



108 Washington Street • P.O. Box 1724 • Cumberland, MD 21501-1724  
Telephone (301) 759-2000 • [www.acps.allconet.org](http://www.acps.allconet.org)

*Interim Superintendent of Schools*  
Mr. Jeffrey S. Blank

*Food & Nutrition Services*  
Rear-211 Market Street  
Cumberland, MD 21502  
Telephone (301)722-0636

## **Instructions to Receive Free or Reduced School Meals**

**\*\*\*Please read both sides of this paper carefully\*\*\***

1. Enclosed is an application to use if you wish to apply to participate in the Free or Reduced School Meal Program. **This is an annual application and must be returned each year if you want your child(ren) to participate in this program.** Please be aware that in most cases you ***only need to fill out one application for the entire family.***
2. Fill out the form completely and return it to school with the ***youngest child in your family during the first few days of school.*** Please make sure that all pre-printed information is correct and that all children that attend public schools are listed on the application. Please make any corrections necessary to submit accurate information.
3. Indicate **each foster student** by checking the box on the FARM application (free and reduced meal benefit application). **All foster students** must have a newly completed application filed by the deadline each school year.
4. Last year's application and benefits will **expire** on **October 19, 2020**. **A new application must be returned prior to this date in order to continue to receive free or reduced meal benefits. Be aware that if an application is not received by October 19, 2020 your family will automatically be charged full price for meals until your application is processed.**
5. If you received free meal benefits last year because you were receiving either food stamps or temporary cash assistance from the State of Maryland, and you are no longer receiving those benefits, then you ***MUST*** complete an application this year.

**Continued on other side**

6. Students who qualify for free or reduced meals will start receiving this benefit by way of the computerized Point of Service system as soon as the application is processed and approved. You will be notified of this household approval by way of a letter that will be sent home with your child/children. **Please, retain this qualification letter for any personal future use.**
7. **You may submit an application at any time during the school year. Applications may be picked up in the main office at your child's school. The 2020-2021 Household Meal Benefit Application may also be printed from the Allegany County Board of Education website – [www.acpsmd.org](http://www.acpsmd.org) under the Departments, Food & Nutrition.**
8. If you have any questions or are unsure how to complete the application, you may call Linda Kalbaugh in the Food and Nutrition Services Office at (301)722-0637.
9. It is highly recommended that parents take advantage of the ability to deposit money in the student's cafeteria account at the school or online at [www.paypams.com](http://www.paypams.com) and maintain a positive balance. This money will be used for purchasing meals or purchasing extra food items. This could range from a few dollars to cover one day, enough to cover the entire week, or month. Please be sure to discuss with your child what they are/are not allowed to buy. Cafeteria workers are not responsible for monitoring purchases in the school cafeteria.
10. At any time during the year, any student who owes the cafeteria any amount of money will not be permitted to purchase any extra menu items, dessert items, or milk until the debt is paid in full.
11. **Parents should also be aware that any balances or debts to the cafeteria will transfer with your child from year to year and from school to school and may result in obligations to the school office.**

**INSTRUCTIONS FOR APPLYING**  
Meal Benefit Application for Free and Reduced-Price School Meals

Complete the form using the instructions below. Sign the form and return it to the school. If you need help, call the school.

**STEP 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE**

List the enrolled child(ren)'s first and last name. 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 receives benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA), write the case number (Case number from approval letter or contact your case worker) in the space provided and skip to Step 5.

Medical Card number does 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.

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.**
- Report all income as **gross income**. 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.
- Indicate the total number of household members in the space provided.

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

- All forms must have the signature of an adult household member. 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. The last four digits of the Social Security Number are not needed if you listed a FSP or TCA case number, or if you are only applying for foster children.

**STEP 6 – SHARING INFORMATION WITH OTHER PROGRAMS**

Check the boxes to indicate your preference for sharing or not sharing application information with the programs indicated. Your decision will not change whether your children get free or reduced-price meals.

**Federal Income Eligibility Guidelines**

Household Size	Year	Month	Week
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
For each additional family member add:	\$8,288	\$691	\$160

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. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you are only applying for foster children, or you list a Food Supplement Program or Temporary Cash Assistance case number, or when you indicate that the adult household member signing the application does not have a social security number. 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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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

fax: (202) 690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

The Maryland State Department of Education does not discriminate on the basis of age, ancestry/national origin, color, disability, gender identity/expression, marital status, race, religion, sex, or sexual orientation matters affecting employment or in providing access to programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For inquiries related to Department policy, please contact: Agency Equity Officer, Equity Assurance and Compliance Office, Office of the Deputy State Superintendent for Finance and Administration, Maryland State Department of Education, 200 W. Baltimore Street - 6th Floor, Baltimore, Maryland 21201-2595, 410-767-0426 – voice, 410-767-0431 – fax, 410-333-6442 - TTY/TDD.

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## LETTER TO HOUSEHOLDS

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Dear Parent/Guardian:

Children need healthy meals to learn. **Allegany County Public Schools** offers healthy meals every school day. Breakfast costs \$1.40; lunch costs \$2.65 for Elementary children. Breakfast costs \$1.40; lunch costs \$2.85 (2<sup>nd</sup> lunch costs \$2.90) for Middle and High school children. Your children may qualify for free meals or for reduced-price meals. Reduced-price is .10¢ for breakfast and .20¢ for lunch. Below are some common questions and answers to assist you with the application process.

**If you have received a NOTICE OF ELIGIBILITY FOR FREE MEALS, do NOT complete the application, but let the school know if any children in your household are NOT listed on the NOTICE OF ELIGIBILITY FOR FREE MEALS letter you received or if you have questions, call Linda Kalbaugh at 301-722-0637.**

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Meal Benefit Application for Free and Reduced-Price School Meals for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your child's school.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Food Supplement Program [FSP], or Temporary Cash Assistance [TCA], foster children, children certified as homeless, runaway, migrant, Head Start, Early Head Start, or Even Start receive free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Call Gene Pustolski, PPW (301-876-9216).
3. **WHO CAN GET REDUCED-PRICE MEALS?** Your children can get reduced-price meals if your household income is within the reduced-price limits on the Federal Eligibility Income Chart.
4. **I COMPLETED AN APPLICATION LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year.
5. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
6. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
7. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
8. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Debra Metheny, Director, Special Education and Student Services (301-759-2064) 108 Washington Street-Cumberland, MD 21502.
9. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.
10. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, foster children, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
11. **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.
12. **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.
13. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **FSP, TCA, and medical assistance programs** or other assistance benefits, contact your local assistance office or call 1-800-332-6347.

If you have other questions or need help, call 301-876-9202.

Sincerely,  
Todd Lutton, Supervisor - School Food & Nutrition Services

**DO NOT STAPLE IN THIS CORNER!**

**H-ID Number** Board of Education of Allegany County-Food & Nutrition Services-P.O. Box 1724-Cumberland, MD 21501-1724  
HOUSEHOLD MEAL BENEFIT APPLICATION – 2020-2021  
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**

	<u>Student's Name</u>	<u>Grade</u>	<u>School</u>	<u>Pupil #</u>		<u>Student's Name</u>	<u>Grade</u>	<u>School</u>	<u>Pupil #</u>
1.	_____	<input type="checkbox"/>	_____	_____	5.	_____	<input type="checkbox"/>	_____	_____
2.	_____	<input type="checkbox"/>	_____	_____	6.	_____	<input type="checkbox"/>	_____	_____
3.	_____	<input type="checkbox"/>	_____	_____	7.	_____	<input type="checkbox"/>	_____	_____
4.	_____	<input type="checkbox"/>	_____	_____	8.	_____	<input type="checkbox"/>	_____	_____

**STEP 2. Do any House Members (including you) currently participate in one or more of the following assistance programs:** Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? (Case number from approval letter or case worker) \_\_\_\_\_  
If completed, skip to STEP 5. Medical Card number does not apply.

**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) 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

1. 2. 3. 4. 5. 6. 7. 8. 9.	NAMES OF ALL HOUSEHOLD MEMBERS (Include the student(s) named above)		EARNINGS FROM WORK (before deductions)		ADDITIONAL INCOME Child Support, Alimony, Public Assistance, Social Security, SSI, VA Benefits		ALL OTHER INCOME Pension, Retirement	
	Income	How Often	Income	How Often	Income	How Often	Income	How Often
	\$		\$		\$		\$	
1.	\$		\$		\$		\$	
2.	\$		\$		\$		\$	
3.	\$		\$		\$		\$	
4.	\$		\$		\$		\$	
5.	\$		\$		\$		\$	
6.	\$		\$		\$		\$	
7.	\$		\$		\$		\$	
8.	\$		\$		\$		\$	
9.	\$		\$		\$		\$	

**STEP 5. CONTACT INFORMATION AND ADULT SIGNATURE**  
**LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER (SSN) OF PRIMARY WAGE EARNER OR OTHER ADULT HOUSEHOLD MEMBER**

*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. I understand my child's eligibility status may be shared as allowed by law.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Social Security Number: XXX-XX - \_\_\_\_\_ Check if No SSN:

**STEP 6. SHARING INFORMATION WITH OTHER PROGRAMS**

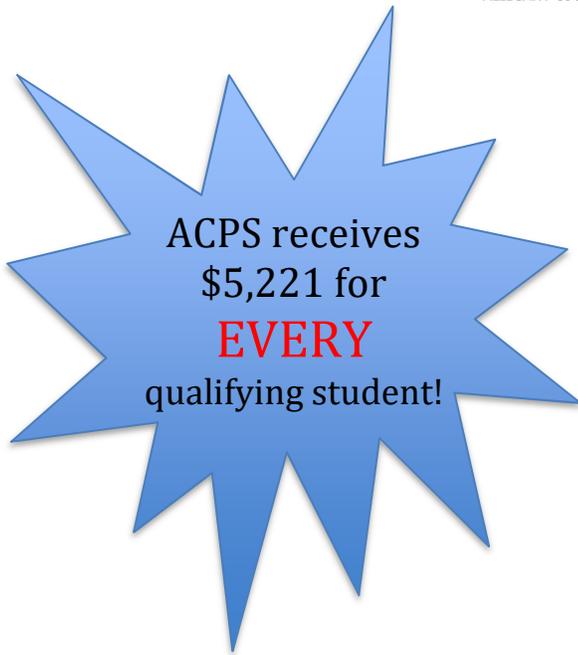
The eligibility status of your children may be used for other authorized purposes, shared with local Title I officials, and used for National Assessment of Educational Progress analyses. Your family may also be eligible to receive benefits under the FSP or the Women, Infants, and Children (WIC) Program. To share your information with these programs, **we must have your permission.** Your decision will not change whether your children receive free or reduced price meals. If you want information shared with FSP or WIC, check (✓) the YES box below. You may be contacted about submitting an application for the FSP or WIC.

**Yes**, I want information shared from the Free and Reduced-Price Meal Application with  FSP and/or  WIC  
Children eligible for free or reduced-price school meals may also be able to get free or low-cost health insurance through Medicaid or the MD Children's Health Insurance Program (MCHIP). The law allows us to inform Medicaid and MCHIP that your children are eligible for free or reduced price meals, unless you say NO. Your decision will not change whether your children receive free or reduced-price meals.  
If you do **NOT** want information shared with Medicaid or the MCHIP, check (✓)  No.

**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** \_\_\_\_\_

# Applications Due October 19<sup>th</sup>!



The Allegany County Public School System receives \$5,221 for every student that qualifies for a free or reduced lunch. This money can be used for any cost that the school system incurs, from purchasing textbooks to hiring teachers. The number of students qualifying for free and reduced lunches can be a factor in federal funding and grants that can be awarded to the school system. In order for the school system to receive the funding for free and reduced lunch students, a Meal Benefit Application must be completed and returned no later than **October 19, 2020**. School system personnel process the applications according to federal guidelines.

The \$\$\$ can be used for all sorts of things:

- ✓ To employ teachers
- ✓ To buy textbooks
- ✓ To purchase computers
- ✓ After school programs
- ✓ Outdoor school
- ✓ To buy furniture or equipment
- ✓ Art and music supplies

## DID YOU KNOW???

- **53% OF ACPS STUDENTS MEET GUIDELINES – STATE AVERAGE IS 42%**
- **THIS IS 7<sup>TH</sup> 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. Applications are available online at [www.acpsmd.org](http://www.acpsmd.org) under Food & Nutrition Services Department section. For more information call 301-876-9202.

**NOT** filling out the application could have negative consequences for 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.