



Determining official: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. OTHER BENEFITS – You do not have to complete this part to get free or reduced price school meals.**

**Health Insurance**  Yes, I want Maine Care health care coverage information for my child. School officials may give my name and address to the Department of Health & Human Services so that they can send me information about Maine Care low-cost or free health care coverage for my child. (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health care coverage.)

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child for whom application is being made.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**5. CHILDREN’S ETHNIC and RACIAL IDENTITIES: Optional. 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 or Guardian:

Your application for free or reduced price meals for your child(ren) has been:

1. 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
- Free Milk for K and Pre-K, if meals are unavailable to them

2. Denied because:

- Household income is over the amount allowable.  The application is missing \_\_\_\_\_.
- Other \_\_\_\_\_.

You may appeal this decision by writing the Hearing Official, who is \_\_\_\_\_ at this address \_\_\_\_\_ or calling him/her at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Approving Officer

Name: \_\_\_\_\_

Street/RFD/P.O. Box: \_\_\_\_\_

City/Town: \_\_\_\_\_, ME (ZIP) \_\_\_\_\_

**2017-18 School Year Income Guidelines For Reduced Price Meals**

| REDUCED INCOME                         |         |
|--|---------|
| Household Size                         | Monthly |
| 1                                      | 1,860   |
| 2                                      | 2,504   |
| 3                                      | 3,149   |
| 4                                      | 3,793   |
| 5                                      | 4,437   |
| 6                                      | 5,082   |
| 7                                      | 5,726   |
| 8                                      | 6,371   |
| For each additional family member add: |         |
|  | 645     |

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