

**St. Mary's County Public Schools**  
**Meal Benefit Application for Free and Reduced-Price School Meals**  
**July 1, 2016 – June 30, 2017**

Complete one application per household.

**Step 1** List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start** are eligible for free meals. If all enrolled children meet the definition of Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start, complete Step 1 then skip to Step 4.

<b>First and Last Names of All ENROLLED Children</b>	<b>Check (✓) if foster child, homeless, migrant, runaway, in Head Start, Early Head Start or Even Start</b>						<b>OPTIONAL</b>	
	<b>Foster Child</b>	<b>Homeless</b>	<b>Migrant</b>	<b>Runaway</b>	<b>Head Start Early Head Start</b>	<b>Even Start</b>	<b>School Name</b>	<b>Grade</b>

**Step 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? **Circle one: Yes No**

If you answered **NO**, complete Step 3.

If you answered **YES**, provide a case number then go to Step 4

Case Number:

**Step 3** Report Income for ALL Household Members (skip this step if you answered YES to Step 2)

**All Household Members (including yourself)** – 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 not income to report.**

**How often = Weekly, Bi-Weekly, Twice a Month, Monthly, Yearly.**

<b>First and Last Names of ALL Household Members</b>	<b>Earnings from Work</b>		<b>Child Support, Alimony, Public Assistance</b>		<b>Pensions, Retirement, Other Income</b>	
	<b>Income</b>	<b>How Often?</b>	<b>Income</b>	<b>How Often?</b>	<b>Income</b>	<b>How Often?</b>

Total Household Members (Children and Adults):

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if No SSN:

**Step 4** 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, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name:	Signature:
Street Address:	
Date:	Phone #:

**Step 5** OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is does not affect your children's eligibility for free or reduced-price meals.

**Ethnicity (Check One):**

Hispanic or Latino  
 Not Hispanic or Latino

**Race (Check one or more):**

American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

**Step 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 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 Benefit 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 MCHIP, check (✓) the NO box:

NO

**DO NOT FILL OUT THIS SECTION. FOR SCHOOL USE ONLY**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income (Children and Adults): \$ \_\_\_\_\_  Weekly  Every 2 Weeks  Twice a Month  Monthly  Yearly

Eligibility:  Free  Categorically Eligible  Reduced  Paid

Determining Official's Signature: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_  
 Verifying Official's Signature: \_\_\_\_\_

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

**INSTRUCTIONS FOR APPLYING**  
Meal Benefit Application for Free and Reduced-Price School Meals

Complete the form using the instructions below. Sign the form and return it to the school. If you need help, call **(301) 475-4256 ext 5**.

**STEP 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE**

List the enrolled child(ren’s) first and last name and school. Indicate if a foster child, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start by checking the box. If **ALL** students listed are foster, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start, skip to Step 4.

**STEP 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 in the space provided and skip to Step 4.

**STEP 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. You must indicate how much in whole dollars, and how often received (weekly, bi-weekly, twice a month, monthly, yearly). **If a household member has no income—write ‘0’ in the income box.**
- Report all income as **gross income**. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. Gross income includes unemployment benefits, Worker’s Compensation, Supplemental Security Income and Veteran’s Benefits, Social Security, private pensions or disability, strike benefits, income from trusts or estates, annuities, investment income, earned interest, rental income and regular cash payments from outside household. 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.
- Indicate the total number of household members in the space provided.
- The form must have the last four digits of the Social Security Number of the primary wage earner or 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.

**STEP 4 – SIGNATURE - ALL HOUSEHOLDS COMPLETE**

All forms must have the signature of an adult household member.

**STEP 5 – RACIAL/ETHNIC IDENTITY**

You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

**STEP 6 – 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	\$21,978	\$1,832	\$423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,931	5,663	1,307
8	75,647	6,304	1,455
For each additional family member add:	\$7,696	\$642	\$148

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:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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

fax: (202) 690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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