It is very important that you complete all boxes on the front & back of this sheet. Thank you!

Student Information Sheet

School Year 2026-2027

NEW

Student Name (First - Middle - Last)	DOB (MM-DD-YYYY)	Grade (26-27 School Year)

Mailing Address	Street Address

Busing: Regular AM Pickup:_____ Regular PM Drop Off:_____

*The pickup & drop off locations will be the default for your child. A note, email, or phone call before 1:45pm will be required for a change.

(Grades 3 - 12 only) Student may walk/bike to and from school ☐ Yes ☐ No

Family Information

☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Guardian*	Lives with student ☐ Yes ☐ No	Active Military ☐ Yes ☐ No	☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Guardian*	Lives with student ☐ Yes ☐ No	Active Military ☐ Yes ☐ No
Parent/Guardian Name			Parent/Guardian Name		
Mailing and Street Address (if not living with student)			Mailing and Street Address (if not living with student)		
Home Phone	Cell Phone		Home Phone	Cell Phone	
Parent's Email			Parent's Email		
Employer	Work Phone		Employer	Work Phone	

Please inform the school of any parental custody rights/guardianship* involving your student. A properly executed court document may be requested for your student's file.

Emergency Contacts:

*(People other than parents/guardians allowed to pick up student, and who will be contacted, **if parents cannot be reached.**)*

Name	Relation to Student	Phone	Name	Relation to Student	Phone
Name	Relation to Student	Phone	Name	Relation to Student	Phone

(Please turn over, more to complete on back of form…)

Medical Information		
Insurance Information		
Insurance Company	Policy Number	Group Number
Medicaid ID		

Please list any allergies or medical conditions the school should be aware of below:

Medication

Although the Board discourages the administration of medication to students during the day when other options exist, it is recognized that in some instances a student's chronic or short-term illness, injury or disabling condition may require the administration of medication during the school day. Students with allergies, diabetes, or asthma may be authorized by the building principal, in consultation with the school nurse, to possess and self-administer emergency medication from an epinephrine pen (EpiPen), insulin, or asthma inhaler during the school day, during field trips, school-sponsored events, or while on a school bus. If your child requires any type of medication, whether self-administered or administered by school personnel, please check the box below and a separate form will be sent home for your completion. Please review the medication policy on the school website at https://www.sad12.org/policiesofschool.

☐ *My child is required to take medications (self-administered or school personnel administered) while at school. Please send the appropriate forms home.*

Information Requested By The Maine Education Data Management System (MEDMS)		
The Maine Education Data Management System (MEDMS) allows the Maine Department of Education to communicate with local school administration districts and cooperatively manage their data for state and federal regulatory assessment compliance, while managing the department's internal database and information flow. MEDMS meets the "No Child Left Behind" (NCLB) Federal Reporting Requirements, satisfies the State of Maine Chapter 125 and 127 requirements and complies with federal Family Educational Rights and Privacy Act (FERPA) and with the Health Insurance Portability Act (HIPAA).		
Student's City of Birth:	County of Birth:	State of Birth:
Birth Order:	Ethnicity:	Native Language: _____ Translator/Interpreter Needed: ☐ Yes ☐ No
Optional Data		
Social Security Number:	Mother's Maiden Name:	

Forest Hills Consolidated School **2026-2027 School Year**

606 Main Street, Jackman ME 04945
207-668-5291 www.sad12.org

Student's Name: _____ **Grade:**_____

Please review the following and check yes or no to each statement.

YES	NO	
		My child and I have reviewed the 2025-2026 Student Handbook. (Please view Handbooks online at www.sad12.org) Copies may also be obtained at the school office upon request.
		I have reviewed the 2025-2026 Policy Handbook (Please view Policies online at www.sad12.org) Copies may also be obtained at the school office upon request. In accordance with IJNDB-R Internet Policy, only new students to the distict will receive the Internet Permission Form IJNDB-E.
		I have reviewed the application for free/reduced meals to determine whether my child is eligible or not. **IMPORTANT NOTE: MSAD #12 encourages all families who qualify to take advantage of the federal and state subsidized free and reduced meal program. An application may be completed at any time during the school year if family income changes. PLEASE participate if you qualify!**
		I give permission for my child's name, photograph, and/or examples of work to appear on the MSAD #12 website. If no, please call the school office to be put on the No Website Displayed List otherwise student may have name, photograph, and/or examples of work to appear on the MSAD #12 website.
		I give permission for my child's work to be displayed outside of school if the opportunity arises. If no, please call the school office to be put on the No Work Displayed list otherwise student may have work to displayed outside of school.
		Federal law and regulations pertaining to family eductational rights and privacy allow schools, without prior consent, to release at their discretion information from student educational records that has been designated by the school system as "directory information". **MSAD #12 has designated the following as directory information: student's name, participation in officially recognized activities and sports, weight and height of student athletes, grade level in school of participants in extracurricular activities, date of attendance, honors and awards received. Parents who do not wish to have directory information regarding their student released should request such in writing to the Superintendent of Schools.** In addition the "No Child Left Behind Act of 2001" contains provisions that require that the school unit provide student names, addresses and telephone numbers to military recruiters and institutions of higher learning when requested to do so, unless the student's parent/guardian, or student 18 years of age or older, requests in writing that such information not be released.
		MSAD #12 may release my son/daughter's name, address, or telephone number to any military recruiting organization without my prior written consent.
		MSAD #12 may release my son/daughter's name, address, or telephone number to any institution of higher learning without my prior written consent.

Maine School Administrative District #12 and its representatives have my permission to use their discretion in the best interest of my child in an emergency situation if the emergency contact or I cannot be reached.

_____ _____

Parent/Guardian Signature (or Student over 18) Date

Forest Hills Consolidated School

2026 - 2027 Calendar

SAD 12 / RSU 82
Serving the Towns of Jackman & Moose River
Phone: 207.668.5291 www.sad12.org Fax: 207.668.4482

First Day for students: Tuesday, September 1st
(Tentative) Last Day for students: June 11th

Holidays / No School	Inservice (FH Staff) - NO SCHOOL	Important Dates - See list below for details.	Progress Reports Home	Quarter Ends / Report Cards Home	Early Release (11:30 AM Dismissal)

July '26

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August '26

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31		Staff: 2			

September '26

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Student & Staff: 21

October '26

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Student: 20 / Staff: 21

November '26

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Student & Staff: 17

December '26

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Student & Staff: 16

January '27

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	Student & Staff: 19					

February '27

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

Student & Staff: 15

March '27

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Student: 22 / Staff: 23

April '27

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Student & Staff: 17

May '27

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	Student & Staff: 20				

June '27

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Student: 9 / Staff: 10

Staff: 181 Days Student: 176 Days

July 3rd / 4th	Independence Day Observed / Holiday
August 26th - 27th	Inservice (FH Staff)
September 1st	First Student Day of School
September 7th	Labor Day
October 2nd	Quarter 1 Progress Reports Home
October 8th	Early Release / Inservice (FH Staff)
October 9th	Inservice (FH Staff) - No School
October 12th	Indigenous Peoples' Day
October 21st & 22nd	Parent Teacher Conferences - Early Release
October 30th / November 6th	Quarter 1 Ends / Report Cards Home
November 11th	Veteran's Day
November 25th - 27th	Thanksgiving Break
December 4th	Quarter 2 Progress Reports Home
Dec 23rd - Jan 1st	Holiday Break
January 18th	Martin Luther King Jr. Day
January 22nd / January 29th	Quarter 2 Ends / Report Cards Home
February 12th	Early Release for Students
February 15th - 19th	Presidents' Day (15th) / February Vacation
March 5th	Quarter 3 Progress Reports Home
March 11th	Early Release / Inservice (FH Staff)
March 12th	Inservice (FH Staff) - No School
March 24th & 25th	Parent Teacher Conferences - Early Release
April 2nd / April 9th	Quarter 3 Ends / Report Cards Home
April 16th	Early Release for Students
April 19th - 23rd	Partriots' Day (19th) / Spring Break
May 7th	Quarter 4 Progress Reports Home
May 28th	Early Release for Students
May 31st	Memorial Day
June 5th	Graduation
June 11th	Quarter 4 Ends / Tentative Last Student Day / Early Release (only if last student day)
June 14th	Inservice (FH Staff) - No School
June 18th / 19th	Juneteenth Observed / Holiday

PARENT/GUARDIAN--ECONOMIC STATUS

Data Collection used in the Essential Programs & Services State School Funding Allocation

Dear Parents/Guardians:

This form will provide information needed by the Maine Department of Education to determine Forest Hills Consolidated School 's eligibility status for **State Economically Disadvantaged funds** available under the Essential Programs & Services Funding Act. Data in this form is ***not*** *for school lunch purposes*, only to determine economically disadvantaged status for allocation of **State education funds****.

The due date to return this form to your school administrator is September 14th, 2026. Thank you for your assistance.

Sincerely,
Principal Lovejoy

Please use the table below as guidance to determine your student's economic status. If household income is equal to or less than the earnings for your household size in the chart below, then your student meets the lower-income household criteria. Household size includes adults and children.

USDA Income Eligibility Guidelines*					
Effective from July 1, 2026 to June 30, 2027					
Household Size *(including Adults)*	**Annual Earnings**	**Monthly Earnings**	**Twice Per Month Earnings**	**Every Two Weeks Earnings**	**Weekly Earnings**
1	$ 29,526	$ 2,461	$ 1,231	$ 1,136	$ 568
2	$ 40,034	$ 3,337	$ 1,669	$ 1,540	$ 770
3	$ 50,542	$ 4,212	$ 2,106	$ 1,944	$ 972
4	$ 61,050	$ 5,088	$ 2,544	$ 2,349	$ 1,175
5	$ 71,558	$ 5,964	$ 2,982	$ 2,753	$ 1,377
6	$ 82,066	$ 6,839	$ 3,420	$ 3,157	$ 1,579
7	$ 92,574	$ 7,715	$ 3,858	$ 3,561	$ 1,781
8	$ 103,082	$ 8,591	$ 4,296	$ 3,965	$ 1,983
For each additional family member, add…….	$ 10,508	$876	$438	$405	$203

Student's Last Name	**Student's First Name**	**Name of School**	**Student's Current Grade**	**Student Meets Lower Income Household Criteria**

Please duplicate this form for additional children. Return this form to your child's school by September 14th , 2026.

Signature of Parent: _____ Date: _____

* Economically disadvantaged status is defined as students who are at or below 185% of Poverty Level per the current USDA Income Eligibility Guidelines https://www.fns.usda.gov/schoolmeals/fr-040926

**Essential Programs and Services Statute 20-A §15672(3).

FOREST HILLS CONSOLIDATED SCHOOL

606 MAIN STREET, JACKMAN ME 04945
207-668-5291

Dear Parent/Guardian:

School meals will be available to students at no charge this year, regardless of household income. However, we ask that families still complete a Household Application for Free and Reduced Price School Melas as this provides data for key funding for academic resources and may also connect your family to additional benefits. To apply, complete the enclosed *Household Application for Free and Reduced Price School Meals* and return to: 606 Main Street, Jackman, ME 04945 or email: vanessa.dunning@sad12.org. A new application must be submitted each school year.

Our school offers healthy meals every school day. Meals 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 and supported by a complete medical statement form signed by the local medical authority.

Who can get free or reduced-price school meals? Any student enrolled in a Maine public school can get a complete school meal at no charge!

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 Teresa.Lovejoy@sad12.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.

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.

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.

Can I complete the Application for Free and Reduced Price Schools Meals later? Yes, but we request that the application is completed by September 14, 2026 so that our offices can submit family income data and apply to receive grants and academic funding.

Should I complete the application 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? One main reason we are emphasizing the importance of the Meal Benefit Application is because it may connect you to other benefits—such as Pandemic EBT funds. 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 207-668-5291, ext 101 or email vanessa.dunning@sad12.org

Sincerely,

Vanessa Dunning
Administrative Secretary
Forest Hills Consolidated School

School Year 2027 Income Guidelines for Reduced Price Meals Reduced Income Guidelines	
Household Size	Monthly
1	$2,461
2	$3,337
3	$4,213
4	$5,089
5	$5,965
6	$6,841
7	$7,715
8	$8591
Each additional	$876

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

(2) **fax:** (833) 256-1665 or (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 Revised 5/2022)

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS

STEP 1: STUDENT INFORMATION

(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 child, mark the 'foster child' box next to the child's name. If you are ONLY applying for a student who is a foster child, complete Step 1 and proceed to Step 4. If you are applying for foster children and non-foster children, go to Step 3. Adopted children are not considered foster children.
(d) If you believe the student is Homeless or Migrant, check the 'Homeless/Migrant' box next to the child's name and complete the rest of the application. Homeless and migrant status must be confirmed with the appropriate program staff. If the school district cannot confirm this status, the school district may contact you.

STEP 2: ASSISTANCE PROGRAMS

(a) If no one in your household participates in SNAP, TANF or FDPIR, check 'No' and proceed to Step 3.
(b) If anyone in your household participates in SNAP, TANF or FDPIR, check 'Yes' and write in 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: HOUSEHOLD INCOME

(a) Write the names of <u>each</u> person living in your household including yourself and the students listed in step 1. 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, list income from your business as a net amount. This is calculated by subtracting the total operating expenses of your business from it's gross revenue.
(e) <u>Entering $0 or leaving any income field blank is a positive indication there is no income to report</u>.
(f) Report total household size. This number must equal the number of household members listed in section 3.

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

The form **must** have the **signature** of an adult household member.

(a) 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: CHILDREN'S ETHNIC and RACIAL IDENTITIES *Optional* – This field is optional and does not affect your child's eligibility for free or reduced meals. 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	*Public Assistance/Child Support/Alimony Received*	**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

F R D
☐ EP

HOUSEHOLD APPLICATION FOR FREE & REDUCED PRICE SCHOOL MEALS – SY2027

Complete one application per household. Return completed form to: Forest Hills Consolidated School, Attn: Vanessa Dunning, 606 Main Street, Jackman, ME 04945 or email vanessa.dunning@sad12.org

STEP 1: STUDENT INFORMATION List ALL students living in the household.

Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			☐	☐
			☐	☐
			☐	☐
			☐	☐

STEP 2: ASSISTANCE PROGRAMS Do any household members (including you) participate in SNAP, TANF or FDPIR?

☐ No ➡ Go to STEP 3. ☐ Yes ➡ Write name and SNAP/TANF number here and skip to STEP 4.

Name: ______________________________ __ __ __ __ __ __ __ __ ☐

SNAP or TANF Number **Letter**

STEP 3: HOUSEHOLD INCOME List all household members including yourself & students listed above. List <u>gross</u> income for each person. By entering '0' or leaving blank, you certify (promising) there is no income to report.

Names	**Gross Income**														
All Household Members (including students listed above)	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Public Assistance, 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
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
TOTAL HOUSEHOLD SIZE: (REQUIRED)															

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ***(required)***

"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: ______________

Verification - 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)
- ❑ Free Lunches
- ❑ Free Breakfasts
- ❑ Free After School Snacks
- ❑ Reduced price lunches at $_____ per meal
- ❑ Reduced price breakfast at $_____ per meal
- ❑ Reduced price After School Snacks at $_____ per snack

❑ Denied because:
- ❑ Household income is over the amount allowable.
- ❑ The application is missing_____.

❑ Other_____.

You may appeal this decision by contacting the Hearing Official, Teresa Lovejoyat 207-668-5291, ext 104 or Teresa.Lovejoy@sad12.org

Sincerely,
Vanessa S. Dunning

_____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

(2) fax:
(833) 256-1665 or (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 Revised 5/2022)