

**HARFORD COUNTY PUBLIC SCHOOLS
HOUSEHOLD MEAL BENEFIT APPLICATION – 2008-2009**

To apply for free or reduced-price meals, complete this form. Only complete a separate form for each foster child. Sign your name and return the form to the school. Call the central food & nutrition office at: 410-638-4078 if you need help.

PART 1 – STUDENT(S) INFORMATION

<u>Name</u>	<u>Grade</u>	<u>School</u>	<u>Food Stamp or TCA Case # (if any)</u> <i>(Skip to Part 4 if you listed a Food Stamp or TCA Case # [9-digit #] for each student)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART 2 - FOSTER CHILD: Check if the child is the legal responsibility of the Department of Social Services or court. Write the child's personal use monthly income: \$_____ and skip to Part 4. The foster parent/official representing the child must sign the application in Part 4. A Social Security Number is not required.

PART 3 – TOTAL HOUSEHOLD GROSS INCOME

You must tell **how much** and **how often** (i.e., weekly, every other week, twice a month, or monthly). Example: \$200/weekly

NAMES OF ALL HOUSEHOLD MEMBERS (Include the student(s) named above.)	EARNINGS FROM WORK (before deductions)		ADDITIONAL INCOME Child Support, Alimony, TCA, Pensions, Retirement, Social Security		ALL OTHER INCOME		Check if NO income
	Income	Frequency	Income	Frequency	Income	Frequency	
1.	\$.		\$.		\$.		<input type="checkbox"/>
2.	\$.		\$.		\$.		<input type="checkbox"/>
3.	\$.		\$.		\$.		<input type="checkbox"/>
4.	\$.		\$.		\$.		<input type="checkbox"/>
5.	\$.		\$.		\$.		<input type="checkbox"/>
6.	\$.		\$.		\$.		<input type="checkbox"/>

PART 4 - SIGNATURE AND SOCIAL SECURITY NUMBER

I certify that all of the above information is true and that all income is reported. I understand that this information is being given for the school's receipt of federal funds; that school officials may verify the information; and that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Signature of Adult Household Member _____ Date _____ Social Security Number* _____

Print Name: _____ Telephone No.: (H) _____ (W) _____

Address: _____ City: _____ State: _____ ZIP: _____

PART 5 - RACIAL/ETHNIC IDENTITY (Optional)

Racial Identities: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Other

Ethnic Identities: Hispanic or Latino Not Hispanic or Latino

*Privacy Act Statement: 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(children) for free or reduced-price meals. The adult household member signing the application must include their Social Security Number unless: they do not have a Social Security Number; the application is for a foster child; or a Food Stamp or Temporary Cash Assistance case number has been provided for the student(s). We will use your information to determine your child(children)'s eligibility for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. Program reviews and investigations may be conducted to verify correctness of any information provided on this form or to look into violations of program rules. These efforts may include contacting employers and State or local governmental offices. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs.

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: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Eligibility Determination: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Denied Temporary Until:		
Categorical Eligibility: <input type="checkbox"/> TCA <input type="checkbox"/> Food Stamp	Reason for Denial: <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete Form <input type="checkbox"/> Other:	
Change in Status (reason and date):	Date Withdrawn:	
Determining Official's Signature:	Date Signed:	
Confirming Official's Signature:	Date Signed:	

