## SY 2023 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS

F R D $\Box EP$ 

Letter

SNAP or TANF Number

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. A downloadable copy is available on our website: www.maineartsacademy.org. STEP 1: STUDENT INFORMATION: List all students that live in the household

			Foster Child	Homeless/Migrant
Student Last Name	Student First Name	School	-	
Student Last Ivanie	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 PROGRAM	-		-	

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:

## **STEP 3: HOUSEHOLD INCOME:** List all Household Members including yourself & students listed above and <u>gross</u> 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.

Signature of Adult:	ature of Adult: Last 4 Digits of Social Security Number: _		
Printed Name:	Phone:	Email:	- Security Number
Address:			
	<b>R SCHOOL USE O</b> y x 52, Every 2 weeks x 2	<b>NLY *</b> 26, Twice a month x 24, Monthly x 12	
Total Income: Household Size:	Free Reduced	_ Denied Categorically eligible f	ree:
Determining Official's Signature:		Date:	
Verification - Confirming Official's Signature:		Date:	

<ul> <li>Hispanic or Latino</li> <li>Not Hispanic or Latino</li> </ul>	<ul> <li>Asian</li> <li>White</li> <li>Black or African American</li> </ul>	<ul> <li>American Indian or Alaska Native</li> <li>Native Hawaiian or Other Pacific Islander</li> <li>Other</li> </ul>					
NOTIFICATION OF ELIGIBILITY							
DATE:							
Dear Parent/Guardian:							
<ul> <li>Your application for free or reduced price meals for your cl</li> <li>Approved for applicable programs listed below (</li> <li>Free Lunches</li> <li>Free Breakfasts</li> <li>Free After School Snacks</li> </ul>	check all that apply) Reduced price lunches Reduced price breakfa	s at \$ per meal ist at \$ per meal chool Snacks at \$ per snack					
<ul><li>Denied because:</li><li>Household income is over the amount allowab</li></ul>	le.	sing					

Sincerely,

Maine Ants Academy

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

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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 <a href="https://www.maine.gov/mhrc/file/instructions">https://www.maine.gov/mhrc/file/instructions</a> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

(Federal Statement Revised 5/2022)