

A background image showing a group of diverse students in a school cafeteria. They are standing in a line, looking at food options on a counter. The image is overlaid with a semi-transparent blue filter.

MAINE DEPARTMENT
OF EDUCATION

Determining Student Eligibility for Meal Benefits

Traditional/CEP/SP2

	Traditional	CEP	Special Provision II
Qualification	Any District	Any school/district with 25% + enrolled students on DC	Any District
F/R Meal Benefit Application	Yes, each year	No	Yes, first year No, year 2-4

Documentation

In order to claim Federal reimbursement for Free/Reduced student meals, you must have proper documentation of student eligibility.

What is proper documentation?



Free & Reduced Meal Benefit Application

F R D
O P

HOUSEHOLD APPLICATION FOR FREE & REDUCED PRICE SCHOOL MEALS - SY2026

Complete one application per household. Return completed form to: [\[INSERT INFORMATION\]](#)

You may apply online at: [\[INSERT WEB ADDRESS OR DELETE\]](#)

STEP 1: STUDENT INFORMATION List ALL students living in the household.

Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			<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"/>

STEP 2: ASSISTANCE PROGRAMS Do any household members (including you) participate in SNAP, TANF or FDIPIR?

☐ No → Go to STEP 3. ☐ Yes → Write name and SNAP/TANF number here and skip to STEP 4.

Name: _____ SNAP or TANF Number: _____ Letter: _____

STEP 3: HOUSEHOLD INCOME List all household members including yourself & students listed above. List gross income for each person. By entering "0" or leaving blank, you certify (promising) there is no income to report.

Names All Household Members (including students listed above)	Earnings from Work before deductions	Gross Income				Public Assistance, Child Support, Alimony received				Pensions, Retirement, Social Security, All Other Income			
		Weekly	Every 2 weeks	Monthly	2 times/month	Weekly	Every 2 weeks	Monthly	2 times/month	Weekly	Every 2 weeks	Monthly	2 times/month
	\$	<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"/>
	\$	<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"/>
	\$	<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"/>
	\$	<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"/>
	\$	<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"/>
	\$	<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"/>
	\$	<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: (REQUIRED)		<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"/>

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 purposefully 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: _____

- Current year application must be available to all households (paper)
- Only 1 application per household needs to be submitted
- Families cannot be required to complete an application
- USDA has translated applications available



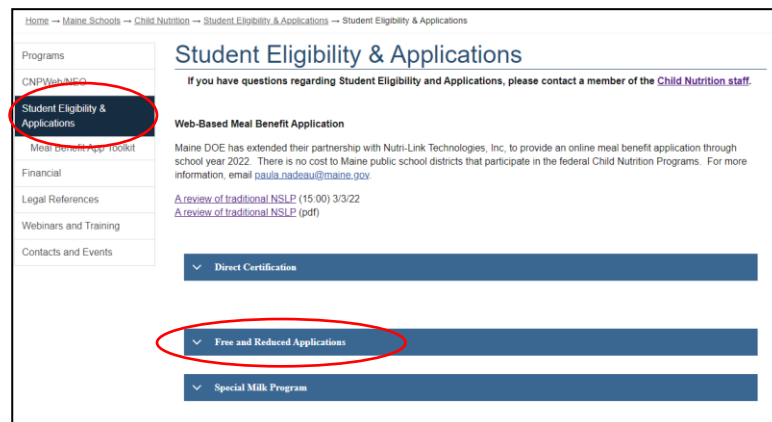
Letter to Households

- Distributed at the start of each school year
- How families can apply for meal benefits
- Sample letters on Child Nutrition website:
 - Non-pricing schools*
 - Schools charging for paid meals

* Opportunity to share the importance of completing a meal benefit application!

Child Nutrition Webpage

- Student Eligibility & Applications
 - Free and Reduced-Price Applications
 - Income Guidelines
 - Parent letter for F/R meals
 - Eligibility notification letters



Online Meal Benefit Application

- Maine DOE partnership with Nutri-Link to provide online application for Maine school districts
 - available at no charge
- If using this option, paper applications still need to be available to households
- Email sarah.d.platt@maine.gov with questions



Carryover of F/R Eligibility

- F/R eligibility status from the previous school year remains in effect for up to 30 operating days, or until new documentation is received, whichever comes first.
- New eligibility supersedes carryover eligibility.



Ways to Determine F/R Eligibility

1. Free & Reduced Meal Application

- Income
- Categorical (SNAP, TANF, Foster)

2. Direct Certification List

3. Migrant/Homeless/Head Start List

Processing Free & Reduced Meal Applications

- Applications should be processed, and families notified about the results as soon as possible, but no later than **10 operating days** after being received
- Eligibility becomes effective when the application is received
 - Date stamp and initial upon receipt

Processing Free & Reduced Meal Applications

**Applications are taken
at face value!**

HOUSEHOLD APPLICATION FOR FREE & REDUCED PRICE SCHOOL MEALS – SY2026

Complete one application per household. Return completed form to: [INSERT INFORMATION]

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F R D
DIP

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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

STEP 2: ASSISTANCE PROGRAMS Do any household members (including you) participate in SNAP, TANF or FDIPIR?

☐ No → Go to STEP 3. ☐ Yes → Write name and SNAP/TANF number here and skip to STEP 4.

Name: _____ SNAP or TANF Number: _____ Letter _____

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

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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"/>	\$	<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"/>	\$	<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"/>
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TOTAL HOUSEHOLD SIZE: (REQUIRED)												

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (required)

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

Printed Name: _____ Phone: _____ Email: _____

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

Determining Official's Signature: _____ Date: _____

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Categorical Eligibility

Student/Household Receives Benefits from an Assistance Program:

- SNAP/TANF
- Directly Certified

Eligibility is extended to the entire household.

Other Source Categorical

- Head Start
- Migrant
- Homeless
- Foster Children

Eligibility is NOT extended to the entire household.

Homeless/Migrant

- If an application has homeless/migrant checked
 - Must be further validated
 - Homeless Coordinator-District level
 - <https://www.maine.gov/doe/schools/safeschools/counseling/highmobility/homelessed>
 - Migrant Coordinator at the State of Maine Department of Education
- Might be listed on the Direct Certification list.

Foster Children

- Eligible for Free meals regardless of income
- Member of the household where they reside
- Their Free benefit is not extended to other household members
- Other members in household approved based on household income

F/R Applications: Categorical Eligibility

F R D
□ EP

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			<input type="checkbox"/>	<input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			<input type="checkbox"/>	<input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			<input type="checkbox"/>	<input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
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STEP 2: ASSISTANCE PROGRAMS Do any household members (including you) participate in SNAP, TANF or FDPIR?

☐ No → Go to STEP 3.

☐ Yes → Write name and SNAP/TANF number here and skip to STEP 4.

Name:

SNAP or TANF Number Letter



F/R Applications: Categorical Eligibility

Acceptable:

- 8 numbers & a letter

Unacceptable

- MaineCare
- EBT numbers
- Any number that does not fit the space provided!
- Statement from parent

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Name: _____

SNAP or TANF Number _____ Letter _____

F/R Applications: Categorical Eligibility

Do not look at income

Except for a foster child w/ other siblings

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

Names		Gross Income											
All Household Members (including students listed above)	Earnings from Work before deductions							Every 2 weeks	Monthly	Pensions, Retirement, Social Security, All Other Income	Weekly	Every 2 weeks	Monthly
	\$									\$			
	\$									\$			
	\$									\$			
	\$									\$			
	\$									\$			
	\$									\$			
	\$									\$			
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Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ ☐ I do not have a Social Security Number

Printed Name: _____ Phone: _____ Email: _____

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F/R Applications: Income

F R D
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SNAP or TANF Number

Letter



F/R Applications: Income

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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"/>
	\$	<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: (REQUIRED)		<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"/>

- Names of ALL household members
- Income from all sources and frequency

F/R Applications: Income

Income with Different Frequencies

Weekly Amount x 52 = Annual \$
Every Two Weeks x 26 = Annual \$
Twice a Month x 24 = Annual \$
Total Annual Income

Compare to current income
guidelines for ANNUAL income for
the household size
Do NOT round
Do NOT convert back to
monthly income

No conversion is required when:
one source of income is listed
All income sources are the same
frequency

Income Guidelines

2025 - 2026 INCOME GUIDELINES												
	FREE						REDUCED					
Household Size	Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly		Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly	
1	20,345	1,696	848	783	392	1	28,953	2,413	1,207	1,114	557	1
2	27,495	2,292	1,146	1,058	529	2	39,128	3,261	1,631	1,505	753	2
3	34,645	2,888	1,444	1,333	667	3	49,303	4,109	2,055	1,897	949	3
4	41,795	2,483	1,742	1,608	804	4	59,478	4,957	2,479	2,288	1,144	4
5	48,945	4,079	2,040	1,883	942	5	69,653	5,805	2,903	2,679	1,340	5
6	56,095	4,675	2,338	2,158	1,079	6	79,828	6,653	3,327	3,071	1,536	6
7	63,245	5,271	2,636	2,433	1,217	7	90,003	7,501	3,751	3,462	1,731	7
8	70,395	5,867	2,934	2,708	1,354	8	100,178	8,349	4,175	3,853	1,927	8
Additional	7,150	596	298	275	138		10,175	848	424	392	198	

F/R Applications: Adult Signature

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: _____

F/R Applications: Ethnic & Racial Data

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:

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |

Must be on every application
Optional for households to fill out

F/R Applications: Approval/Denial

* 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: _____

- Determining Official – who processed the application **John Smith**
- Verification Official – who verified the application **John Smith**
- Hearing Official – not connected with the eligibility determination **Betty Jones**
- Application Confirming Official - **Harvey Bixby**

3 Different Individuals

Summary: A Complete Application

Income Applications

- Names of all household members (must match household size box)
- Gross pay
- Pay frequency
- Adult signature
- Last four of SSN or indication of none

Categorical Applications

- Names of all children in the household
- SNAP/TANF # (correct format)
- Indication of Foster
- Adult signature

*If 'homeless' is indicated you must follow up with your homeless liaison for documentation.

Transfer Students

- When a student transfers schools throughout the school year, their eligibility transfers with them
- You may request a copy of their f/r application from the previous school
 - Make sure to re-approve & sign!

Determining Eligibility: Homeless/Migrant/Head Start

- F/R Application is not required
 - Although may be indicated on the application
- A student identified by the:
 - District homeless liaison
 - Migrant Coordinator
 - Head Start Coordinator
- **Categorically eligible for Free meals**

Determining Eligibility: Direct Certification

- The GOLD standard for eligibility
- Assistance Programs - eligible for free meals
- Benefit extended to household
- Eligibility valid for entire school year
- Takes precedence over an application
- Families must be notified

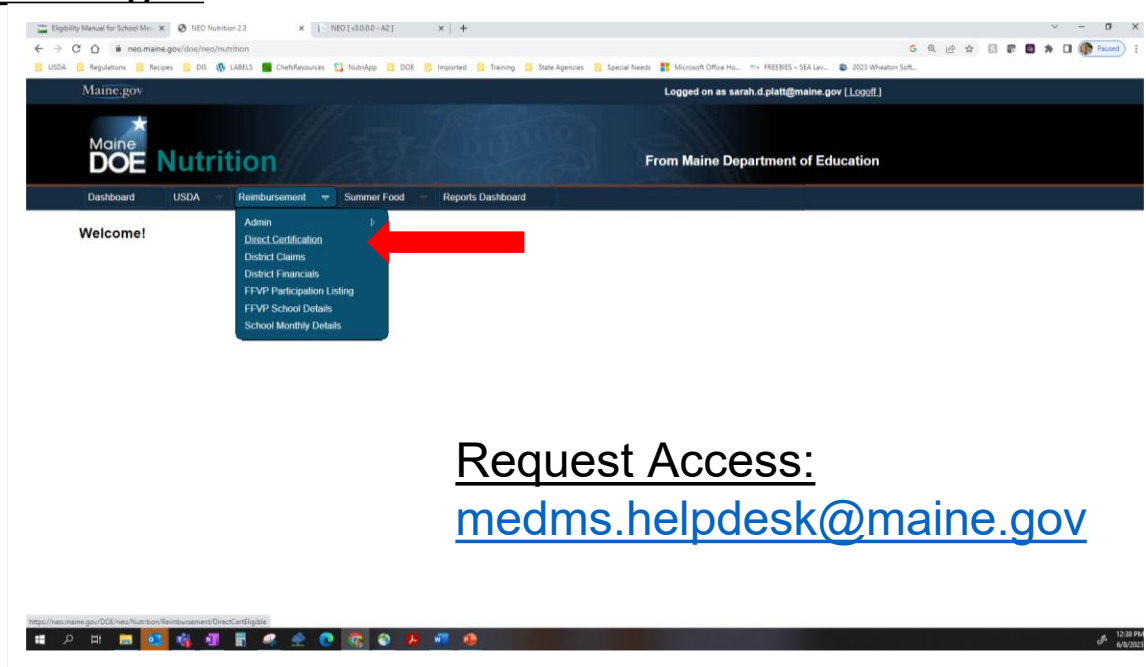


Direct Certification

- List is accessed in NEO
 - Confidential - only FSD and Superintendents
- List must be checked at least 3x throughout school year
- Click the 'reviewed' button to certify that it has been reviewed
- Save a copy of all DC lists! Printed or electronic

NEO: Direct Certification (DC)

www.neo.maine.gov



Request Access:

medms.helpdesk@maine.gov

NEO: Direct Certification (DC)

Export to Excel

Date Added	Student ID	Student Name	BirthDate	Case Head Name	DHS Case ID	DHS Town Name	SNAP/TANF	Enrollment Start	Enrollment End
7/7/2020	130019498	SMITH, JOSEPH	4/5/2003	SMITH, HELEN	80376133A	Machias	F	9/3/2019	6/4/2020
7/7/2020	130019465	ALLEN, HARVEY	4/27/2016	ALLEN, ZACH	15885093A	Machias	H	9/3/2019	6/4/2020
7/7/2020	150019654	ZAZUCUS, ZOE	10/30/2013	ZAZUCUS, ABBY	04583373A	Machias	S	9/3/2019	6/4/2020

[Individual Student Search](#)

You must select the button below to certify the list has been reviewed as required by Federal Regulations.

Reviewed

S-SNAP
T-TANF
F-Foster Care
M-Migrant
H-Homeless
A-Maine Care Free
Z-Maine Care Reduced

Duration of Eligibility



Eligibility is good for the
entire school year



AND



the first 30 *operating days*
of the next school year

Change in Eligibility

Applications can be submitted anytime.

Not required if change in income.

Eligibility changes must take place:

- Within 3 days for an increase in benefits

(ex: Paid to Reduced)

- In 10 days for a decrease in benefits

(ex: Free to Paid)

Notification of Eligibility

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 (phone/email of Hearing Official) _____.

Sincerely,

[Signature of Approving Officer]

Verification

- Verification is the required process of confirming eligibility for F/R meal benefits
 - Application approval = face value
 - Verification = confirming income reported on application
- Specific timeline to follow
- Verification process is reported in CNP web
- Verification training - in person and webinar recording

Benefit Issuance (Master) List

- List of students eligible for F/R meals
- List should contain:
 - Student first and last name
 - Benefit status (free/reduced/paid)
 - Date status was determined
 - Method of determination (DC/categorically eligible/income)
 - School name
 - Changes

Confidentiality

- Student eligibility information is CONFIDENTIAL
- May share aggregate data
- Eligibility information may not be shared without written parental permission
 - Sharing information form
- May share with another Child Nutrition Programs
 - Disclosure Chart in Eligibility Manual



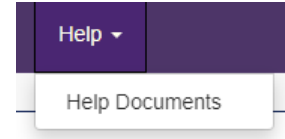
Other Things to Remember...

Completing the October Survey

- This is done in the beginning of November while filing your October claim
- Be sure that you are entering the correct information for each specific school
- Enter your TOTAL enrollment first and then enter your free and reduced numbers.
- Provision II non base year and CEP schools do not need to do this

Resources

- USDA's Eligibility Manual for School Meals
- Quick Reference Guide
- CnpWeb Help Tab



Help Documentation

Sort	Program	Form Description
0	NSLP	CNPWeb Administrative Review Quick Guide for SFA's
0	NSLP	Sponsor and Site Claims Reference Guide
1	NSLP	District Claim Approver Instructions
1	NSLP	October Survey Quick Guide
1	NSLP	Verification Guide
5	NSLP	SY24 Annual Application Packet Reference Guide
7	NSLP	Local Foods for Schools (LFS) Summary Page - Federal Grant



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