

# HARFORD COUNTY PUBLIC SCHOOLS

## Meal Benefit Application for July 1, 2016 – June 30, 2017

All households must complete a new application unless notified by Food & Nutrition office. Complete one form for entire household.

**Fax signed and completed applications to 410 638-4201 or return to school office.**

Contact the Food & Nutrition office at **410-638-4078** if you have any questions.

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| <b>Step 1</b> | <b>List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).</b> |
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Children in **Foster Care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. If all enrolled children meet the definition of Homeless, Migrant, Runaway, complete Step 1 then skip to Step 4.

| Full Names of All ENROLLED Children<br>(Include all surnames if applicable) | School Name | Grade | Check (✓) if<br>New HCPS Student | Check (✓) if foster child, homeless, migrant or runaway |          |         |         |
|-----------------------------------------------------------------------------|-------------|-------|----------------------------------|---------------------------------------------------------|----------|---------|---------|
|                                                                             |             |       |                                  | Foster Child                                            | Homeless | Migrant | Runaway |
|                                                                             |             |       |                                  |                                                         |          |         |         |
|                                                                             |             |       |                                  |                                                         |          |         |         |
|                                                                             |             |       |                                  |                                                         |          |         |         |
|                                                                             |             |       |                                  |                                                         |          |         |         |
|                                                                             |             |       |                                  |                                                         |          |         |         |
|                                                                             |             |       |                                  |                                                         |          |         |         |

|               |                                                                                                                                                                                                                 |
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| <b>Step 2</b> | <b>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</b> |
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If you answered **NO**, complete Step 3.

If you answered **YES**, provide 9 digit case number, go to Step 4      Case Number: 

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| <b>Step 3</b> | <b>Report Income for ALL Household Members (skip this step if you answered YES to Step 2)</b> |
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**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.**

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

Total Household Members (Children and Adults): 

|  |  |
|--|--|
|  |  |
|--|--|

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

|  |  |  |  |
|--|--|--|--|
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 Check if No SSN: 

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| <b>Step 4</b> | <b>Contact Information and Adult Signature</b> |
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**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.**

|                        |                   |
|------------------------|-------------------|
| <b>Printed Name:</b>   | <b>Signature:</b> |
| <b>Street Address:</b> |                   |
| <b>Date:</b>           | <b>Phone #:</b>   |

|               |                                                          |
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| <b>Step 5</b> | <b>OPTIONAL: Children's Racial and Ethnic Identities</b> |
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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 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

|               |                                                |
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| <b>Step 6</b> | <b>Sharing Information with Other Programs</b> |
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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:

Revised 7/2016  NO

## INSTRUCTIONS FOR APPLYING

If a student in your household has **not received a letter from Harford County Public Schools Food & Nutrition Office** stating they will receive free or reduced meals this year, you must complete new application before benefits are approved for the 2016-17 school year. To apply for free or reduced meals, complete the form using the instructions below. Sign the form and return it to the school immediately.

If you need help, call **410-638-4078**. NOTE: Benefits will not begin until application is submitted and approved.

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

List the enrolled child(ren’s) first and last name, school and grade. Indicate if a foster child, homeless, migrant or runaway by checking the box. If **ALL** students listed are foster, homeless, migrant, or runaway, 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                                      | 67,951   | 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

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

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