2026 - 2027 Brandywine School District Meal Benefit Form

Complete one application per household. Please use a pen (not a pencil).
Directions on reverse.

Apply online at:
https://linqconnect.com

STEP 1 — Children, infants, and students up to including grade 12

List ALL children in the household. This includes children attending other schools, children not in school, children not applying for benefits, and children not related to you.

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless**, **Migrant**, or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced School Meals** for more information.

Last Name	First Name	MI	Birth Date	School Name	Grade	Foster	Homeless	Migrant	Runaway
			M M - D D - Y Y Y Y			☐	☐	☐	☐
			M M - D D - Y Y Y Y			☐	☐	☐	☐
			M M - D D - Y Y Y			☐	☐	☐	☐
			M M - D D - Y Y Y Y			☐	☐	☐	☐

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? **Circle one**: Yes / No

If you answered NO > Go to STEP 3. **If you answered YES** > Write a case number then skip to STEP 4.

Case Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

List all household members (including yourself) **even if they do not receive income**. For each household member listed, including children, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Household Member Name (First and Last)	Gross income and how often it is received: **W** = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly			
	Earnings from Work	How Often? W E T M	Public Assistance / Child Support / Alimony	How Often? W E T M	Pensions / Retirement / All Other Income	How Often? W E T M
	$	W E T M	$	W E T M	$	W E T M
	$	W E T M	$	W E T M	$	W E T M
	$	W E T M	$	W E T M	$	W E T M
	$	W E T M	$	W E T M	$	W E T M
	$	W E T M	$	W E T M	$	W E T M

Total Household Size (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member *** - ** -

Check if no SSN ☐

STEP 4 — Contact Information and Adult Signature

"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."

Printed name of adult completing the form

Signature of adult completing the form X

Today's Date M M D D Y Y

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

STEP 5 — Sharing Information

☐ YES! The School Nutrition Office may share information from this application for school meal benefits with Title 1, dental/vision examinations, and with School Counselors and Principals for fee waivers associated with SAT, ACT/AP Exams, IB Exams, Delaware College Prep Program, and/or verification for College Applications.

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Black or African American

☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White

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

Household Size:_____ Categorical_____ Date Received:_____ Date Withdrawn: _____

Total Income:_____ Per Week Every 2 weeks Monthly Bimonthly

Eligibility: Free Reduced Denied ___

Determining Official's Signature: x_____ Date: _____

Confirming Official's Signature: x_____ Date: _____

Verifying Official's Signature: x_____ Date: _____

Family Meal Benefit Form for
Free and Reduced Price School Meals/After School Snacks

Brandywine School District ■ SCHOOL NUTRITION ■ 4 MOUNT LEBANON ROAD WILMINGTON, DE 19803 **July 2026**

You only need to fill out ONE form per family.

Dear Parent or Guardian:

The Brandywine School District takes part in the National School Lunch Program/School Breakfast Program/After School Snack Program. Nutritious meals are served every school day. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. **Hanby and Lancashire Elementary students may buy lunch for $1.50 and breakfast for free at all schools. Concord High School students may buy lunch for $1.75 and breakfast is free at all schools**. You may prepay for school meals. We accept payments at the register in the serving line with no additional fee. We accept cash, check or money order (Please make checks payable to **BSD School Nutrition)** or visit https://linqconnect.com and set up an account to pay online with a transaction fee.

Children from households that meet Federal income guidelines are eligible for free meals or reduced-price meals. **For the 2026-2027 school year, the reduced price will be covered by the State of Delaware with no cost to families.** To apply for free or reduced-price meals, complete and sign this form as soon as possible, and return it to your child's cafeteria.

If a child has been determined by a medical authority to be disabled and the disability would prevent the child from eating the regular school meal, the school will make substitutions prescribed by the medical authority. If a substitution is needed, there will be no additional charge for the meal. Substitutions can be arranged by contacting the School Nutrition Department.

APPEAL: If you do not agree with the District's decision on your form or the result of verification, you may wish to discuss it with school officials. You also may have the right to a fair hearing. This can be done by a written request to the Brandywine School District Official:

Dr Lisa Lawson, Superintendent
Brandywine School District ■ 1311 Brandywine Blvd. ■ Wilmington, Delaware 19809

REAPPLICATION: You may apply for benefits anytime during the school year. If you are not eligible now but have a decrease in household income, an increase in household size, become unemployed, or receive Supplemental Nutrition Assistance Program (SNAP) or Delaware Temporary Assistance for Needy Families (DE-TANF) for your child, fill out a form at that time.

You will be notified when the meal benefit form is approved or denied.

Income Guidelines Reduced Price Meals Effective July 1, 2026 to June 30, 2027

Family Size	Yearly	Monthly	Twice Per Month	Every 2 weeks	Weekly
1	$29,526	$2,461	$1,231	$1,136	$568
2	$40,034	$3,337	$1,669	$1,540	$770
3	$50,542	$4,212	$2,106	$1,944	$972
4	$61,050	$5,088	$2,544	$2,349	$1,175
5	$71.558	$5,964	$2,982	$2,753	$1,377
6	$82,066	$6,839	$3,420	$3,157	$1,579
7	$92,574	$7,715	$3,858	$3,561	$1,781
8	$103,082	$8,591	$4,296	$3,965	$1,983
For each additional household member, add:	$10,508	$876	$438	$405	$203

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires that we use inf this application to see who qualifies for free or reduced price meals. We complete forms. We may share your eligibility information with education nutrition programs to help them deliver program benefits to your househc and law enforcement may also use your information to make sure that prc met.

Please be sure to provide the last four numbers of the Social Security numl household member who signs the application. If the adult does not have o Social Security Number'. Applications for a foster child do not need to list a number. Applications for children in households receiving Supplemental N Assistance Program (SNAP) or Temporary Assistance for Needy Families (T/ Distribution Program on Indian Reservations (FDPIR) do not need to list a S

ONLINE APPLICATION AVAILABLE!
Go to:
https://linqconnect.com

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The contact information below is solely to file a complaint of discrimination

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

*** Do not mail applications to this address, only complaints of discrimination.**

USDA is an equal opportunity provider, employer, and lender.

Sincerely,

Colleen Carter
School Nutrition Supervisor