Date:__

SY 2023 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS

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. You may also apply online at: at link75.org, under the Food Services Tab.

STEP 1: STUDENT INFOR	MATION: List a	ll sti	ıden	ts th	at li	ve in the house	hold	l							
											Foster Child	Hor	neles	s/Mig	rant
Student Last Name	Student First Name				School						L				
											Foster Child	Hor	neles	s/Mig	rant
Student Last Name	Studen	t Fir	st N	ame			S	choo	l						
											Foster Child	Hor	neles	s/Mig	rant
Student Last Name	Studen	t Fir	st N	ame			S	choo	1		Clair				
							_				Foster Child	Hor	neies	s/M11g	rant
Student Last Name	Studen							choo				<u> </u>			
FDPIR assistance? If NO, go to STEP 3. Name:		rite t	he ca	ise n	umb	er and name of th			rece	iving	g these benefits.	Do 1	not c	omp	lete
STEP 3: HOUSEHOLD INCincome for each person listed.	COME: List all H	ouse	eholo	d Me	emb	ers including yo	ourse	elf &			or TANF Nurs listed above			Lett SS	er
Names					G	ross Income (be	fore	ded	uctio	ns)					
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	E AND LAST FOU	R D	IGI	rs c	F S	OCIAL SECUR	ITY	NU	MBI	ER (r	required)				
I certify (promise) that all information on Federal funds, and that school officials m may be prosecuted under applicable State	nay verify (check) the inj					*					0				
Signature of Adult:			_ La	ast 4	Dig	its of Social Secu	ırity	Nui	nbe	r : _	п	do no	t hav	e a S	ocial
Printed Name:	Security Number Phone: Email:														
Address:								Date	e:						
Annual In	* acome Conversion: W					USE ONLY		onth	x 24	Mon	thly x 12				
Total Income: 1			•		•						•				
Determining Official's Signature					`						Date:				

Verification - Confirming Official's Signature:

Mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Mark one or more racial identitie ☐ 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 y Approved for applicable programs listed be Free Lunches Free Breakfasts Free After School Snacks Denied because: Household income is over the amount all Other You may appeal this decision by contacting the Heart	low (check all that apply) Reduced price lunch Reduced price breal Reduced price After owable. The application is n							
	Pa Fo	ncerely, ul Milliken ood Service Director oproving 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/mhrc/file/instructions and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

(Federal Statement Revised 5/2022)