



MCPS Form 240-30A, 10/05

Meal Benefit Application 2005-2006
Child and Adult Care Food Program
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850
If you are NOT applying for meal benefits, discard this form

Provider's Name
Address
Phone - - Vendor #

- Please complete this form and return it to CACFP, 16644 Crabbs Branch Way, Rockville, MD 20855.
Use ONE application to apply for ALL of the children in the household—including pre-K and kindergarten—even if they attend different schools.
INSTRUCTIONS: Please PRINT clearly. Part 6 is optional.

DFNS ONLY
Elig
Temp
Entered by

1 FOOD STAMPS or TEMPORARY CASH ASSISTANCE • If your household receives Food Stamps or Temporary Cash Assistance (TCA), fill in your nine-digit Case Number located on the Approval Notice you received from the Department of Social Services. Skip Parts 2 and go to Part 3.

FOOD STAMP # TCA CASE #

2 FOSTER CHILD • If you are applying for a Foster Child who is the legal responsibility of The Department of Social Services, enter child name here. Each Foster Child must have a separate application.

Table with columns: Last Name, First Name, M.I., Student ID #, Birth Date, School, Grade, Monthly personal use income for Foster Child. Write 0 if child has no personal income.

3 STUDENT INFORMATION and STUDENT INCOME • Names of ALL children (no nicknames), Student ID, Birth Date, School, and Grade, all current student income or child support before expenses and deductions for taxes, etc., and how often it is paid. Example: weekly (wk), every two weeks (bi-wk), monthly (mo), or yearly (yr). If you do not list how often, wages will be entered as weekly.

Table with columns: Last Name, First Name, M.I., Student ID #, Birth Date, School, Grade, Gross Earnings before deductions (Job 1, Job 2), Child Support Alimony TCA Income, Retirement Soc. Security Other Income.

4 ALL OTHER HOUSEHOLD MEMBERS AND HOUSEHOLD INCOME • Names of all other people living in the household. DO NOT include students listed above. • All current household income before expenses and deductions for taxes, etc., and how often it is paid. Example: weekly (wk), every two weeks (bi-wk), monthly (mo), or yearly (yr). If you do not list how often, wages will be entered as weekly.

Table with columns: Last Name, First Name, M.I., Student ID #, Birth Date, School, Grade, Gross Earnings before deductions (Job 1, Job 2), Child Support Alimony TCA Income, Retirement Soc. Security Other Income.

5 SIGNATURE and 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.

X Signature of Adult Household Member Social Security Number*

Print Name Home Phone Work Phone

Street Apt #

City ZIP Date

*Privacy Act Statement: 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(ren) for free or reduced-price meals.

6 RACIAL/ETHNIC IDENTITY
You are not required to answer this question. If you do, check only one:
Racial Identity
Ethnic Identity

HOW TO APPLY FOR MEAL BENEFITS

Complete the attached **Meal Benefit Application** as follows:

If you or your child(ren) now receives PUBLIC ASSISTANCE—FOOD STAMPS OR TCA (Temporary Cash Assistance)

- ① **PUBLIC ASSISTANCE** list your 9 digit Food Stamp or TCA case or client number.
DO NOT use the number from your Independence card – you must use your 9 digit Food Stamp or TCA case or client number.
- ② **FOSTER CHILD** leave blank
- ③ **STUDENT INFORMATION and STUDENT INCOME** PRINT CLEARLY ALL children enrolled in Montgomery County Public Schools, their student ID number, birthdate, grade and school. You do not need to list student income.
- ④ **ALL OTHER HOUSEHOLD MEMBERS AND HOUSEHOLD INCOME** leave blank
- ⑤ **SIGNATURE AND SOCIAL SECURITY NUMBER** Sign the form, PRINT CLEARLY your name, social security number, phone, address and the date. If the adult signing the form does not have a social security number, write NONE on the form on the Social Security line.
- ⑥ **RACIAL/ETHNIC IDENTITY** you may complete this section but it is not required

If you are applying for a **FOSTER CHILD**

- ① **PUBLIC ASSISTANCE** leave blank
- ② **FOSTER CHILD** PRINT CLEARLY the name of the **Foster Child** who is the legal responsibility of the Dept. of Social Services, child's school and grade. Each **Foster Child** must have a separate application. List any personal monthly income Foster Child receives.
- ③ **STUDENT INFORMATION and STUDENT INCOME** leave blank
- ④ **ALL OTHER HOUSEHOLD MEMBERS AND HOUSEHOLD INCOME** leave blank
- ⑤ **SIGNATURE AND SOCIAL SECURITY NUMBER** Sign the form, PRINT CLEARLY your name, social security number, phone, address and the date. If the adult signing the form does not have a social security number, write NONE on the form on the Social Security line.
- ⑥ **RACIAL/ETHNIC IDENTITY** you may complete this section but it is not required

ALL OTHER STUDENTS

- ① **PUBLIC ASSISTANCE** leave blank
- ② **FOSTER CHILD** leave blank
- ③ **STUDENT INFORMATION and STUDENT INCOME** PRINT CLEARLY ALL children enrolled in Montgomery County Public Schools, their student ID number, birthdate, grade and school. List any income student receives – child support, Social Security, other – before expenses and deductions for taxes, etc., and how often it is paid.
Example: weekly (**wk**), every two weeks (**bi-wk**), monthly (**mo**), or yearly (**yr**). If you do not list how often, wages will be entered as weekly.
- ④ **ALL OTHER HOUSEHOLD MEMBERS AND HOUSEHOLD INCOME** PRINT CLEARLY the names of all other people living in the household. List all current household income for each person before expenses and deductions for taxes, etc., and how often it is paid.
Example: weekly (**wk**), every two weeks (**bi-wk**), monthly (**mo**), or yearly (**yr**). If you do not list how often, wages will be entered as weekly. Privatized military housing is excluded from income.
- ⑤ **SIGNATURE AND SOCIAL SECURITY NUMBER** Sign the form, PRINT CLEARLY your name, social security number, phone, address and the date. If the adult signing the form does not have a social security number, write NONE on the form on the Social Security line.
- ⑥ **RACIAL/ETHNIC IDENTITY** you may complete this section but it is not required

INCOME TO REPORT	
<i>Before taxes, deductions, other expenses</i>	
Wages, Salaries, Tips	Cash from Savings
Strike benefits	Veteran's payments
Unemployment Compensation	Disability benefits
Worker's Compensation	Interest, Dividends
Income from self-owned farm or business	Income from Estates and Trusts
Temporary Cash Assistance payments	Investment Income
Alimony and Child support	Income from anyone not living in the household
Pensions and Retirement Income	Royalties, Annuities
All Social Security Income, including Supplemental Social Security income	ALL other income

Number in Household	INCOME		
	Annual	Monthly	Weekly
1	\$ 17,705	1,476	341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
For each additional family member add:	\$ 6,031	503	116

BEFORE YOU RETURN THIS FORM: Make sure all sections that apply to you are completed and can be clearly read. *Your application may be delayed if information is missing.*

Please read the application carefully and fill it out completely.

- Include your social security number.
- Sign and date the form.
- Return the form to CACFP, 16644 Crabbs Branch Way, Rockville, MD 20855