

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. 2. 3. 4. 5. 6.

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

Table with 4 main columns: NAMES OF ALL HOUSEHOLD MEMBERS, EARNINGS FROM WORK, ADDITIONAL INCOME, ALL OTHER INCOME. Each column has sub-columns for Income and How Often.

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.