

Household Application for Free and Reduced-Price Meals 2011–2012

Division of Food and Nutrition Services • MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20855
www.montgomeryschoolsmd.org/departments/foodserv - (Translations available)

ELIG _____
INITIALS _____
DATE _____
FOR OFFICE USE ONLY

Meal benefit eligibility from last school year will remain current only through September 2011 OR until a 2011-2012 application is processed.

- If you are **NOT** applying for meal benefits, discard this form.
- If you **ARE** applying for free or reduced-price meals, complete all appropriate sections of this application. Incomplete applications cannot be approved and will be returned.
- Use **ONE** application for **ALL students in the household** - including Pre-K, kindergarten, and foster - **even if they attend different schools**.

A. STUDENT INFORMATION. List ALL children enrolled in Montgomery County Public Schools ONLY, Student ID, Birth Date, School, and Grade. If ALL children listed are foster children, skip to part E for signature and address. Use additional paper if needed. List all current student income before expenses and deductions for taxes, etc., and how often it is paid: weekly (wk), every two weeks (bi-wk), twice a month (twice), or monthly (mo).										B. CASE NUMBER		
PLEASE PRINT CLEARLY Last Name	First Name	MI	Student ID #				Birth Date	School	Grade	Student Income Amount (if no income write 0) How Often		CHECK if student is foster child
										\$.		<input type="checkbox"/>
										\$.		<input type="checkbox"/>
										\$.		<input type="checkbox"/>
										\$.		<input type="checkbox"/>
										\$.		<input type="checkbox"/>
										\$.		<input type="checkbox"/>
										\$.		<input type="checkbox"/>

Enter CASE Number if household qualifies for FSP or TCA. Social Security numbers, Medicaid and EBT numbers are not accepted. Must be a nine digit number.

If a case number is provided, income information and last four digits of your social security number is not necessary, skip to Part E.

The signature of adult in household and address are required.

C. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK ONE: HOMELESS MIGRANT RUNAWAY and call your school or Homeless Liaison at 301-279-3322.

D. ALL OTHER HOUSEHOLD MEMBERS. List all other people living in the household, **DO NOT INCLUDE STUDENTS LISTED IN PART A.** Your household includes all those living as one economic unit - including yourself and anyone living with you, whether or not they are related to you, including all foster children who are not listed in section A. List **all** current household income **before** expenses and deductions for taxes, etc. and how often it is paid: weekly (wk), every two weeks (bi-wk), twice a month (twice), or monthly (mo). If your income varies, write the amount you usually earn.

PLEASE PRINT CLEARLY			EARNINGS from WORK before deductions Job 1		EARNINGS from WORK before deductions Job 2		ALL OTHER INCOME Child Support, Alimony, TCA, Retirement, Social Security		CHECK if NO Income
Last Name	First Name	MI	Amount	How Often	Amount	How Often	Amount	How Often	
			\$.		\$.		\$.		<input type="checkbox"/>
			\$.		\$.		\$.		<input type="checkbox"/>
			\$.		\$.		\$.		<input type="checkbox"/>
			\$.		\$.		\$.		<input type="checkbox"/>
			\$.		\$.		\$.		<input type="checkbox"/>

E. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER. I certify that all 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, Adult in Household _____

Print Name _____ Home Phone _____ Work Phone _____

Address _____ City _____ ZIP Code _____ Date ____/____/____

Social Security #
Last 4 digits - -

I do not have a Social Security Number.

*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 (FSP) or Temporary Cash Assistance (TCA) 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 the program rules.

**Division of Food and Nutrition Services
Montgomery County Public Schools
16644 Crabbs Branch Way • Rockville, Maryland 20855**

Dear Parent or Guardian:

Montgomery County Public Schools serve breakfast and lunch every school day. If your total household income is the same or less than the amounts on the **Income Chart** below, your child may qualify for **free or reduced-price** meals.

The following students **may** be eligible for free meals:

- Students enrolled in Even Start
- Students in households participating in WIC

The following students **qualify** for free meals:

- Foster Children
- Students certified as homeless or runaway
- Students enrolled in the Migrant Education program
- Students enrolled in the Head Start program
- Students in households receiving Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)

US CITIZENSHIP IS NOT REQUIRED TO QUALIFY FOR FREE OR REDUCED-PRICE MEALS.

INCOME CHART			
<u>NUMBER IN HOUSEHOLD</u>	<u>ANNUAL</u>	<u>MONTHLY</u>	<u>WEEKLY</u>
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

All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has been determined by a doctor to have a disability that would prevent the child from eating a regular school meal, the school will make substitutions prescribed by the doctor at no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us for further information.

IN ORDER TO RECEIVE FREE OR REDUCED-PRICE MEALS, A NEW MEAL BENEFIT APPLICATION MUST BE COMPLETED EVERY YEAR UNLESS YOU WERE TOLD THAT YOUR CHILD IS ELIGIBLE FOR THE NEW SCHOOL YEAR.

Confidentiality - School officials use the information on the application to determine if your children should get free or reduced-price meals. Also, the name and eligibility status of your children may be:

- Given to local Title 1 officials for allocation and evaluation purposes.
- Used for National Assessment of Educational Progress analyses or other authorized purposes.
- Given to other Federal and State education or State health programs.

No other use of this information is permitted.

Apply for Meals - You may apply for meals anytime during the school year. If you do not qualify now, you may reapply anytime during the school year. If you become unemployed, you may become eligible for meal benefits during the time you are unemployed.

Verification - School officials may ask you for proof of your income or Food Supplement Program (FSP) (formerly Food Stamps) or TCA benefits at any time during the school year. If you are unable to provide proof, your children may no longer receive free or reduced-price meals.

Fair Hearing - You may talk to school officials if you do not agree with the decision about your children's meal benefits or the results of Verification. You also may ask for a fair hearing by calling or writing to:

Director, Department of Materials Management

16644 Crabbs Branch Way

Rockville, MD 20855

Telephone: 301-840-8170

Please contact Montgomery County Public Schools for program documents in other languages upon request, or if you need assistance with completing this application: (301) 840-8170 (you may call collect) or Maryland Relay number (800) 735-2258.

Sincerely,



Marla R. Caplon, Director
Division of Food and Nutrition Services

INCOME TO REPORT	
Report all income before taxes, insurance, and other expenses are deducted or taken out.	
Wages, Salaries, Tips Strike benefits Unemployment Compensation Worker's Compensation Income from self-owned farm or business Temporary Cash Assistance (TCA) Alimony and Child support Pensions and Retirement Income All Social Security Income, including Supplemental Social Security income	Cash from savings Veteran's payments Disability benefits Interest, Dividends Income from Estates and Trusts Investment Income Income from anyone not living in the household Royalties, Annuities ALL other income

NOTE: If you are in the Military Privatized Housing initiative or get combat pay, do not report these allowances as income.

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 (USDA) 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, S.W., 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/TDD.

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's, 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 your 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.

NO, I DO NOT want information from my Free and Reduced-Price Meal Benefit Application shared with Medicaid or MCHIP.