

INSTRUCTIONS FOR COMPLETING MEAL BENEFIT APPLICATION FOR SCHOOL MEALS

Complete the Meal Benefit Application using the instructions below. Sign the application and return it to the school.

STEP 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE

List the enrolled child(ren's) first, last name and grade. Children do not need to be related to you to be part of the household. Indicate if a foster child, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start by checking the box. If **ALL** students listed are foster, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start, skip to Step 5.

STEP 2 – CASE NUMBER

If **any** member of your household, including you, receives benefits from the Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA), your children are eligible for free meals. Write the case number (**Case number from approval letter or contact your case worker or contact Maryland Department of Human Services at [https://mydmthink.maryland.gov/home#/?](https://mydmthink.maryland.gov/home#/)**) in the space provided and skip to Step 5. **Medical Card and EBT numbers do not apply.**

STEP 3 – HOMELESS, MIGRANT, OR RUNAWAY CHILDREN

Check the box if any children you are applying for are homeless, runaway, or migrant skip to Step 5. Status must be confirmed before receiving free meals. If you have **not** received notification that your child(ren) will get free school meals this year, complete the application. You may also call the school office, migrant coordinator, or homeless liaison (Gene Pustolski, PPW, 301-876-9216) to ask about benefits.

STEP 4 – NAMES OF ALL HOUSEHOLD MEMBERS AND GROSS INCOME

- List the first and last name of everyone in your household, whether they receive income or not. Your household includes all those living as one economic unit. Include yourself, all children living with you, including foster children and any other person living in your household, related or not. List each type of income received last month and how often it is received. **You must indicate how much in whole dollars, and how often received (weekly, bi-weekly, twice a month, monthly, yearly).** If a household member has no income—write '0' in the income box. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Report all amounts in **gross income only**. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. Gross income includes unemployment benefits, Worker's Compensation, Supplemental Security Income and Veteran's Benefits, Social Security, private pensions or disability, strike benefits, income from trusts or estates, annuities, investment income, earned interest, rental income and regular cash payments from outside household. For self-owned business, farm, or rental income, report income as net income.
- If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay, FSSA, or privatized housing allowances. Include basic pay, cash bonuses and allowances for off base housing, food and clothing.
Income from children include wages from a full or part time job, any social security benefits, spending money regularly received from a friend or extended family member, regular income from a private pension fund/annuity/trust.
- Do not include income from people who live with you but are not supported by your household's income and do not contribute income to your household.

STEP 5 – SIGNATURE AND SOCIAL SECURITY NUMBER - ALL HOUSEHOLDS COMPLETE

All forms **must have the signature** of an adult household member. Include your address, your phone number and the date. The form **must have the last four digits of the Social Security Number** of the primary wage earner or adult who signs unless the adult does not have a Social Security Number. If the adult does **not** have a Social Security Number, check the box.

STEP 6 – CHILDRENS ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Responding to this section is optional and does not affect your child(ren's) eligibility for free or reduced price meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

H-ID Number

Board of Education of Allegany County-Food & Nutrition Services-P.O. Box 1724-Cumberland, MD 21501-1724

HOUSEHOLD MEAL BENEFIT APPLICATION – 2023-2024

Complete this form. Sign your name and return the form to the school. For help, call the school office.

STEP 1. STUDENT INFORMATION – Check (✓) the box if foster child. If all listed children are foster children, skip to STEP 5

Student's Name	(Optional)	Grade	School	Pupil #	Student's Name	(Optional)	Grade	School	Pupil #
1. _____	<input type="checkbox"/>	_____	_____	_____	4. _____	<input type="checkbox"/>	_____	_____	_____
2. _____	<input type="checkbox"/>	_____	_____	_____	5. _____	<input type="checkbox"/>	_____	_____	_____
3. _____	<input type="checkbox"/>	_____	_____	_____	6. _____	<input type="checkbox"/>	_____	_____	_____

STEP 2. Do any House Members (including you) currently participate in one or more of the following assistance programs: Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA)? If yes, include case number from approval letter. **Medical Card and EBT numbers do not apply.** ☐ NO (GO TO STEP 3) ☐ YES _____ (WRITE CASE NUMBER AND SKIP TO STEP 5)

STEP 3. IF ANY CHILDREN WHO MEET THE DEFINITION OF HOMELESS, MIGRANT, RUNAWAY, HEAD START CHECK THE APPROPRIATE BOX: ☐ HOMELESS ☐ MIGRANT ☐ RUNAWAY ☐ HEAD START AND CALL YOUR SCHOOL, MIGRANT COORDINATOR, HOMELESS LIAISON-Gene Pustolski, PPW (301-876-9216) AND SKIP TO STEP 5.

STEP 4. HOUSEHOLD MEMBERS & GROSS INCOME – List all Household Members (including yourself) even those who do not receive income. For each Household Member who receives income, report total gross income (before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is not income to report.

How Often=Weekly, Bi-Weekly, Twice a Month, Monthly, Yearly

NAMES OF ALL HOUSEHOLD MEMBERS (Include the student(s) named above)	EARNINGS FROM WORK Salary, Wages, Cash Bonuses, Tips, Commissions		ADDITIONAL INCOME Child Support, Alimony, Public Assistance, Social Security, SSI, VA Benefits		ALL OTHER INCOME Pension, Retirement, Children income	
	Income	How Often	Income	How Often	Income	How Often
1. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
2. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
3. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
4. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
5. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
6. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
7. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
8. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____

STEP 5. CONTACT INFORMATION AND ADULT SIGNATURE

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, I may be prosecuted under applicable State and Federal laws.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number _____

City: _____ State: _____ Zip Code: _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER (SSN) OF PRIMARY WAGE EARNER OR OTHER ADULT HOUSEHOLD MEMBER:

Social Security Number: xxx-xx-____ Check if no SSN: ☐

STEP 6. (OPTIONAL) Children's ethnic and racial identities. This information is kept confidential and protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free and reduced meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (Check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT THIS PART - FOR FOOD & NUTRITION SERVICES USE ONLY

Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Monthly, ☐ Year Household size _____ TOTAL INCOME _____

ELIGIBILITY _____

DETERMINING OFFICIAL _____

The contact information below is solely to file a complaint of discrimination

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: **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov

***Do not mail applications to this address, only complaints of non-discrimination.**

Use of Information Statement: The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

Applications Due October 5th!



receives
\$5,130
for **EVERY**
qualifying
student!

The Allegheny County Public School System receives \$5,130 for every student that qualifies for a free or reduced lunch. This money can be used for any cost that the school system incurs, including:

- Hiring teachers
- Buying textbooks, computers, furniture, and equipment
- After school programs
- Outdoor school
- Art and music supplies

The number of students qualifying for free or reduced lunches can be a factor in federal funding and grants that can be awarded to the school system. In order for ACPS to receive the funding for free and reduced lunch students, a

Meal Benefit Application must be completed and returned no later than October 5, 2023.

School system personnel process the applications according to federal guidelines.

NOT filling out the application could have negative consequences for the school system!

If you are eligible, or even **THINK** you may be eligible for your student to receive free or reduced price lunches, it is **EXTREMELY IMPORTANT** for you to complete the application, even if your student does not intend to participate in the school lunch program.

Did You Know?

- 57.8% of ACPS students meet guidelines – the state average is 48.5%
- This is 7th in the state among 24 jurisdictions

NOTE: If at **ANY TIME** during the school year you become eligible for the free and reduced lunch program, PLEASE complete the application, which is available online at acpsmd.org under the “Food Services Department” section. For more information call 301-876-9202.