

CALVERT COUNTY PUBLIC SCHOOLS

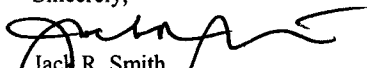
Dear Parent/Guardian:

Children need healthy meals to learn. Calvert County Public Schools offers healthy meals every school day. Children may buy Elementary lunch for \$2.35 or a Secondary lunch for \$2.50, and an Elementary or Secondary breakfast for \$1.45. Your children may qualify for free meals or for reduced-price meals. Reduced-price is .30 for breakfast and .40 for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete **one** Free and Reduced-Price Meal Benefit Application for **all** children in your household. We cannot approve an application that is not complete. Fill out all required information. Return the completed application to: your child(ren)'s school.
2. WHO CAN RECEIVE FREE MEALS? All children in households receiving benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA) can receive free meals regardless of your income. Also, your children can receive free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. CAN FOSTER CHILDREN RECEIVE FREE MEALS? Yes. Foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN RECEIVE FREE MEALS? Yes. If you have **not** been told that your child(ren) will receive free school meals this year, complete the application. You may also call Student Services (410) 535-7232 to ask about benefits.
5. WHO CAN RECEIVE REDUCED-PRICE MEALS? Your children can receive low cost meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines. [See Instructions for Applying.]
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, you do not need to complete an application. Call Food Services (410) 535-1700 if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless you were told that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, your information may be checked.
10. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You may also ask for a hearing by calling or writing to: Tammy McCourt, Chief Budget & Business Officer, Calvert County Public Schools, Prince-Frederick, MD 20678 or calling (410) 535-1700.
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? Your household includes all those living as one economic unit, related or not (such as grandparents, other relatives, foster children or friends).
14. 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.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment, and it was not received before she was deployed, combat pay is not counted as income.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? For information and referral for the Food Supplement Program, Temporary Cash Assistance, and medical programs call 1-800-332-6347.

If you have other questions or need help, call (410) 535-1700.

Sincerely,


Jack R. Smith
Superintendent of Schools

INSTRUCTIONS FOR APPLYING

To apply for free or reduced-price meals, complete the form using the instructions below. Sign the form and return it to the school. If you need help, call (410) 535-1700.

PART 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE

List the child(ren's) name, grade, and school. Indicate if a foster child 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 case number and skip to Part 5.

PART 3 – HOMELESS, MIGRANT, OR RUNAWAY CHILDREN

1. Check the box if any children you are applying for are homeless, runaway, or migrant.
2. If you have **not** been told that your child(ren) will get free school meals this year, complete the application. You may also call Student Services (410) 535-7232 to ask about benefits.

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.

**FREE AND REDUCED-PRICE MEAL BENEFIT APPLICATION
SCHOOL YEAR 2011-2012**

SCHOOL YEAR 2011-2012 Complete this form. Sign your name and return the form to the school. For help call (410) 535-1700

PART 1 - STUDENT INFORMATION				PART 2 - CASE NUMBER
Name(s)	Check (✓) if foster child If <u>all</u> listed children are foster children, skip to Part 5.	Grade	School	If applicable, give a Food Supplement Program or Temporary Cash Assistance case number for <u>any</u> member of the household.
1.				If completed, skip to Part 5. Last four digits of Social Security Number are <u>not</u> needed.
2.				
3.				
4.				

PART 3 - IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL:

STUDENT SERVICES AT (410) 535-7232

HOMELESS MIGRANT RUNAWAY

PART 4 - HOUSEHOLD MEMBERS AND GROSS INCOME. You must tell us how much and how often.

LIST 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, SSI, VA Benefits		ALL OTHER INCOME		Check if NO income
	Income	How Often	Income	How Often	Income	How Often	
	\$.		\$.		\$.		<input type="checkbox"/>
	\$.		\$.		\$.		<input type="checkbox"/>
	\$.		\$.		\$.		<input type="checkbox"/>
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	\$.		\$.		\$.		<input type="checkbox"/>
	\$.		\$.		\$.		<input type="checkbox"/>

PART 5 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must list the last four digits of his/her Social Security Number, or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive 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: _____

City: _____ State: _____ Zip Code: _____ Social Security Number: XXX-XX-____-____ I do not have a SSN

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"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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PART 7 - SHARING INFORMATION WITH OTHER PROGRAMS

Information that you provide will be used to determine your children's eligibility for free or reduced-price meals. The eligibility status of your children may also be used for other authorized purposes, shared with local Title 1 officials and used for National Assessment of Educational Progress analyses.

Your family may be eligible to receive benefits under the Food Supplement Program (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 get free or reduced price meals. **If you want information shared with FSP or WIC check the "Yes," box.**

You may be contacted about submitting an application for the FSP or WIC if you select Yes:
 Yes, I want information shared from the Free and Reduced-Price Meal Benefit Application with FSP.
 Yes, I want information shared from the Free and Reduced-Price Meal Benefit Application with 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 the MCHIP, check the "No," box.**

If you do not want information shared with Medicaid or MCHIP, check the "No," box:
 No, I DO NOT want information from my Free and Reduced-Price Meal Benefit 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

Total Income: \$ _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

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