


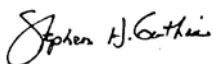
Dear Parent/Guardian:

Children need healthy meals to learn. Carroll County Public Schools offer healthy meals every school day. Breakfast costs \$1.50/\$1.75; lunch costs \$2.50/\$2.75/\$3.00. Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$0.30 for breakfast and \$0.40 for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application 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 youngest 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], can get 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.  
 If you have received a NOTICE OF ELIGIBILITY for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Eligibility** letter you received.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail your child's school.
5. 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, [see Instructions For Applying].
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. Call your child's school at if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED 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. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. 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.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. 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.
11. 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: Dana Falls, Director of Student Services, 125 North Court Street, Westminster, MD 21157. 410-751-3123
12. 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.
13. 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.
14. 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.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact the Food Services Office at 410-751-3040 for more information.
17. 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 410-751-3040.

Sincerely,



Stephen H. Guthrie  
Superintendent of Schools

## 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, homeless, migrant, runaway, or in Head Start by checking the box. If **ALL** students listed are foster, homeless, migrant, runaway, or in Head Start, skip to Part 4.

### 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 4.

### PART 3 – 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, 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, HOMELESS, MIGRANT, RUNAWAY, OR Head Start. 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.**
- 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**.
- If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay.

### PART 4 – 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 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 5 – 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	\$21,590	\$1,800	\$416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
For each additional family member add:	\$7,511	\$626	\$145

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.

**Nondiscrimination Statement:** The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing 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.

*The Maryland State Department of Education does not discriminate on the basis of age, ancestry, color, creed, gender identity and expression, genetic information, marital status, disability, national origin, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs. For inquiries related to departmental policy, please contact the Equity Assurance and Compliance Office, 410-767-0433 (voice) 410-333-6442 (TTY/TDD).*

## HOUSEHOLD MEAL BENEFIT APPLICATION – 2014-2015

Application #: \_\_\_\_\_

Status: \_\_\_\_\_ Initials: \_\_\_\_\_

Determination Date: \_\_\_\_\_

**SCHOOL YEAR 2014-2015** Complete this form. Sign your name and return the form to your youngest child's school. For help call your child's school.**PART 1 - STUDENT INFORMATION**

Name(s)	Check (✓) if foster child, homeless, migrant, runaway, Head Start. If <u>ALL</u> students listed are foster, homeless, migrant, runaway, or in Head Start, skip to Part 4.					Birthdate	Grade	School
	Foster	Homeless	Migrant	Runaway	Head Start			
1.								
2.								
3.								
4.								
5.								

**PART 2 – CASE NUMBER** – If applicable, give Food Supplement Program or Temporary Cash Assistance case number for any member of the household.  
 \_\_\_\_\_ . **If completed, skip to Part 4. Last four digits of Social Security Number are not needed.**

**PART 3 – HOUSEHOLD MEMEBERS AND GROSS INCOME** You must tell how much and how often. Example: weekly, every other week, twice a month, or monthly.

NAMES OF ALL HOUSEHOLD MEMBERS (Include the student(s) named above.)	CHECK IF NO INCOME	EARNINGS FROM WORK (before deductions)	HOW OFTEN	INCOME Child Support, Alimony, TCA	HOW OFTEN	INCOME Pensions, Retirement, Social Security	HOW OFTEN	ALL OTHER 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"/>	\$		\$		\$		\$	

**PART 4 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. **If part 3 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 of the information on this application is true and that all income is reported. I understand that the school will get 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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Social Security Number: XXX – XX – \_\_\_\_\_  I do not have a SSN

**PART 5 – SHARING INFORMATION WITH OTHER PROGRAMS**

The eligibility status of your children may be used for other authorized purposes, shared with local Title 1 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