

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
- Free Breakfasts
- Free After School Snacks
- Free Milk for K and Pre-K, if meals are unavailable to them
- Reduced price lunches at \$ _____ per meal
- Reduced price breakfast at \$ _____ per meal
- Reduced price After School Snacks at \$ _____ per snack

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 Michael Wright, Superintendent at this address 37 West Main St, Milo, Me 04463 or calling him at (207) 943-7317.

Sincerely,

Susan Mulherin , Approving Officer

Name: _____

Street/RFD/P.O. Box: _____

City/Town: _____, ME (ZIP) _____

**2009-2010 School Year Income Guidelines
For Reduced Price Meals**

REDUCED INCOME	
Household Size	Monthly
1	1,670
2	2,247
3	2,823
4	3,400
5	3,976
6	4,553
7	5,130
8	5,706
For each additional family member add:	
	577

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