

## INSTRUCTIONS FOR COMPLETING

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

### 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 (Kim Taylor, PPW 301-697-1863) 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	\$22,459	\$1,872	\$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
For each additional family member add:	\$7,992	\$666	\$154

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).

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**DO NOT STAPLE IN THIS CORNER!**

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

**HOUSEHOLD MEAL BENEFIT APPLICATION – 2018-2019**

**H-ID Number**

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-Kim Taylor, PPW (301-697-1863) and skip to STEP 5.**

**STEP 4. HOUSEHOLD MEMBERS & GROSS INCOME – List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they receive 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

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
	\$		\$		\$	
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 the information is given in connection with the receipt of Federal funds, and that Agency 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: \_\_\_\_\_ 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** \_\_\_\_\_