

HOUSEHOLD APPLICATION FOR FREE & REDUCED PRICE SCHOOL MEALS – SY2027

Complete one application per household. Return completed form to: Aimee Sanfilippo, Admin. Assistant
You may apply online at: <https://tgs.rsu13.org>

List ALL students living in the household.

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	Foster Child ☐	Homeless/Migrant ☐

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 _____

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	Earnings from Work before deductions	WEEKLY				Public Assistance, Child Support, Alimony received	WEEKLY				Pensions, Retirement, Social Security, All Other Income	WEEKLY			
		W	E	2	M		W	E	2	M		W	E	2	M
All Household Members (including students listed above)															
	\$	€	€	€	€	\$	€	€	€	€	\$	€	€	€	€
	\$	€	€	€	€	\$	€	€	€	€	\$	€	€	€	€
	\$	€	€	€	€	\$	€	€	€	€	\$	€	€	€	€
	\$	€	€	€	€	\$	€	€	€	€	\$	€	€	€	€
	\$	€	€	€	€	\$	€	€	€	€	\$	€	€	€	€
	\$	€	€	€	€	\$	€	€	€	€	\$	€	€	€	€
	\$	€	€	€	€	\$	€	€	€	€	\$	€	€	€	€
	\$	€	€	€	€	\$	€	€	€	€	\$	€	€	€	€
TOTAL HOUSEHOLD SIZE: (REQUIRED)															

(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: _____ ☐ 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: _____

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:

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ 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>, 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

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/mhre/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

(Federal Statement Revised 5/2022)

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS

STEP 1: STUDENT INFORMATION

- (a) List all students living in the household.
- (b) Include the name of the school they attend (if known).
- (c) If the student is a foster child, mark the 'foster child' box next to the child's name. If you are ONLY applying for a student who is a foster child, complete Step 1 and proceed to Step 4. If you are applying for foster children and non-foster children, go to Step 3. Adopted children are not considered foster children.
- (d) If you believe the student is Homeless or Migrant, check the 'Homeless/Migrant' box next to the child's name and complete the rest of the application. Homeless and migrant status must be confirmed with the appropriate program staff. If the school district cannot confirm this status, the school district may contact you.

STEP 2: ASSISTANCE PROGRAMS

- (a) If no one in your household participates in SNAP, TANF or FDPIR, check 'No' and proceed to Step 3.
- (b) If anyone in your household participates in SNAP, TANF or FDPIR, check 'Yes' and write in the case number and name of the person receiving these benefits. Skip step 3. An adult household member must sign the form in Step 4 but does not have to list a social security number.

STEP 3: HOUSEHOLD INCOME

- (a) Write the names of each person living in your household including yourself and the students listed in step 1. A household is a person(s) living together that shares income and expenses, even if not related.
- (b) Write the amount of gross income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column.
- (c) Check the box for how often each income is received.
- (d) If self-employed, list income from your business as a net amount. This is calculated by subtracting the total operating expenses of your business from it's gross revenue.
- (e) Entering \$0 or leaving any income field blank is a positive indication there is no income to report.
- (f) Report total household size. This number must equal the number of household members listed in section 3.

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

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

- (a) The adult household member who signs 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: CHILDREN'S ETHNIC and RACIAL IDENTITIES *Optional* – This field is optional and does not affect your child's eligibility for free or reduced meals. You are not required to answer this question, 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)	-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

-Allowances for off-base housing, food and clothing		
---	--	--