

HARFORD COUNTY PUBLIC SCHOOLS MEAL BENEFIT APPLICATION 2011-2012

Complete one form for entire household. Sign your name and return the form to any school office or **fax directly to 410 638-4201**.
Benefits are non-transferrable from other counties or states. All households must complete an application to be approved unless notified by our office.
If you need help filling this out or you have further questions please call the **Food & Nutrition Office at 410 638-4078**.

PART 1- STUDENT INFORMATION: PLEASE LIST ALL STUDENTS IN HOUSEHOLD ENROLLED IN HCPS				PART 2- CASE NUMBER	
List <u>All</u> Student Names	Grade	School	<small>Check (✓) if foster child. If all children are foster children, check all and skip to Part 5</small>	If applicable, give a Food Supplement Program (FSP) or Temporary Cash Assistance (TCA) case number for any member of the household. <hr style="border-top: 1px dashed black;"/> 9 DIGIT CLIENT ACCOUNT # <i>If completed, skip to Part 5.</i>	

PART 3- IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL OFFICE OF PUPIL PERSONNEL SERVICES @ 410 588-5282 HOMELESS MIGRANT RUNAWAY

PART 4- HOUSEHOLD MEMBERS AND GROSS INCOME. You must list **how much** and **how often**. Example \$200 per week

NAMES OF <u>ALL</u> HOUSEHOLD MEMBERS <small>(Include the student(s) named above.)</small>	EARNINGS FROM WORK <small>(before deductions)</small>		ADDITIONAL INCOME <small>Child Support, Alimony, TCA, Pensions, Retirement, Social Security, SSI, VA Benefits</small>		ALL OTHER INCOME		Check if NO income
	<small>Income</small>	<small>Frequency</small>	<small>Income</small>	<small>Frequency</small>	<small>Income</small>	<small>Frequency</small>	
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"/>

PART 5- SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)
An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also list the last four digits his/her Social Security Number or check the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this form)
I certify (promise) that all 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.

Sign Here: _____ Print Name: _____ Date: _____
 Address: _____ Phone Number: (H) _____ (C) _____
 City: _____ State: _____ Zip Code: _____

I do not have a Social Security Number Social Security Number: XXX-XX-____

PART 6- CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Black or African American
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PART 7- SHARING INFORMATION WITH OTHER PROGRAMS

The information that you provide will be used to determine your children's eligibility for free or reduced-price meals. The name and eligibility status of your children may be given to local Title 1 officials for allocation and evaluation purposes and used for National Assessment of Educational Progress analyses or other authorized purposes.

If your children are eligible for free or reduced-price school meals they may also be able to get free or low-cost health insurance through Medicaid or the MD Children's Health Insurance Program (MCHIP). Your family may also be eligible to receive food assistance benefits under the Food Supplement Program (FSP), formerly known as the Food Stamp Program or the Women, Infants, and Children (WIC) Program.

You may be contacted about submitting an application for the FSP or WIC if you selected "Yes":
 ___ **Yes, I want** information shared from the Free and Reduced-Price Meal Application with the Food Supplement Program.
 ___ **Yes, I want** information shared from the Free and Reduced-Price Meal Application with the Women, Infants, and Children Program.
 If you do not want information shared with Medicaid or the MD Children's Health Insurance Program (MCHIP) check the "No." box:
 ___ **No! I DO NOT** want information from my Free and Reduced-Price School Meals Application shared with Medicaid or MCHIP.

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

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

Household Size: _____ Total Income: \$ _____ Per: Week Every 2 Weeks Twice A Month Month Yearly

Eligibility: Free Reduce Denied Approved Temporary Until _____

Categorical Eligibility: TCA FSP Reason For Denied: Income too High Incomplete App Other _____

Change in Status (Reason, Date, Initials) _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Date Withdrawn: _____

Revised 7/11

INSTRUCTIONS FOR APPLYING

If you have ***not received a letter from Harford County Public Schools Food & Nutrition Office*** stating that your child will get free or reduced breakfast and lunch meals this year, you must complete the application before benefits are approved. To apply for free or reduced-price meals, complete the form using the instructions below. Sign the form and return it to the school. ***Call the Food & Nutrition Office @ 410 638-4078 if you have any questions regarding this form.***

PART 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE

List the child(ren’s) name, grade, and school. Indicate all foster children in household 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 **9 Digit Client Account Number** in the spaces provided.

PART 3 – HOMELESS, MIGRANT, OR RUNAWAY CHILDREN

1. Check the box if any children you are applying for are homeless, runaway, or migrant.
2. Contact Office of Pupil Personnel Services Office @ 410 588-5282

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 in the last column.**
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 – RACIAL/ETHNIC IDENTITY

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

PART 7 – 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	\$20,147	\$1,679	\$388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
For each additional family member add:	\$7,067	\$589	\$136

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 (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.”

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: Equity Assurance and Compliance Branch, Office of the State Superintendent, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201-2595 - 410-767-0433 Voice - 410-767-0431 FAX - 410-333-6442 TTY/TD.