Dear Parent/Guardian:

Our school offers healthy meals every school day. Students may buy lunch for $\_\_\_\_\_ and breakfast for $\_\_\_\_\_. Your children may qualify for free or reduced-price meals and may be eligible to get breakfast and lunch at school for *no charge*. To apply, complete the enclosed *SY 2023 Household Application for Free and Reduced Price School Meals* **and return to**: [insert address]. If you prefer, you may complete the application online at [insert website for online application is available]. A new application must be submitted each school year.

Meals 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, substitutions may be made as 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 and supported by a complete medical statement form signed by the local medical authority. Please call the school nutrition program for further information.

**Who can get free or reduced-price school meals?** Children in households receiving SNAP, TANF or, FDPIR benefits, and foster, homeless, and migrant children are eligible for free meals without reporting household income. Alternatively, **c**hildren may receive free or reduced-price meals if their household’s income is within the limits on the Federal Income Eligibility Guidelines.

**Will information on my application be kept confidential?** We will use the information on your form to decide if your child is eligible for 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.

**How do I know if my children qualify as homeless, migrant, or runaway?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator].**

**Do I need to fill out an application for each child?** No. Use one Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

**Should I fill out an application if I received a letter this school year saying my children are already approved for free meals?** No, but please read the letter you got carefully and follow the instructions.

# My child’s application was approved last year. Do I need to fill out a new one? Yes. A new application must be submitted each school year unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

**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.

**Can I apply for free and reduced-price meals later?** Yes. Please complete an application at any time including if your income decreases, household size increases, or you start getting SNAP, TANF or benefits from FDPIR.

**What if I disagree with the school’s decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number, e-mail]**.

**May I apply if someone in my household is not A U.S. citizen**?Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

**What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

**What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

**We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. Ifyou get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

**What if there isn’t enough space on the application for my family?** List any additional household members on a separate piece of paper and attach it to your application.

**School Year 2023 Income Guidelines**

**For Reduced Price Meals**

|  |  |
| --- | --- |
| REDUCED | |
| INCOME GUIDELINES | |
| Household Size | Monthly |
| 1 | 2,096 |
| 2 | 2,823 |
| 3 | 3,551 |
| 4 | 4,279 |
| 5 | 5,006 |
| 6 | 5,734 |
| 7 | 6,462 |
| 8 | 7,189 |
| For each additional family member add: | 728 |
|  | | 691 |
|  |  |

**My family needs more help. Are there other programs we might apply for?** For information about Food Supplement, Health Care, Cash Assistance and/or apply for Maine's Child Care Subsidy, go to [My Maine Connection](http://www.maine.gov/MyMaineConnection) found online at <https://www1.maine.gov/benefits/account/login.html>. For low cost health insurance information, contact Consumers for Affordable Health Care (CAHC) at 1-800-965-7476.

If you have other questions or need help, call **[phone number]**.

Sincerely,

**[signature]**

In accordance with Federal ivil 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)