**WE MUST CHECK YOUR APPLICATION**

You must send the information we need or contact Name by Date, or your child(ren) will stop getting free or reduced-priced meals.

School: School Name Date: Date

Dear Parent or Guardian:

We are checking your Free and Reduced-Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced-priced meals. You must send us information to prove that Name(s) of child(ren) is/are eligible.

If possible, send copies, not original papers. If you do send originals, they will be returned if requested.

1. If you were receiving benefits from Maine SNAP or Maine TANF when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of the following:
	* Maine SNAP or Maine TANF notice showing the dates of certification.
	* Letter from Maine SNAP or Maine TANF showing the dates of certification.
	* DO NOT send your EBT card.
2. If you get this letter for a homeless, migrant, or runaway child, please contact School, homeless liaison, or migrant coordinator for help.
3. If the child is a foster child: Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.
4. If no one in your household receives Maine SNAP or Maine TANF benefits: Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to:** Address

Acceptable papers include:

*Jobs*: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

*Social Security, Pensions, or Retirement:* Social Security retirement benefit letter, statement of benefits received, or pension award notice.

*Unemployment, Disability, or Worker’s Comp:* Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation office.

*Welfare Benefits:* Benefit letter from the Maine TANF office.

*Child Support or Alimony:* Court decree, agreement, or copies of checks received.

*Other Income (such as rental income):* Information that shows the amount of income received, how often it is received, and the date received.

*No Income:* A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

*Military Housing Privatization Initiative:*  Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

*Timeframe of acceptable income documentation:* Please submit proof of one month’s income; you could use the month prior to application, the month you applied, or any month after that.

If you have any questions or need help, please call Name at Phone number. You may also send an email to Email address.

Sincerely,

**Federal**

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 ere they applied for benefits. Individuals who are deaf, heard 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> 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.

USDA is an equal opportunity provider, employer, and lender.

**State**

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.

If you wish to file a discrimination complaint electronically, please go to <https://www.maine.gov/mhrc/file_a_complaint/general_intake_form.htm> and complete an intake questionnaire. Before completing this process, it may be helpful to review relevant links under Guidance. If you are not sure how the Maine Human Rights Act may apply to you, please review the publication, “What It Is! How It Works!” located at <https://www.maine.gov/mhrc/guidance/what_it_is.htm> . Maine is an equal opportunity provider and employer.

**WE HAVE CHECKED YOUR APPLICATION**

School: School Name Date: Date

Dear Parent or Guardian:

We checked the information you sent us to prove that Name(s) of child(ren) are eligible for free or reduced-price meals and have decided that:

* Your child(ren)’s eligibility has not changed.
* Starting Date, your child(ren)’s eligibility for meals will be changed **from reduced-price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
* Starting Date, your child(ren)’s eligibility for meals will be changed from **free to reduced-price** because your income is over the limit. Reduced price meals cost $ for lunch and $ for breakfast.
* Starting Date, **your child(ren) is/are no longer eligible** for free or reduced-price meals for the following reason(s):
	+ Records show that no one in your household received Maine SNAP or Maine TANF benefits.
	+ Records show that the child(ren) is/are not homeless, runaway, or migrant.
	+ Your income is over the limit for free or reduced-price meals.
	+ You did not provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ You did not respond to our request.

Meal cost $ for lunch and $ for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received Maine SNAP or Maine TANF benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with Contact Name at Phone #. You also have the right to a fair hearing. If you request a hearing by Date your child(ren) will continue to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: Name, Address, Phone #, or Email.

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Thank you Letter to Parents Who Self-Removed

Date

Dear Parent or Guardian:

Thank you for responding to our letter concerning the verification process for free and reduced-price meal applications. Since you have indicated that your family no longer needs the benefits, we will inform each school accordingly.

If your financial status changes again, you may reapply for free or reduced-price meal benefits.

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Letter to Parents for More Information

Date

Dear Parent or Guardian:

Thank you for sending information for the verification of your application for free and reduced-price meals. However, we need more information about your application.

Please mail in the enclosed postage-free envelope: Information needed

Kindly send this information by Date. Otherwise, we will have to end the school meal benefits your child/children has/have been getting. Please mail this information as soon as possible so your child/children may continue to get school meal benefits.

If you have any questions, or if you need help you may call Name at Phone #, between the house of Hours, Monday through Friday.

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