

Hanover School District/Bernice Ray School  
26 Reservoir Rd, Hanover NH 03755  
603-643-6655

Contact person for questions: Della Domingue ([DellaDomingue@rayschool.org](mailto:DellaDomingue@rayschool.org))

### Voluntary Identification of Low-Income Students

This form is only for schools that do NOT participate in the National School Lunch Program (NSLP). This form does not mean your child will receive a free lunch. (Breakfast is \$3.00, lunch is \$4.00, and milk is .75 cents.)

**Why do we want to know about your household income?** The number of low-income students attending our school is important because the New Hampshire Department of Education (NHED) uses this information to calculate State Adequacy Aid for districts and Charter School Tuition Aid. The number of low-income students is also used to calculate federal grant awards.

NHED's definition of low income uses the same household income thresholds used by the NSLP. Amounts are adjusted each year to account for inflation. Here is a link to the guidelines:

[https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/federal-income-guidelines-effective-july-1-2025-to-june-30-2026\\_3.pdf](https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/federal-income-guidelines-effective-july-1-2025-to-june-30-2026_3.pdf)

The current table is below.

**This application is voluntary.** If you do not wish to participate in the Free/Reduced breakfast/lunch program, simply do not return the form.

**At the Hanover School District we will continue to provide free meals for those meeting the "Reduced" Income Guideline. All information is confidential.**

### Reduced Price Meal Income Guidelines for the School Year July 1, 2025 – June 30, 2026

Household	Yearly	Monthly	Weekly
1	\$28,953	\$2,413	\$557
2	\$39,128	\$3,261	\$753
3	\$49,303	\$4,109	\$949
4	\$59,478	\$4,957	\$1,144

Household size	Yearly	Monthly	Weekly
5	\$69,653	\$5,805	\$1,340
6	\$79,828	\$6,653	\$1,536
7	\$90,003	\$7,501	\$1,731
8	\$100,178	\$8,349	\$1,927
Each additional	+\$10,175	\$848	196

**What is a household?** It is a group of people who live together, share their income and expenses, and share at least some meals. It is not required that they be related family members. If a person pays rent for a room but does not share income and other expenses this person is not part of the household. Report this room rent as income in section 3. (The renter may qualify as a separate household.)

**Who may submit this form?** Submit ONLY if you can provide a case number in Section 1, OR you have a foster child to report in Section 2, OR the household monthly income is below the amount shown in the chart above. The head of a household may submit a form.

**Do I need to complete Section 3, Household Income?** Skip section 3 if you provide a case number in Section 1 or the only students in Section 2 are foster children. Otherwise, enter gross (before tax and withholdings) average monthly income for all children and adults, except foster children. Include overtime and occasional earnings to the extent you usually earn this amount each month. You must keep records, such as one month of pay stubs, for ALL earners. For cash earnings keep notes. Keep these records for one year.

**Privacy Promise:** The school will protect the confidentiality of information on this form, using it only to report to NHED the student ID number of a low-income student. The form will be kept in a locked location, and only persons that prepare the report will have access. Information will not be shared with any other government agency or other school staff.

**Questions? Contact [Della Domingue at 603-643-6655 x1272](tel:603-643-6655) or by emailing [DellaDomingue@rayschool.org](mailto:DellaDomingue@rayschool.org)**

**Parent/Guardian Income Application for  
Meals Benefits**

**NOTICE**

**By Federal law:**

- Approval of parent income applications should occur on or about the beginning of the school year. You must carryover the eligibility status from the previous year for any child with an approved Parent Income Application on file. The carryover is for up to 30 operating days (beginning with the first day of school) into the current school year.
- Only **Reduced Price** income guidelines may be provided in family meal packet.
- Only one Parent Income Application may be required for any family within a School Food Authority.
- Annual Income Conversion Procedures have changed. Follow conversion procedures as indicated on the Parent Income Application under "School Use Only" section.
- An accurate eligibility determination is valid for the entire school year. The household is no longer required to report changes in circumstances.

**Determining Officials for Parent Income Eligibility Applications**

For further guidance and information, please refer to the Eligibility for School Meals Resource Manual. The link is:

**Eligibility Manual:** <https://www.federalregister.gov/documents/2024/02/20/2024-03355/child-nutrition-programs-income-eligibility-guidelines>

(To be included with denial of either free or reduced price meals, snacks or milk approval.)

## **PARENT APPEAL RIGHTS AND PROCEDURES**

### **Right to Appeal**

Any person who is not satisfied with the decision of the Approving Official regarding eligibility for Free or Reduced Price Meals or Free Milk may appeal and receive a hearing. A Hearing Officer will hear your appeal and make a decision.

### **Hearing Procedures**

1. If you want to appeal the decision of the approving official regarding meal/milk benefits, you should request a hearing with Colleen Roy, Interim Principal at 603-643-6655 x1272.  
(Phone number)
2. You have the right to examine, before the hearing, any records concerning your child's eligibility. This includes any documents and records presented to support the decision under appeal.
3. You may request an informal meeting with a representative of the School Department prior to the hearing.
4. The hearing will be scheduled with reasonable promptness. If possible, it will be held at a time, place and date convenient for you. You will receive written notice of the hearing schedule.
5. You may choose to be represented at the hearing by an attorney or a friend. You may represent yourself.
6. At the hearing, you have the right to present oral and written evidence to support your appeal and to present witnesses to testify for you.
7. You have the right to question any witnesses presented by the School Department and refute any testimony or evidence presented by the School Department.
8. The hearing will be conducted by the Hearing Official who did not participate in making the School Department's decision to deny your child's application.
9. The decision of the Hearing Official will be based only on the evidence presented at the hearing.
10. You will be notified in writing by the Hearing Official of the decision concerning your appeal.
11. The decision of the Hearing Officer will be the final administrative decision. You have the right to appeal any adverse decision to the Superior Court within thirty (30) days of the decision.
12. A written record of the hearing and the decision will be maintained and will be available for examination for a period of three (3) years plus the current year.

**Voluntary Identification of Low-Income Eligibility Students**

**CONFIDENTIAL**

For returning students, please file this form with Della Domingue no later than October 1, 2025 so benefits are not interrupted. For new students, please fill the form out as soon as possible after enrollment or when your economic situation changes.

READ INSTRUCTIONS BEFORE COMPLETING FORM

**Section 1**

If anyone in your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), or Family Assistance Program (FAP, formerly TANF) enter name and case number for that person.

Name: \_\_\_\_\_ SNAP FAP (circle one) Case Number: \_\_\_\_\_

**Section 2**

List ONLY students enrolled at this school.

	First Name and Middle Initial <u>Only</u>	Birthday Month & Day <u>Only</u>	Enter "Foster" if a Foster child (Automatically Qualifies)	For School Use Only SASID
1.				
2.				
3.				
4.				
5.				

Attach a second sheet if you have more than 5 students to report.

**If you reported a SNAP or FAP case number in Section 1 OR all students listed in Section 2 are Foster, skip Section 3. All students are automatically qualified.**

**Section 3** Number of people (all ages) in household: \_\_\_\_\_ (see instructions)

Monthly Income of all household members <u>except foster children</u>	(Enter "0" if none)
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$
2. Monthly Welfare Payments, Child Support, Alimony	\$
3. Monthly Payments from Pensions, Retirement, Social Security	\$
4. Monthly Dividends or Interest on Savings	\$
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$
6. Other Monthly Income (Rent, SSI, VA, Disability, other)	\$

Total Monthly Household Income (Add lines 1-6)	\$
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**Section 4**

I certify (promise) that this information is true and all required income is reported. If asked, I will provide income documents to verify this information. I expect that the school will abide by the privacy promise on the instructions page. I understand that if I purposely give false information I may be prosecuted.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town: \_\_\_\_\_ State: NH Zip code: \_\_\_\_\_

You will also find enclosed with this form a form that gives us permission to share your confidential information with our School Nurse, Robin Lobb, and our School Counselors, Ana Ocasio and Karen Strickland. This information is **only** used to help you access other services should you be interested (such as camp programs, etc.) They will not use your information or access any programs without contacting you directly first.

If you have any questions, please contact me anytime.

Della Domingue  
Administrative Assistant  
Bernice Ray School

**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. **We must have your permission to share your information with the following programs. 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.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School Counselors for Holiday Baskets, Summer Camp Program assistance, etc.** All information is kept confidential.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Robin Lobb, School Nurse for family related needs should they arise.** All information is kept confidential.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_.

**All information is kept confidential.**

**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 Della Domingue at 603-643-6655.  
Return this form to: Bernice Ray School, 26 Reservoir Rd, Hanover NH 03755 by October 1, 2025.