

July 1, 2021

Dear Parent/Guardian:

Children need healthy meals to learn. Calvert County Public Schools offers healthy meals every school day. Although due to Federal waivers all children may receive meals at no charge for the 2021-2022 school year, the U.S. Department of Agriculture (USDA) provides funds that support the nutrition program based on your child's eligibility. This letter is a request for you to complete the information on the enclosed application to assist the school's food service program.

**If you have received a NOTICE OF ELIGIBILITY FOR FREE MEALS dated JULY 1, 2021 or later, 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 443-550-8000.**

- 1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Meal Benefit Application for all students in

your household. We cannot approve an application that is not complete, so be sure to fill out all required information. You may return the completed application to your child's school or mail it to: Calvert County Public Schools, Child Nutrition Office

1305 Dares Beach Rd Prince Frederick, MD  
20678.

**2. ADDITIONAL USDA REIMBURSEMENT IS AVAILABLE TO OUR AGENCY FOR MEALS SERVED TO CHILDREN IN THE FOLLOWING HOUSEHOLDS:**

- getting money or help from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA).
- with Foster children.
- with a gross income within the free limits or reduced limits on the Federal Income Eligibility Guidelines.
- with children certified as homeless, runaway, Head Start, Early Head Start, Even Start or migrant.

- with some people participating in WIC.

**3. 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.

**4. WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.

**5. 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.

**6. 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. Do not include other people who live with you who are economically independent or not a part of your household. These are people who do

not share income with you or your children, and you do not support.

**7. 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.

**8. 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.

**9. 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 443-550-8000.

Sincerely,

A handwritten signature in blue ink that reads "Daniel D. Curry". The signature is written in a cursive style with a large, looping flourish at the end of the name.

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Daniel D. Curry, Ed.D.  
Superintendent of schools

# **INSTRUCTIONS FOR APPLYING**

## **Meal Benefit Application for Free and Reduced-Price School Meals**

Complete the form using the instructions below. Sign the form and return it to the school. If you need help, call 443-550-8000.

### **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 nine (9) digit 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**.

- Military Housing allowance received must be included in your gross income, unless your housing is officially part of the Military Privatization Initiative, then you would not include it 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. You may return the completed application to your child's school or mail it to Calvert County Public Schools Child



Nutrition Office 1305 Dares Beach Rd. Prince Frederick, MD 20678

## **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.

Please note: 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.

# Federal Income Eligibility Guidelines

<b>Household Size</b>	<b>Year</b>	<b>Month</b>	<b>Week</b>
1	\$23,828	\$1,986	\$459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
For each additional family member add:	\$8,399	\$700	\$162

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:

<https://www.ocio.usda.gov/document/ad-3027>,

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](mailto:program.intake@usda.gov)

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# Meal Benefit Application for Free and Reduced-Price School Meals July 1, 2021 – June 30, 2022

Complete one application per household.

***CHANGES TO MEAL STATUS ELIGIBILITY ARE EFFECTIVE  
IMMEDIATELY ONCE A NEW APPLICATION IS PROCESSED***

For more information, read **Instructions for Applying** or call: 443-550-8680

## **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.



**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)? Please write “YES” or “NO”: \_\_\_\_\_**

If you answered NO, please move to Step 3.

If you answered YES, please provide the nine-digit case number \_\_\_\_\_, then move to Step 4.

**Step 3:**

**Report Income for All Household Members (skip this step if you answered YES).**

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 it is received 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” is weekly, bi-weekly (every other week), twice a month (example: on the 1<sup>st</sup> and 15<sup>th</sup> of every month), monthly or yearly.

First & Last Name of all Household Members	Earnings from Work	How often?	Child Support, Alimony, Public Assistance	How often?	Pension, Retirement, Other Income	How often?

Total Household Members (Children & Adults): \_\_\_\_\_.

Last Four Digits of Social Security Number (SSN) or Primary Wage Earner or Other Adult Household Member: \_\_\_\_\_.

If no Social Security Number, please write "NONE": \_\_\_\_\_.

#### **Step 4:**

#### **Contact Information and Adult Signature**

Please return completed forms to your child's school or send to CCPS Child Nutrition, 1305 Dares Beach Rd. Prince Frederick, MD 20678.

**Federal law requires the school system to randomly verify a sample of applications annually (every year).** 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: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**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 (Indicate "YES" for only one):**

Hispanic/Latino: \_\_\_\_\_

Not Hispanic/Latino: \_\_\_\_\_

**Race (Indicate "YES" for one or more):**

American Indian or Alaskan Native \_\_\_\_\_

Black or African American: \_\_\_\_\_

White: \_\_\_\_\_

Asian: \_\_\_\_\_

Native Hawaiian or Other Pacific Islander: \_\_\_\_\_

### **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, write “YES” below or if you do not want your information shared, please write “NO” below. You may be contacted about submitting an application for the FSP or WIC.

Do you want information shared from this application with the Food Stamp Program? Please write “YES” or “NO”: \_\_\_\_\_

Do you want information shared from this application with the Women, Infants and Children Program? Please write “YES” or “NO”: \_\_\_\_\_

**Step 6 (Continued):**

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, please write “NO”: \_\_\_\_\_