



# FOX CROFT

## A C A D E M Y

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 Meal Benefit Application as this provides data for key funding for academic resources and may also connect your family to additional benefits. To apply, complete the enclosed *SY 2023 Household Application for Free and Reduced Price School Meals* and return to: Kelly Ostrosky, Director of Food Service, Foxcroft Academy, 975 West Main Street, Dover-Foxcroft, ME 04426. If you prefer, you may complete the application online at <http://foxcroftacademy.schoollunchapp.com>. 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 school meals 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 Sue Terrill, 564-6535, [sterrill@sedomocha.org](mailto:sterrill@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.

**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 Meal Benefit Application later?** Yes, but we request that the application is completed by September 16<sup>th</sup>, 2022 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

### VISIT

975 West Main Street  
Dover-Foxcroft, Maine  
04426 USA

### CONTACT

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

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://www.Lmaine.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 Sporey, Head of School

REDUCED INCOME GUIDELINES	
Household Size	Monthly
1	2,096
2	2,823
3	3,551
4	4,279
5	5,006
6	5,734
7	6,462
8	7,189
For each additional family member add:	728

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](mailto: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/hhr/files/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

**HOW TO COMPLETE THE  
SY 2023 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) Foster, migrant, homeless, and runaway children, and children enrolled in a Head Start program are categorically eligible for free meals. If you are completing an application for these children, contact the school for more information.
- (e) 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.
- (f) Foster children should be included as a household member. This may help other household members qualify for benefits.

**STEP 2: ASSISTANCE PROGRAMS:**

- (a) If any member of the household currently participates in SNAP, TANF or FDPIR, 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.
- (b) If no one in the household participated in SNAP, TANF or FDPIR, proceed to step 3.

**STEP 3: HOUSEHOLD INCOME:** List all Household Members including 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.
- (f) Report total household size. This number must equal the number of household members listed in section 3.

**STEP 4: Required - 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: 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 2023 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS**

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 that live in the household

_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		
_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		
_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		
_____	_____	_____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
<b>Student Last Name</b>	<b>Student First Name</b>	<b>School</b>		

**STEP 2: ASSISTANCE PROGRAMS:** Do any members of the household (including you) currently participate in SNAP, TANF or FDPIR assistance? If NO, go to STEP3. If YES, write the case number and name of the person receiving these benefits. Do not complete STEP 3. Name: \_\_\_\_\_  SNAP or TANF Number \_\_\_\_\_ Letter \_\_\_\_\_

**STEP 3: HOUSEHOLD INCOME:** List all Household Members including yourself & students listed above and gross income for each person listed.

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 (include students listed above)	\$	<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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	\$	<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"/>
	\$	<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"/>
	\$	<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"/>
<b>TOTAL HOUSEHOLD SIZE:</b>															

**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)
- |   |  |
|---|--|
| <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 |
- 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, Arnold Shorey at 564-8351, arnold.shorey@foxcroftacademy.org.

Sincerely,

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-0508-0002-508-11-28-17FaxMail.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](mailto:program_intake@usda.gov)

This institution is an equal opportunity provider

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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/mhre/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

(Federal Statement Revised 5/2022)



# 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 (You will still need to fill out the iPad insurance waiver application form if you would like to request help with the 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 **Kelly Ostrosky** at **564-8351**.

**Return this form to: Foxcroft Academy Main Office**

### VISIT

975 West Main Street  
Dover-Foxcroft, Maine  
04426 USA

### CONTACT

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