				
SNAP Nur	nber Letter	TANF Nu	mber Letter		Foster Child			
Child's Last Name	First	M.I. Grade		Room Scho				
SNAP Nu	mber Letter	TANF Nu	mber Letter		Foster Child			
Child's Last Name	First	M.I. Grade		Room School				
SNAP Nu	mber Letter	TANF Number	Letter		Foster Child			
2. TOTAL NUMBER IN HO ALL OTHER HOUSEHO ANNUAL INCOME		household members						
Names	Current Monthly Income							
All Other Household Members	Monthly Earnings from Work (Before Deductions) Job 1	Support, Alimoi		tirement, Job 2	y Earnings from or any Other othly Income	Check if NO Incom		
1	1.	\$	\$	\$				
2	\$	\$	\$	\$				
3	\$	\$	\$	\$				
4	\$	\$	\$	\$				
5	\$	\$	\$	\$				
3. SIGNATURE: An adult house PENALTIES FOR MISREPRESE income is reported. I understand that the and that the deliberate misrepresentation Signature of Adult: Printed Name:	NTATION: I certify that all of this information is being given for a of the information may subject m	he above information is tr the receipt of Federal fun e to prosecution under app Last 4 Digits of Soci	ue and correct and that ds; that institution offic olicable State and Feder ial Security Numb	the SNAP or TANF not ials may verify the informal laws.	umber is correct or formation on the su	r that all tatement a Social Number		
Home Addres	\$		Zip Code		Date			
Privacy Act Statement. Unless you list the social security number of the househ to list a social security number, but if the application does not have a social security member in verifying the correctness of employers to determine income, contact security office to determine the amount and checking the documentation product administrative claims, or legal actions if	the child's SNAP or TANF case old member signing the application e last 4 digits of a social security younder, we cannot approve the information stated on the applicating a SNAP or TANF office to of benefits received and checking bed by the household member to	number, Section 9 of the n or indicate that the house number are not listed or application. The last 4 dig tion. This may include pu determine current certifice the documentation produ	National School Lunch ehold member does not an indication is not ma- gits of the social securit rogram reviews, audits, ation for SNAP or TA- ced by the household m	Act requires that you have a social security de that the adult hous ty number may be used, and investigations at ANF benefits, contact number to prove the a	include the last 4 number. You do i hehold member sig d to identify the ho and may include co- ing the State emp mount of income i	not have gning the ousehold ontacting bloyment received		
For School Use Only: SNAP/F	*	egorically eligible fre	ee: []Yes []î	No				
Total monthly income:	Approved Free	: Appro	ved Reduced:	Denied	:	_		
Determining official:		Signature:			Date:			

OTHER BENEFITS – You do not have to complete this part to get free or reduced price school meals. 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: Mark one or more racial identities: ☐ Hispanic or Latino ■ Asian ☐ American Indian or Alaska Native ☐ Not Hispanic or Latino ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ 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) ___ Reduced price lunches at \$ Free Lunches Reduced price breakfast at \$_____ per meal Free Breakfasts Free After School Snacks Reduced price After School Snacks at \$_____ per snack Free Milk for K and Pre-K, if meals are unavailable to them Denied because: Household income is over the amount allowable. The application is missing Other writing the Hearing Official, who You may appeal this 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 1,800 1 2 2.426 3 3,051 4 3,677 4.303 5 4.929 6

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For each additional family member add:

5,555 6,181

626

7

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