

2022-2023
SCHOOL YEAR

Meal Benefit Application for Free and Reduced-Price School Meals

July 1, 2022 – June 30, 2023

Complete one application per household.

For more information, read **Instructions for Applying** or call (410)638-4078

Apply online:
www.myschoolapps.com



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	
	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: Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA)?
Circle one: Yes No

If you answered NO, complete Step 3.

If you answered YES, provide a case number then go to Step 4

Case Number:

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	
	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:

Check if No SSN:

Step 4 Contact information and Adult Signature Mail completed form to: Food & Nutrition, HCPS – 101 Industry Lane, Forest Hill, MD 21050

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:		Signature:	
Street Address:			
Date:		Phone #:	

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 SNAP or the Women, Infants, and Children (WIC) Program. Your decision will not change whether your children receive free or reduced-price meals. If you want information shared with SNAP or WIC, check (✓) YES or NO below. You may be contacted about submitting an application for the SNAP or WIC.

YES NO

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 (✓)NO.

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: _____

INSTRUCTIONS FOR COMPLETING MEAL BENEFIT APPLICATION FOR SCHOOL MEALS

Complete the form using the instructions below. Sign the form and return it to the school. If you need help, call 410-638-4078

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 Supplemental Nutrition Assistance Program (SNAP) 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 SNAP 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:
Food and Nutrition, Harford County Public Schools – 101 Industry Lane, Forest Hill, MD 21050, or fax to 410-638-4201

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 receive free or reduced-price meals.

Federal Income Eligibility Guidelines

Household Size	Year	Month	Week
1	\$25,142	\$2,096	\$ 484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
For each additional family member add:	\$ 8,732	\$728	\$ 168

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.