CAROLINE COUNTY PUBLIC SCHOOLS

7/6/16

Dear Parent/Guardian:

Children need healthy meals to learn. Caroline County Public Schools offers healthy meals every school day. Breakfast is free for all students; lunch costs \$2.25 for Elementary and \$2.50 Middle & High. 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 assist you with the application process.

If you have received a NOTICE OF ELIGIBILITY FOR FREE MEALS, do NOT complete the application, but let the school know if any children in your household are NOT listed on the NOTICE OF ELIGIBILITY FOR FREE MEALS letter you received or if you have questions, call 410-479-3261.

- 1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Meal Benefit Application for Free and Reduced-Price School Meals 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 in the enclosed self addressed envelope.
- 2. WHO CAN GET FREE MEALS? All children in households receiving benefits from the Food Supplement Program [FSP], or Temporary Cash Assistance [TCA], foster children, children certified as homeless, runaway, migrant, Head Start, Early Head Start, or Even Start receive 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. Call the Caroline County Public Schools, Food Services Department at 410-479-3261.
- 3. 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)
- 4. I COMPLETED AN APPLICATION 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.
- 5. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced-price meals. Please send in an application.
- 6. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
- 7. 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.
- 8. 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 410-479-3261 or writing to: Beth Brewster, Supervisor of Food Services, 414 Gay Street, Denton, MD 21629.
- 9. 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.
- 10. 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.
- 11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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.
- 12. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 13. 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 410-479-3261.

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Sincerely,

Supervisor of Food Services

INSTRUCTIONS FOR APPLYING

Meal Benefit Application for Free and Reduced-Price School Meals

To apply for free-reduced-price meals, complete the form using the instructions below. Sign the form and return it to the school or mail to; Caroline County Public Schools, Food Services Department, 414 Gay Street, Denton, MD 21629. If you need help completing the form, call (410-479-3261),

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 takehome 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 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, 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

x: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The Maryland State Department of Education does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or sexual orientation in matters affecting employment or in providing access to programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For inquiries related to Department policy, please contact: Agency Equity Officer, Equity Assurance and Compliance Office, Office of the Deputy State Superintendent for Finance and Administration, Maryland State Department of Education, 200 W. Baltimore Street - 6th Floor, Baltimore, Maryland 21201-2595, 410-767-0433 – voice, 410-767-0431 – fax, 410-333-6442 - TTY/TDD.

Caroline County Public Schools Meal Benefit Application for Free and Reduced-Price School Meals July 1, 2016 – June 30, 2017

Complete one application per household.

For more information, read Instructions for Applying or call: 410-479-3261

Step 1	List all enrolled child												
Children in Foster Care and children definition of Homeless, Migrant, Ru								en Star	t are elig	gible for free m	eals. If all enrolle	d childre	en meet the
) if foster o	child, ho	meless, mig	rant, rur	naway,	In Hea	d	OPTIONAL			
First and Last Names of All ENROLLED Children		Foster Child	Homeless	Migrant	50	Head Start Early Head Start Even Star		art	Sch	ool Name	ol Name		
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Step 2	Do any Household M Temporary Cash Assi				articipate in o No	ne or mor	re of the	followi	ng assis	tance program	s: Food Suppleme	ent Prog	gram (FSP) or
f you answered NO, complete Step f you answered YES, provide a case			Case Numb	per:									
Step 3	Report Income for ALL I		mbers (skip	this step	If you answer	ed YES to	Step 2)						CAN
All Household Members (including	yourself) – List all Househ	old Members	(including yo	urself) ev	en if they do	not recelv	e Incom	e. For e	ach Hou	sehold Membe	er listed, if they do	receiv	e income, report
total income and how often for each there is not income to report.	n source in whole dollars o	only. It they do			rom any sourc n = Weekly, Bi						ank you are cert	TYING (F	oromismg) mat
First and Last Names of ALL Household Memb		bers Earnings from Work			Child Support, Alimony, Public Assistance			100	Pensions, Retirement, Other Income				
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Total Household Members (Childre	n and Adults):				al Security Nu Household Me		N) of Prin	nary Wa	ige _		Check if No SSN:		
Step 4	Contact Information an	d Adult Signat	:иге										
l certify (promise) that all informat school officials may verify (check) t Federal laws.	ion on this application is t he Information. I am awa	rue and that a are that If I pu	all income is rposely give	reported false info	. I understand rmation, my o	d that this children m	informa naγ lose	ation Is a meal be	given in enefits,	connection wi and I may be p	ith the receipt of rosecuted under	Federal applica	funds, and that ble State and
Printed Name:					Sign	ature:							
Street Address:					1								
Date:					Phor	ne #:							
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Ethnicity (Check One):		Race (Check	one or more)	:			1					г	7
Hispanic or Latino			can Indian or	Alaskan N	ative	-			n Ameri				White
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Step 6 The eligibility status of your children m	Sharing Information v		_	aal Tibla I	officials and o	earl for No.	tional Ass	orrmon.	t of Educ	ational Progress	s analyses Vour fan	nily may	also be elicible to
The eligibility status of your children m receive benefits under FSP or the Won			snared with ic	ocar ritie i	Officials, and u	seu for Na	tional As:	sessifien	(O) Luuc	ational Flogres.	s attatyses. Four ter	my may	also be Eligible (
To share your information with these p	programs, we must have yo	ur permission.	Your decision	will not cl	nange whether	your child	ren recei	ve free o	r reduce	d-price meals. I	f you want informa	tion sha	red with FSP or
WIC, check (V) the YES box below. You	may be contacted about su	bmitting an app	olication for th	e FSP or \	VIC.		, I want in al Benefit			from the Free an	d Reduced-Price	FSP and/	or WIC
Children eligible for free or reduced-pr	ice school meals may also b	e able to get fre	ee or low-cost	health in	surance throug	h Medicaid	d or the N	/ID Child	ren's He	alth insurance P	rogram (MCHIP). 1	he law :	allows us to
inform Medicaid and MCHIP that your want information shared with Medicai	children are eligible for free	or reduced-pri	ce meals, unle	ess you sa	y NO. Your dec	ision will n	ot change	e whethe	er your c	hildren receive	free or reduced-pri	ce meal:	s. If you do NOT
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Verifying Official's Signature:

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