

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 – 2014-2015

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

H-ID Number

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 number from approval letter) _____. **If completed, skip to Part 5. Last four digits of Social Security Number are not needed.**

PART 3. IF ALL CHILDREN YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR RUNAWAY CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL, MIGRANT COORDINATOR, HOMELESS LIAISON Sheree Witt, Director (301759-2064) and skip to Part 5.
 HOMELESS MIGRANT RUNAWAY

PART 4. HOUSEHOLD MEMBERS & GROSS INCOME -You must tell how much and how often (i.e., weekly, every other week, twice a month, or monthly).
 Example: \$199.99/weekly, \$149.99/every other week, \$99.99/twice a month, or \$50.00/monthly

NAMES OF ALL HOUSEHOLD MEMBERS (Include the student(s) named above)	EARNINGS FROM WORK (before deductions)		ADDITIONAL INCOME Child Support, Alimony, TCA, Pensions, Retirement, Social Security, SSI, VA Benefits		ALL OTHER INCOME		Check if NO Income
	Income	How Often	Income	How Often	Income	How Often	
1.	\$.		\$.		\$.		<input type="checkbox"/>
2.	\$.		\$.		\$.		<input type="checkbox"/>
3.	\$.		\$.		\$.		<input type="checkbox"/>
4.	\$.		\$.		\$.		<input type="checkbox"/>
5.	\$.		\$.		\$.		<input type="checkbox"/>
6.	\$.		\$.		\$.		<input type="checkbox"/>
7.	\$.		\$.		\$.		<input type="checkbox"/>
8.	\$.		\$.		\$.		<input type="checkbox"/>
9.	\$.		\$.		\$.		<input type="checkbox"/>

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)
 An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must list the last four digits of his/her Social Security Number or check (✓) the “I do not have a SSN” box below.**

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. 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 - _____ I do not have a 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 Food Supplement Program (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 _____