



Family Application for Free and Reduced-Price Meals—Apply online at: https://applyformeals.aacps.org

This application must be completed and signed by an adult. Read instructions on back. Use black ink. Print neatly within boxes and avoid stray marks. Use CAPITAL LETTERS. Complete one application per household. For help call 410-222-5900.

E

1 If any of the children for whom you are applying meet the definition of Homeless, Migrant, or a Runaway, please call 410-222-5326.

2 If a household member has a Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA) case number, enter his/her name & case number, and continue to fill out parts 3 (do not include student income), 6, and 7 only.

Form for household member information including First Name, Last Name, and SNAP or TCA Case Number.

3 Complete all requested information for all students currently enrolled in Anne Arundel County Public Schools.

Check the "Foster Child" box for each foster child. If every student on this application is a Foster Child, skip to part 6. Otherwise, proceed to part 4.

List any student's Total Gross Income before taxes and deductions in whole dollars only. In the "Frequency" box, indicate if the income is received: W=Weekly | E=Every 2 Weeks | T=Twice a Month | M=Monthly | Y=Yearly.

Table for General Student Information and Student Income Information with columns for Name, Date of Birth, Student ID, School #, Foster Child, and Income details.

4 List all other household members (including yourself) even if they do not receive income. Do not include students listed above. List Total Gross Income before taxes and deductions in whole dollars only from each source for each household member. If they do not receive income, enter '0'. By entering '0', you are certifying that there is no income to report. In the "Frequency" box, indicate if the income is received: W=Weekly | E=Every 2 Weeks | T=Twice a Month | M=Monthly | Y=Yearly.

Table for other household members with columns for Name, Income from work, Additional Income, All other Income, and Frequency.

5 Total Number of People living in your household:

Input box for total number of people in household.

6 Sign the form! I certify (promise) that all the 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.

Form for signature and contact information including First Name, Last Name, Phone Number, Street Address, Apartment #, City, State, and Zip Code.

Signature box with 'X' and Social Security Number field with 'X' and 'No SS#' options.

7 Sharing this 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 the Supplemental Nutrition Assistance Program (SNAP) 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 SNAP or WIC, check the 'Yes' box below. You may be contacted about submitting an application for the SNAP or WIC.

Form for sharing information with SNAP and WIC: Yes, I want information from this application shared with: SNAP [] 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 "No."

Form for sharing information with Medicaid or MCHIP: No, I do not want information from this application shared with Medicaid or MCHIP []

*See Use of Information Statement on back.



National School Lunch/Breakfast Program

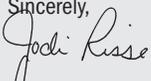
Dear Parents,

The Anne Arundel County Public School System will offer free healthy meals to all students every school day. Breakfast and Lunch will be provided daily to every student regardless of their meal benefit status.

It is important to submit a Meal Benefit Application for the 2021–2022 school year. Approval for meal benefits also provides additional benefits in addition to the free meals. Use one household meal benefit application for all of the children in your household.

All meals served 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 the regular school meal, schools will make substitutions prescribed by the doctor. If you believe your child needs substitutions because of a disability, please contact us at 410-222-5900 for further information. If a substitution is needed, there will be no extra charge for the meal.

We will let you know when your application is approved or denied. Please keep the notice of approval or denial for your records.

Sincerely,

Jodi Risse
Supervisor of Food & Nutrition Services

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send written proof showing that your child(ren) should get free or reduced-price meals.

Reapplication: If you do not qualify now, you may reapply at any time during the school year.

Fair Hearing: You may talk to the determining official if you do not agree with the decision about your child's(ren's) meal benefit eligibility or the results of verification. You may ask for a fair hearing by contacting: Supervisor of Food & Nutrition Services, Anne Arundel County Public Schools, 2666 Riva Rd., Suite 100, Annapolis, MD 21401, Phone 410-222-5900, jrisse@aacps.org.

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:

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, audiotope, 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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

Apply online at: <https://applyformeals.aacps.org>

How to Fill Out this Application

If you need help, call 410-222-5900.

To apply for free or reduced-price meals, complete the form using the instructions below. **Sign the form** and return it to your youngest child's school.

PART 1: Follow instructions on the form. If any children meet the definition of homeless, migrant, or runaway, call the homeless liaison at 410-222-5326 to ask about benefits.

PART 2: Follow instructions on the form. If applicable, enter the name of the household member who has a **Supplemental Nutrition Assistance Program (SNAP)** or **Temporary Cash Assistance (TCA)** nine digit case number and enter the case number. Continue to fill in *Parts 3, 6, and 7*.

PART 3: Follow instructions on the form. Complete all requested information for all students enrolled in AACPS. Include the *student's legal first name, middle initial, last name, date of birth, student identification number, school number* (if known—available from the school), and *student income information* in whole dollars only.

If you have foster children, check the **Foster Child** box for each one. If every student on this application is a foster child, skip to **Part 6**. Otherwise, proceed to **Part 4**.

PART 4: Enter the names of **all other** people living in your household (including yourself) who are not listed above. You must include all people living in your household, related or not (such as grandparents and other relatives) who share income and expenses. If you live with other people who are economically independent, do not include them.

List total gross income, in whole dollars, **before taxes and deductions** (this is not the same as take home pay). If a household member does not receive an income from any source, write '0'. If you enter '0', or if the space is left blank, you are certifying that there is no income to report.

PART 5: Enter the total number of people living in your household from *Parts 3 and 4*.

PART 6: **Sign** and **print** the name of the adult household member filling out the application. Enter your mailing address and phone number.

Enter the last four digits of the *Social Security Number* of the adult who signs the application. If the adult does not have a Social Security Number, check the **No SS#** box. The last four digits are not needed if you listed a SNAP or TCA or if all of the students are foster children.

PART 7: Follow instructions on the form. Check the appropriate box if you consent to share this information or elect to have someone contact you regarding additional benefits.

For answers to Frequently Asked Questions, visit us online at aacpschools.org/nutrition/apply-for-free-or-reduced-price-meals or ask your child's school office for a copy.

2021–2022 School Year

Does your child qualify for free or reduced-priced meals?

(You and the children in your household **do not** have to be U.S. Citizens to qualify.)

A child qualifies for free meals if he or she:

- is a **foster child**
- lives in a household receiving benefits from **Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA)**
- is certified as **homeless, runaway or migrant**

A child **may** also qualify for free or reduced-price meals if he or she:

- is in a household participating in **WIC**
- lives in a household whose **total household income** is the same or less than the amounts in the income chart below

Federal Income Eligibility Guidelines

Household Size	Yearly	Monthly	Weekly
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

Income to Report

Income from Work
Wages/Salaries/Tips

Additional Income

Pensions/Alimony Retirement Income
Social Security TCA/Child Support

All Other Income

Strike Benefits
Veterans Benefits (VA)
Unemployment Compensation
Worker's Compensation
Net Income from Self Owned Business or Farm
Supplemental Security Income (SSI)
Disability Benefits/Interest/Dividends
Net Royalties/Annuities/Net Rental Income
Cash Withdrawn from Savings
Incomes from Estates/Trusts/Investments
Regular Contributions from Persons not Living in the Household

Do not include housing allowance from the Military Housing Privatization Initiative or combat pay.