



FOX CROFT

A C A D E M Y

Dear Parent/Guardian:

Our school offers healthy meals every school day. Students may buy lunch for \$3.05 and breakfast for \$1.50.

Your children may qualify for free or reduced-price meals and may be eligible to get breakfast and lunch at school for *no charge* or for a reduced rate of \$.40 for lunch and \$.30 for breakfast. To apply, complete the enclosed *SY 2021 Free and Reduced Price School Meal Household Application*. A new application must be submitted each school year.

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. Please call the school nutrition program for further information.

You may return your completed application to Rhonda Tyler at Foxcroft Academy by paper or by email to rhonda.tyler@foxcroftacademy.org or you may do your application online at <http://foxcroftacademy.schoolunchapp.com>

Who can get free or reduced price school meals? Children in households receiving SNAP, TANF or FDPIR benefits, and foster, homeless, and migrant children are eligible for free meals without reporting household income. Alternatively, children may receive free or reduced-price meals if their household's income is within the limits on the Federal Income Eligibility Guidelines.

Will information on my application be kept confidential? We will use the information on your form to decide if your child is eligible for free or reduced-price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

How do I know if my children qualify as homeless, migrant, or runaway? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Susan Watson, 564-6535, swatson@sedomocha.org.

Do I need to fill out an application for each child? No. Use one Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

Should I fill out an application if I received a letter this school year saying my children are already approved for free meals? No, but please read the letter you got carefully and follow the instructions.

My child's application was approved last year. Do I need to fill out a new one? Yes. A new application must be submitted each school year unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

Will the form be verified? Your eligibility may be checked at any time during the school year. School officials may ask you to send written evidence.

VISIT

975 West Main Street
Dover-Foxcroft, Maine
04426 USA

CONTACT

P: +1 (207) 564-8351
F: +1 (207) 564-8394
www.foxcroftacademy.org

Can I apply for free and reduced-price meals later? Yes. Please complete an application at any time including if your income decreases, household size increases, or you start getting SNAP, TANF or benefits from FDPIR.

What if I disagree with the school’s decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: Arnold Shorey, 975 West Main Street, Dover-Foxcroft, ME, 564-8351, arnold.shorey@foxcroftacademy.org.

May I apply if someone in my household is not A U.S. citizen? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

What if my income is not always the same? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

What if some household members have no income to report? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

We are in the military. Do we report our income differently? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

What if there isn’t enough space on the application for my family? List any additional household members on a separate piece of paper and attach it to your application.

My family needs more help. Are there other programs we might apply for? For information about Food Supplement, Health Care, Cash Assistance and/or apply for Maine’s Child Care Subsidy, go to My Maine Connection found online at <https://www1.maine.gov/benefits/account/login.html>. For low cost health insurance information, contact Consumers for Affordable Health Care (CAHC) at 1-800-965-7476.

If you have other questions or need help, call 564-8351

Sincerely,



Arnold Shorey, Head of School

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 (State or local) where they applied for benefits. Individuals who are deaf, hard 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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 Updated 1/3/2020)

School Year 2021 Income Guidelines For Reduced Price Meals REDUCED INCOME GUIDELINES	
Household Size	Monthly
1	1,968
2	2,658
3	3,349
4	4,040
5	4,730
6	5,421
7	6,112
8	6,802
For each additional family member add:	
	691

**HOW TO COMPLETE THE
SY 2021 FREE AND REDUCED PRICE SCHOOL MEAL HOUSEHOLD APPLICATION**

Step 1: STUDENT INFORMATION: List all students living in the household

- (a) List all students living in the household
- (b) Include the name of the school they attend (if known)
- (c) If the student is a Foster, Homeless or Migrant child, check the applicable box.
- (d) If the student is a Foster child, their foster parent or other official representing the child must sign the form in step 4. You do not have to list a social security number.
- (e) Foster children should be included as a household member. This may help other household members qualify for benefits.

Step 2: BENEFITS

- (a) Check the appropriate box (Y/N) if you or any members of your household receive SNAP, TANF or FDPIR assistance.
- (b) If no, proceed to step 3.
- (c) If yes, provide the case number and name of the person receiving these benefits. Skip step 3. An adult household member must sign the form in Step 4 but does not have to list a social security number.

Step 3: INCOME List all Household Members include yourself & students listed in step 1. List gross income for each person.

- (a) Write the names of each person living in your household. A household is a person(s) living together that shares income and expenses, even if not related.
- (b) Write the amount of gross income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column.
- (c) Check the box for how often each income is received.
- (d) If self-employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the school if you need help.
- (e) Any income field left blank is a positive indication there is no income to report.

Step 4: Required - Adult signature and last four digits of social security number

- (a) The form must have the **signature** of an adult household member.
- (b) The adult household member who signs must include the **last four digits of his/her social security number**. *If he/she does not have a social security number, check the appropriate box.* A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.

Step 5: Optional - CHILDREN'S ETHNIC and RACIAL IDENTITIES: You are **not required** to answer this question, but completion of this information will help ensure everyone is treated fairly.

INCOME TO REPORT

Earnings from Work	<i>Public Assistance/Child Support/Alimony Received</i>	Pensions/Retirement/Social Security & Other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business) If you are in the military: -Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) --Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Social Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities-Investment income -Earned interest -Rental income -Regular cash payments from outside household

SY 2021 FREE AND REDUCED PRICE SCHOOL MEAL HOUSEHOLD APPLICATION

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: <http://foxcroftacademy.schoollunchapp.com>

Step 1: STUDENT INFORMATION: List all 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"/>

Step 2: BENEFITS Do any members of your household (including you) receive SNAP, TANF or FDPIR assistance? Y / N
If no > complete Step 3. If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.

Name: _____

SNAP or TANF Number Letter

Step 3: INCOME List all Household Members. Include yourself & students listed above. List gross income for each person.

Names	Gross Income (before deductions)														
	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
Household Member	\$	<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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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: _____

For Verification purposes only - Confirming Official's Signature: _____ Date: _____

Step 5: Optional CHILDREN'S ETHNIC and RACIAL IDENTITIES 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/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

- Approved for applicable programs listed below (check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Free Lunches | <input type="checkbox"/> Reduced price lunches at \$ _____ per meal |
| <input type="checkbox"/> Free Breakfasts | <input type="checkbox"/> Reduced price breakfast at \$ _____ per meal |
| <input type="checkbox"/> Free After School Snacks | <input type="checkbox"/> Reduced price After School Snacks at \$ _____ per snack |
| <input type="checkbox"/> Free Milk for K and Pre-K, if meals are unavailable to them | |
- Denied because:
- | | |
|---|--|
| <input type="checkbox"/> Household income is over the amount allowable. | <input type="checkbox"/> The application is missing _____. |
|---|--|
- Other _____.

You may appeal this decision by contacting the Hearing Official, _____ at (phone/email of Hearing Official) _____.

Sincerely,

Approving Officer

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 price 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 price 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 into 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 (State or local) where they applied for benefits. Individuals who are deaf, hard 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.

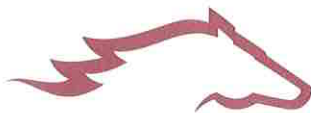
To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested 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.

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FOX CROFT ACADEMY

OPTIONAL SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **school administrative offices to qualify for fee waivers and/or reduced prices on required fees.**

For iPad insurance

For Counseling Services for fee waivers for testing and college applications, and programs such as Upward Bound and Early College for ME

To participate in JMG program

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Rhonda Tyler** at **564-8351**.

Return this form to: Foxcroft Academy Main Office

VISIT

975 West Main Street
Dover-Foxcroft, Maine
04426 USA

CONTACT

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