

LAUREL HALL SCHOOL IN FREDERICK

A program of Brook Lane Health Services

4540B Mack Avenue
Frederick, MD 21703
(301) 698-5665

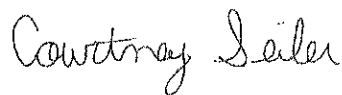
August 24, 2015

Parents/Guardian,

Enclosed are the meals program forms that need to be filled out for your child. Please return these forms with your child as soon as possible. It is vitally important that we receive these forms back so you do not get charged for your child's meals if they qualify for reduced or free meals.

If you have any questions please feel free to contact us at (301) 698-5665.

Sincerely,



Courtney Seiler
Administrative Assistant
Laurel Hall School in Frederick



FREDERICK COUNTY PUBLIC SCHOOLS

Food and Nutrition Services
33 Thomas Johnson Drive, Frederick, MD 21702
301-644-5061 food.service@fcps.org

AUGUST 2015

Dear Parent/Guardian:

Children need healthy meals to learn. Frederick County Public Schools offer healthy meals every school day. Your children may qualify for free or reduced-price breakfast and lunch meals ("MEALS").

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete ONE Meal Benefit Application for ALL children in your household. We cannot approve an application that is not complete. Fill out all required information. Return the completed application to your child's school or Food and Nutrition Services, FCPS, 33 Thomas Johnson Dr., Frederick, MD 21702.
2. **WHO CAN RECEIVE FREE MEALS?** All children in households receiving benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA) can receive free meals regardless of your income. Also, your children can receive free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **CAN FOSTER CHILDREN RECEIVE FREE MEALS?** Yes. Foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **CAN HOMELESS, MIGRANT, RUNAWAY AND HEADSTART CHILDREN RECEIVE FREE MEALS?** Yes. If you have NOT been told that your child(ren) will receive free school meals this year, complete the application. You may also call your school counselor, community liaison, or homeless coordinator to ask about benefits.
5. **WHO CAN RECEIVE REDUCED-PRICE MEALS?** Your children can receive low cost meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** NO, YOU DO NOT NEED TO COMPLETE AN APPLICATION. CALL 301-644-5061 IF YOU HAVE QUESTIONS.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must submit a new application unless you were told that your child is eligible for the new school year.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible, based on income for free or reduced-price meals. Please fill out an application.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, your information may be checked and we may ask for written proof.
10. **IF I DO NOT QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year.
11. **WHAT IF I DISAGREE WITH THE DECISION ABOUT MY APPLICATION?** You may contact Food and Nutrition Services, 301-644-5061 or food.service@fcps.org. You may also ask for a hearing by calling or writing to: Leslie Pellegrino, Executive Director, Fiscal Services, FCPS, 33 Thomas Johnson Dr., Frederick, MD 21702, phone 301-644-5061.
12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.
13. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** Your household includes all those living as one economic unit, related or not (such as grandparents, other relatives, foster children or friends).
14. **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.
15. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is in addition to basic pay because of deployment, and it was not received before they were deployed, combat pay is not counted as income.
17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** For information and referral for the Food Supplement Program, Temporary Cash Assistance, and medical programs call 1-800-332-6347.

If you have other questions or need help, call 301-644-5061.

Sincerely,
Robert D. Kelly

Sr. Manager, Food and Nutrition Services

INSTRUCTIONS FOR APPLYING

To apply for free or reduced-price meals, complete the form using the instructions below. Sign the form and return it to the school or Food and Nutrition Services. If you need help, call 301-644-5061.

STEP 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE

List the enrolled child(ren's) first and last name, student id number 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 case number in the space provided and skip to Step 4.

STEP 3 – NAMES OF ALL HOUSEHOLD MEMBERS AND GROSS INCOME

1. 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.
2. 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 income from 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**.
3. If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay.
4. Indicate the total number of household members in the space provided.
5. 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.

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.

Federal Income Eligibility Guidelines

Household Size	Year	Month	Week
1	\$21,775	\$1,815	\$419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each additional family member add:	\$7,696	\$642	\$148

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.

Nondiscrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found at http://www.nscd.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing 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/national origin, color, disability, gender identity/expression, marital status, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For inquiries related to Department policy, please contact: Equity Assurance and Compliance Office, Office of the Deputy State Superintendent for Finance and Administration, Maryland State Department of Education 200 W. Baltimore Street - 6th Floor Baltimore, Maryland 21201-2595 410-767-0426 – voice 410-767-0431 – fax 410-333-6442 - TTY/TDD.

2015-2016 Meal Benefit Application for Free and Reduced-Price School Meals

Complete ONE Application per Household

For More Information, read Instructions for Applying or call 301-644-5061 -- Remove Cover Sheet Before Submitting

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 (as Registered at the School) of All ENROLLED Children	Check (✓) if foster child, homeless, migrant, runaway, in Head Start, Early Head Start or Even Start	School Name																																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Foster Child</th> <th style="width:10%;">Homeless</th> <th style="width:10%;">Migrant</th> <th style="width:10%;">Runaway</th> <th style="width:10%;">Head Start Early Head Start</th> <th style="width:10%;">Even Start</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start																															
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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)? 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)

All Household Members (including yourself) -- List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive 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.

First and Last Names of ALL Household Members	Earnings from Work	Child Support, Alimony, Public Assistance	Pensions, Retirement, Other Income																																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Income</th> <th style="width:50%;">How Often?</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Income	How Often?													<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Income</th> <th style="width:50%;">How Often?</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Income	How Often?													<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Income</th> <th style="width:50%;">How Often?</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Income	How Often?												
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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

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:	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 is optional and 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 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, check (✓) the YES box below. You may be contacted about submitting an application for the FSP or WIC.

YES, I want information shared from the Free and Reduced-Price Meal Benefit Application with FSP and/or 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 MCHIP, check (✓) the NO box:

NO

DO NOT FILL OUT THIS SECTION. FOR OFFICE 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 and Date Determined: _____

Confirming Official's Signature and Date Determined: _____

Verifying Official's Signature and Date Determined: _____