

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) _____

**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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