
LETTER TO HOUSEHOLDS

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 (2nd 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 .30¢ for breakfast and .40¢ 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 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 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 Kim Taylor, PPW (301-697-1863).
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: Dr. Ben Brauer, Supervisor PE & Health (301-759-2410) 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, Assistant Supervisor
School Food & Nutrition Services

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 – 2017-2018**

H-ID Number

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

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

Student's Name	Grade	School	Pupil #	Student's Name	Grade	School	Pupil #
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"/>	_____	_____

PART 2. CASE NUMBER If applicable, give a Food Supplement Program (FSP) or Temporary Cash Assistance (TCA) case number for **any** member of the household (9 digit Client ID/Case number from approval letter or case worker) _____. **If completed, skip to Part 5. Medical Card number does not apply.**

PART 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 Part 5.

PART 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 do receive income, report total income and how often for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no 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.	\$		\$		\$	

PART 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 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

PART 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 _____