

CAROLINE COUNTY PUBLIC SCHOOLS

07/11/17

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** for Middle and High. Your children may qualify for free meals or for reduced-price meals. Reduced-price is **\$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. 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.
2. 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.
3. 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.**
4. 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.
5. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may 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 normally 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.**

Sincerely,



Beth Brewster,
Supervisor of Food Services

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

Complete the form located on the back 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, 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 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. Mail completed form to: Caroline County Public Schools, Food Services Department, 414 Gay Street, Denton, MD 21629

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	\$22,311	\$1,860	\$430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
For each additional family member add:	\$7,733	\$645	\$149

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.

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

fax: (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, ancestry/national origin, color, disability, gender identity/expression, marital status, race, religion, sex, 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: Equity Assurance and Compliance Office, Office of the Deputy State Superintendent for Finance and Administration, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201-2595, 410-767-0426 – 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, 2017 – June 30, 2018**

Complete one application per household.

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

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.

First and Last Names of All ENROLLED Children	Check (✓) all that apply:	OPTIONAL																																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Foster Child</th> <th>Homeless</th> <th>Migrant</th> <th>Runaway</th> <th>Head Start Early Head Start</th> <th>Even Start</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start																									<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>School Name</th> <th>Grade</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	School Name	Grade								
Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start																																					
School Name	Grade																																									

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. Case Number:
 If you answered **YES**, provide a case number then go to Step 4

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

List all Household Members (including yourself) even those who do not receive income. For each Household Member who receives 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, Public Assistance	Pensions, Retirement, Other Income																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Income</th> <th>How Often?</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Income	How Often?									<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Income</th> <th>How Often?</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Income	How Often?									<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Income</th> <th>How Often?</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Income	How Often?								
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:

Step 4 Contact information and Adult Signature Mail completed form to: Caroline County Public Schools, Food Services Dept., 414 Gay Street, Denton, MD 21629

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. I understand my child's eligibility status may be shared as allowed by law.

Printed Name: <input type="text"/>	Signature: <input type="text"/>
Street Address: <input type="text"/>	
Date: <input type="text"/>	Phone #: <input type="text"/>

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 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. 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: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Verifying Official's Signature: _____ Date: _____