**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:** [web address if you offer online applications]

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

**Foster Child Homeless/Migrant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Last Name Student First Name School**

**Foster Child Homeless/Migrant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Last Name Student First Name School**

**Foster Child Homeless/Migrant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Last Name Student First Name School**

 **Foster Child Homeless/Migrant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Last Name Student First Name School**

**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.

|  |  |
| --- | --- |
| Names  | Gross Income (before deductions) |
| Household Member(include students listed above) | 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 |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
|  | $ | € | € | € | € | $ | € | € | € | € | $ | € | € | € | € |
| **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.*

### I do not have a Social Security Number

### Signature of Adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 Digits of 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: 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/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 ❑ Reduced price lunches at $\_\_\_\_\_\_\_\_ per meal

❑ Free Breakfasts ❑ Reduced price breakfast at $\_\_\_\_\_\_\_\_ per meal

❑ Free After School Snacks ❑ 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 contacting the Hearing Official, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at (phone/email of Hearing Official) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usda.gov%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2FUSDA-OASCR%2520P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf&data=05%7C01%7CSarah.D.Platt%40maine.gov%7C7d4fbf19eacf49251f5708da38c6ba9d%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C637884723440123074%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=eYGhrnnXSzXGTlXhV1opxtOujPm4MnoyLQCpEicayJ0%3D&reserved=0), 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

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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)