

RSU 18 NUTRITION SERVICES
"FEEDING CHILDREN AND THEIR FUTURE"



Dear Parent/Guardian:

The RSU 18 Middle & High Schools offer a choice of healthy meals each school day. Students may buy lunch for \$3.00 and breakfast for \$1.25. *Good news for families who qualify for a reduced priced meal benefit; there will be no charge for breakfast or lunch this school year.* All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by a doctor. 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 for a food allergy, unless it meets the definition of disability. Please call the school for further information.

How do I get free or reduce priced school meals for my child?

You must complete the Free and Reduce Priced School Meal Application and return it to the school.

Households getting SNAP, TANF, or benefits from FDPIR. You only need to include your child's name and case number, and an adult household member must sign the form.

Households that do not get SNAP, TANF, or benefits from FDPIR. If you do not have a case number, you must include the names of all household members, the amount of income each person got last month and where the income came from. An adult household member must sign the form and include the last four digits of his/her social security number or indicate that he or she has none.

Households with a foster child. You only need to include the child's name and check the box indicating that the child is a Foster Child on the Meal Application, and an adult must sign the form.

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 that shows your child should get free or reduce priced school meals.

Can I appeal the school's decision? You can talk to school officials if you do not agree with the school's decision on your form. You also may ask for a fair hearing by calling or writing to:

Carl Gartley, Superintendent of Schools
41 Heath Street,
Oakland, Maine 04963
207-465-7384

Will information on my form be kept confidential? We will use the information on your form to decide if your child should get free or reduce priced 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.

Can I apply for free and reduce priced meals later? You may apply for free and reduce priced meals at any time during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or get SNAP, TANF or benefits from FDPIR, complete a form then.

We will let you know if you are approved or denied.

Sincerely,
Barbara Bonnell, Nutrition Director
RSU 18 Schools
41 Heath Street, Oakland, Maine 04963
207-465-7384 ext. 2661

HELPFUL INSTRUCTIONS FOR COMPLETING THE FREE & REDUCED PRICED SCHOOL APPLICATION

STEP 1: REQUIRED: List all students attending RSU 18 schools'

Check the box if they are a Foster Child

Check the box if they homeless/migrant

- If you do not qualify for the benefits, check the appropriate box, sign the form and return it to the school
- If you have completed an online application, check the appropriate box, sign the form and return it to the school

STEP 2: If anyone in the family receives SNAP or TANF, enter the name and the case number, sign the application and return it to the school.

STEP 3: If you are applying for meal benefits, enter all others in the household and all income in the appropriate boxes. This includes any other children at home or attending other school districts.

NOTE: Please enter \$0.00 for everyone in the household with no income.

STEP 4: THIS SECTION IS REQUIRED FOR ALL INCOME APPLICATIONS. Sign the document (must be an adult), enter the last 4 digits of your social. Complete the section and return the form to the school.

School Year 2020 Income Guidelines
For Reduced Price Meals

REDUCED	
INCOME GUIDELINES	
Household Size	Monthly
1	1,926
2	2,607
3	3,289
4	3,970
5	4,652
6	5,333
7	6,015
8	6,696
For each additional family member add:	
	682

ANYONE NEEDING ASSISTANCE WITH THIS APPLICATION MAY CALL YOUR CHILD'S SCHOOL OR THE NUTRITION DIRECTOR AT 465-7384 EXT. 2661 FOR HELP.

FREE AND REDUCED PRICED SCHOOL MEAL HOUSEHOLD APPLICATION SY-2020

F R D

Step 1: STUDENT INFORMATION List all RSU 18 students living in the Household

_____	_____	_____	Foster Child	Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Foster Child	Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Foster Child	Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Foster Child	Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/>	<input type="checkbox"/>

- Our family does not qualify for this program. (Sign and return form to school)
- I have completed an online electronic application at <https://www.myschoolapps.com/>. (Sign and return form to school)

Parent signature: _____ Date: _____

APPLYING FOR MEAL BENEFITS-COMplete STEPS BELOW:

Step 2: BENEFITS If any members of your household receive SNAP, TANF or FDPIR assistance provide the case number and name of the person receiving these benefits, sign and return to school.

Name: _____

Signature: _____ SNAP or TANF Number _____ Letter _____

Step 3: INCOME List ALL Household Members and students with income and their total gross income (before deductions).

Names	Gross Income																			
	Earnings from Work before deductions	Weekly				Welfare, Child Support, Alimony received	Every 2 weeks				Pensions, Retirement, Social Security & All Other Income	Monthly								
Weekly		Every 2 weeks	2 times/month	Monthly	Weekly		Every 2 weeks	2 times/month	Monthly	Weekly		Every 2 weeks	2 times/month	Monthly						
Household Member	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Step 4: Required - Adult signature and last four digits of social security number

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: _____ Confirming Official's Signature: _____ Date: _____

Step 5: OTHER BENEFITS – You do not have to complete this part to get free or reduced priced school meals

It's not too late to sign up for free or low-cost health coverage! Enrollment is open year-round. Children or teens in a family may qualify for Maine Care. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. You can apply online using [My Maine Connection](#) If you have questions or would like assistance with your application, call the Consumers for Affordable Health Care (CAHC) at 1-800-965-7476.

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 the purpose of applying for health insurance only. I certify that I am the parent/guardian of the child for whom application is being made.

Signature of parent/guardian _____

Date _____

Step 6: 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
-

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The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced priced meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced priced meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look in to violations of program rules.

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, audiotope, 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.

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.