SAMPLE LETTER TO FAMILIES – FREE AND REDUCED PRICED MEALS

Dear Parent/Guardian:

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School offers a choice of healthy meals each school day. Children may buy lunch for $\_\_\_\_\_\_\_\_\_\_ and breakfast for $\_\_\_\_\_\_\_\_\_\_\_\_. Children who qualify under U.S. Department of Agriculture guidelines may get meals free or for a reduced price of *$.\_\_\_\_* for lunch and *no charge* for breakfast. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a licensed medical authority, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by a licensed medical authority. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution, unless it meets the definition of disability. Please call the school for further information.

Your child can get free school meals if any member of the household receives SNAP, Temporary Assistance for Needy Families (TANF) or benefits from the Food Distribution Program on Indian Reservations (FDPIR). If your total household income is the same or below the amount on the Income Chart, your child can get meals either free or at a reduced price. To apply, fill out the Free and Reduced Price Meal Application and return it to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Will the form be verified?** Your eligibility may be checked at any time during the school year. School officials may ask you to send written evidence that shows your child should get free or reduced price school meals.

**Can I appeal the school’s decision?** You can talk to school officials if you do not agree with the school’s decision on your form. You also may ask for a fair hearing by contacting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Will information on my form be kept confidential?** We will use the information on your form to decide if your child should get free or reduced price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

**School Year 2020 Income Guidelines**

**For Reduced Price Meals**

|  |  |
| --- | --- |
| REDUCED | |
| INCOME GUIDELINES | |
| Household Size | Monthly |
| 1 | 1,926 |
| 2 | 2,607 |
| 3 | 3,289 |
| 4 | 3,970 |
| 5 | 4,652 |
| 6 | 5,333 |
| 7 | 6,015 |
| 8 | 6,696 |
| For each additional family member add: | |
|  | 682 |

**Can I apply for free and reduced price meals later?** You may apply for free and reduced price meals at any time during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or get SNAP, TANF or benefits from FDPIR, complete a form then.

We will notify you if your application has been approved or denied.

Sincerely,

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.  Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.  Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://nam03.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.ocio.usda.gov%2Fsites%2Fdefault%2Ffiles%2Fdocs%2F2012%2FComplain_combined_6_8_12.pdf&data=02%7C01%7CPaula.Nadeau%40maine.gov%7C37538e69344f464cd0ed08d79066d3e2%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C637136643619496071&sdata=ULYop6GmbBiM89oXQayx%2BrJ2fdGHc5O5VmvA6kyoOAA%3D&reserved=0), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\_filing\_cust.html](https://nam03.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.ascr.usda.gov%2Fcomplaint_filing_cust.html&data=02%7C01%7CPaula.Nadeau%40maine.gov%7C37538e69344f464cd0ed08d79066d3e2%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C637136643619506029&sdata=i%2Bcfze%2BRy6wmgD8g7f51pbmmqKZa57B%2Brefe2BX%2BIi8%3D&reserved=0), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

 (2)      fax: (202) 690-7442; or

 (3)      email: [program.intake@usda.gov](mailto: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 Updated 1/3/2020)

# Instructions for Completing the Free and Reduced Price School Meal Household Application

Complete the Free and Reduced Price School Meal Household Application using the instructions below.   
Sign the form and return it to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If you need help, call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 1 STUDENT INFORMATION**

* 1. List all students living in the household
  2. Include the name of the school they attend (if known)
  3. If the student is a Foster, Homeless or Migrant child, check the applicable box.
     1. A 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.

1. Foster children should be included as a household member. This may help other household members qualify for benefits.

**Step 2 BENEFITS**

1. If any members of your household receive SNAP, TANF or FDPIR assistance provide the case number and name of the person receiving these benefits. Skip step 3.
2. Sign the form in 4. An adult household member must sign. You do not have to list a social security number.

**Step 3 INCOME**

* + - * 1. Write the names of each person living in your household.
        2. Write the amount of income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column on the form.
        3. Check the box for how often each income is received.
        4. If anyone is 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.

**Step 4 SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:**

The form must have the **signature** of an adult household member.

The adult household member who signs the statement 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 OTHER BENEFITS: Optional.** You may complete this section only if you wish to receive information about Medicaid or Maine Care benefits.

**Step 6 CHILDREN’S ETHNIC/RACIAL IDENTITY: Optional.** You are **not required** to answer this question to get meal benefits, 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 |