# **WE MUST CHECK YOUR APPLICATION**

You must send the information we need, or contact [name] by [date], or your child(ren) will stop getting free or reduced price meals.

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name(s) of child(ren)][is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. If you were receiving benefits from Maine SNAP or Maine TANFwhen you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:

* **[**Maine SNAP or Maine TANFCertification Notice that shows dates of certification.
* Letter from Maine SNAP or Maine TANFoffice that shows dates of certification.
* Do not send your EBT card.

2. If you get this letter for a homeless, migrant, or runaway child, please contact **[school, homeless liaison, or migrant coordinator]** for help.

3. If the child is a Foster Child:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. If no one in your household receives Maine SNAP or Maine TANFbenefits:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address]**

Acceptable papers include:

Jobs:Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

Social Security, Pensions, or Retirement:Social Security retirement benefit letter, statement of benefits received, or pension award notice.

Unemployment, Disability, or Worker’s Comp: Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation’s office.

Welfare Payments: Benefit letter from the Maine TANF office.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

Other income (such as rental income):Information that shows the amount of income received, how often it is received, and the date received.

No income: A brief note explaining how you provide food, clothing , and housing for your household, and when you expect an income.

Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

Timeframe of Acceptable Income Documentation: Please submit proof of one month’s income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **[name]** at **[phone number]**. The call is free**. [Toll free or reverse charge explanation]**. **You may also e-mail us at [e-mail address].**

Sincerely,

**[signature]**

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, we cannot approve your child for free or reduced price meals. 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.   
“In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice).  Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or   
(800) 845-6136 (Spanish).   USDA is an equal opportunity provider and employer.”

# WE HAVE CHECKED YOUR APPLICATION

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

* Your child(ren)’s eligibility has not changed.
* Starting **[date]**, your child(ren)’s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
* Starting **[date]**, your child(ren)’s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[$]** for lunch and **[$]** for breakfast.
* Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price mealsfor the following reason(s):

\_\_\_ Records show that no one in your household received Maine SNAP OR MAINE TANFbenefits.

\_\_\_ Records show that the child(ren) is/are not homeless, runaway, or migrant.

\_\_\_ Your income is over the limit for free or reduced price meals.

\_\_\_ You did not provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ You did not respond to our request.

Meals cost **[$]** for lunch and **[$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received Maine SNAP or Maine TANF benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number], or [e-mail].**

Sincerely,

**[signature]**

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LETTER TO PARENTS THANK YOU, SELF DENIAL

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear

Thank you for responding to our letter concerning the verification process for free and reduced price meal applications. Since you have indicated that your family no longer needs the benefits, we will inform each school accordingly.

If your financial status changes again, you may reapply for free or reduced price meal benefits.

Sincerely,

The Maine Department of Education in accordance with Federal law and U. S. Department of Agriculture policy ensures equal employment and educational opportunities and affirmative action, and does not discriminate in its educational programs, services, activities, or employment policies on the basis of race, sex, color, religion, national origin, marital status, age or disability.

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Inquiries regarding compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, or any other Federal or State nondiscrimination laws may be directed to:

Affirmative Action Officer

Maine Department of Education

23 State House Station

#### Augusta, Maine 04333-0023

Voice: 207-624-6600; TTY 1-888-577-6690

Fax: 207-624-6700

LETTER TO PARENTS FOR MORE INFORMATION

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear

Thank you for sending information for the verification of your application for Free and Reduced Price Meals. However, we need more information about your application.

Please mail in the enclosed postage-free envelope: (Describe the information needed)

Kindly send this information by \* . Otherwise, we will have to end the school meal benefits your child/children have been getting. Please mail this information as soon as possible so your children may continue to get school meal benefits.

If you have any questions, or if you need help, you may call\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, between the hours of \_\_\_\_\_\_\_ and \_\_\_\_\_\_\_ p.m. Monday through Friday.

Sincerely,

\*This date must be 10 calendar days from the date of this letter.

The Maine Department of Education in accordance with Federal law and U. S. Department of Agriculture policy ensures equal employment and educational opportunities and affirmative action, and does not discriminate in its educational programs, services, activities, or employment policies on the basis of race, sex, color, religion, national origin, marital status, age or disability.

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Affirmative Action Officer

**Internal Use Only**

HOUSEHOLD FILE CONTROL FORM

Head of Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Selected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notification Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Response Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Second Notice Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Response Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Missing Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCUMENT ALL TELEPHONE CONTACTS ON REVERSE SIDE OF THIS PAGE.

Date Reduction/Termination Notice Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Stamp/TANF Household Income Household: $\_\_\_\_\_\_\_\_\_\_\_ Monthly

Confirmed By - Confirmed by -

[ ] Predetermined Eligibility List [ ] Wage stubs

[ ] Food Stamp/TANF Office [ ] Written documents (Explain below)

[ ] ATP Card [ ] Collateral Contacts (Explain below)

[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Agency Records

[ ] Eligibility not confirmed [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification Result:

[ ] No Change [ ] Reduced to Free [ ] Free to Reduced [ ] Ineligible

Reason For Change: [ ] High Income [ ] Refused to Cooperate

[ ] Food Stamp/TANF Eligibility Not Confirmed

[ ] Other - include self denial

Signature of Verifying Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_