

## INSTRUCTIONS FOR APPLYING

To apply for free or reduced-price meals, complete the form using the instructions below. Sign the form and return it to the school. If you need help, call your child's school.

### PART 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE

List the child(ren)'s name, birthdate, grade, and school. Indicate if a foster child by checking the box. If all children are foster children, skip to Part 5.

### PART 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 and skip to Part 5.

### PART 3 – HOMELESS, MIGRANT, OR RUNAWAY CHILDREN

1. Check the box if any children you are applying for are homeless, runaway, or migrant.
2. If you have **not** been told that your child(ren) will get free school meals this year, complete the application. You may also call your child's school to ask about benefits.

### PART 4 – NAMES OF ALL HOUSEHOLD MEMBERS AND GROSS INCOME

1. 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, unless a FSP or TCA number was provided in Part 2 for a member of the household, or if the application is only for foster children. You must indicate how much (in dollars and cents), and how often received (weekly, every other week, twice a month, or monthly). **If a household member has no income—check the No Income box.**
2. Report all income as **gross income**, except as noted. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. For self-owned business, farm, or rental income, report income as **net income**.
3. If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay.

### PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER - ALL HOUSEHOLDS COMPLETE

1. All forms must have the signature of an adult household member.
2. The form must have the last four digits of the Social Security Number of the 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.

### PART 6 – SHARING INFORMATION WITH OTHER PROGRAMS

1. 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	\$20,665	\$1,723	\$398
2	27,991	2,333	539
3	35,317	2,944	680
4	42,643	3,554	821
5	49,969	4,165	961
6	57,295	4,775	1,102
7	64,621	5,386	1,243
8	71,947	5,996	1,384
For each additional family member add:	\$7,326	\$611	\$141

**Privacy Act Statement: This explains how we will use the information you give us.** 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.

**Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.** “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992. Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”

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