

RSU 18 NUTRITION SERVICES  
"FEEDING CHILDREN AND THEIR FUTURE"



Dear Parent/Guardian:

Welcome back for another school year! We are happy to announce that school meals will continue to be complimentary to any student—regardless of family income eligibility for school year 2021-22. Even though meals are free to all students, we are still asking our families take the time to complete a Meal benefit Application. The family income data is key for determining funding for academic resources and may also connect your family to additional benefits.

A new application must be submitted each school year.

Our school offers healthy meals every school day. The meals must meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a licensed medical authority, and the disability prevents the child from eating the regular school meal, substitutions may be made as prescribed by a licensed medical authority. 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, unless it meets the definition of disability and supported by a complete medical statement form signed by the local medical authority. Please call the school nutrition program for further information.

Please return your completed application to your child's school.

If you have other questions or need help, call **Barbara Bonnell, Nutrition Director at: 207-465-7384 ext. 2661.**

*Have a wonderful school year!*

Sincerely,  
Barbara Bonnell, Nutrition Director



**FREE AND REDUCED PRICED SCHOOL MEAL HOUSEHOLD APPLICATION SY-2022**

F R D

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

Student Last Name _____	Student First Name _____	School _____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name _____	Student First Name _____	School _____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name _____	Student First Name _____	School _____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name _____	Student First Name _____	School _____	Foster Child <input type="checkbox"/>	Homeless/Migrant <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 [www.myschoolapp.com](http://www.myschoolapp.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	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
	\$	<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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	\$	<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"/>

**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: \_\_\_\_\_  I 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

School Year 2022 Income Guidelines For Reduced Price Meals	
REDUCED	
INCOME GUIDELINES	
Household Size	Monthly
1	1986
2	2686
3	3386
4	4086
5	4786
6	5486
7	6186
8	6886
For each additional family member add:	
	700

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, 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](mailto: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](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](https://www.maine.gov/mhrc/guidance/what_it_is.htm). Maine is an equal opportunity provider and employer.

## 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.**

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