

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 RACIAL and ETHNIC IDENTITIES: Optional. You are **not required** to answer this question.

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

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
- Reduced price lunches at \$ _____.40_____ per meal
- Reduced price breakfast at \$ _xxxxx_ per meal

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) _____

**2008-2009 School Year Income Guidelines
For Reduced Price Meals**

REDUCED INCOME	
Household Size	Monthly
1	1,604
2	2,159
3	2,714
4	3,269
5	3,824
6	4,379
7	4,934
8	5,489
For each additional family member add:	
	555

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