



# National School Lunch/Breakfast Program

Dear Parents,

The Anne Arundel County Public School System offers healthy meals every school day. Students who have applied and are eligible will receive meals free or at a reduced-price.


Prices	Breakfast	Elementary Lunch	Secondary Lunch
<b>Regular</b>	\$1.35	\$2.60	\$2.85
<b>Reduced</b>	\$.30	\$.40	\$.40

*Unless you have already been notified that you will be receiving free meals, you must complete a Meal Benefit Application and return the form to the youngest child's school. Use one Household Meal Benefit Application for all 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

## Other Information

**Confidentiality:** School officials use the information on the form to determine if your child(ren) qualifies for free or reduced-price meals. Also, the name and eligibility status of your child(ren) may be:

- Given to local Title 1 officials for allocation and evaluation purposes
- Used for National Assessment of Educational Progress analyses or other authorized purposes
- Given to other federal and State education or State health programs

The Maryland State Department of Education does not discriminate on the basis of age, ancestry, color, creed, gender identity and expression, genetic information, marital status, disability, national origin, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs. For inquiries related to departmental policy, please contact: Equity Assurance and Compliance Branch, Office of the State Superintendent, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201-2595 - 410-767-0433 Voice - 410-767-0431 FAX - 410-333-6442 TTY/TD.

**Verification:** Your eligibility may be checked at any time during the school year. School officials may ask you to send papers 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 calling or writing: Supervisor of Food & Nutrition Services, Anne Arundel County Public Schools, 2666 Riva Rd., Suite 100, Annapolis, MD 21401, Phone 410-222-5900.

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

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 social security number is not required when you apply on behalf of a foster child or list a *Food Supplement Program (FSP)* or *Temporary Cash Assistance (TCA)* 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.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

*"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write:*

USDA, Director, Office of Adjudication  
 1400 Independence Ave., SW, Washington, D.C. 20250-9410  
 or call (866) 632-9992. Individuals who are hearing impaired 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."*

## How to Fill Out this Application

**For help call 410-222-5900**

**PART 1:** Follow instructions on the form. Check the box if any child(ren) are homeless, runaway, or migrant. You may also call the homeless liaison at 410-222-5326.

**PART 2:** Follow instructions on the form. Enter the enrolled student's first name, middle initial, last name, date of birth, six digit identification number, and student's income, if any.

If applicable, check the box if child(ren) are foster children, enter the case number in the space provided for *Food Supplement Program (FSP)* or *Temporary Cash Assistance (TCA)* for **any** member of the household and skip to *Part 6*. Do not provide student income if case number was provided or if application is only for foster children.

**PART 3:** Enter the names of **all other** people living in your household who are not listed above. Household means a group of related, or non-related, individuals who are living as one economic unit and sharing living expenses to include: rent, clothes, food, doctor bills, and utility bills.

If the individual has no income, you must put an 'X' in the box indicating *No Income* next to the individual's name.

List each type of income received last month and how often received. Income listed is **before deductions**.

**PART 4:** Enter the total number of people living in your household from parts 2 and 3.

**PART 5:** You are not required to answer this question to receive meal benefits. This information will help ensure that everyone is treated fairly.

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

**PART 7:** Complete the last four digits of the Social Security Number of the 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 are not needed if you listed a FSP, TCA or foster child(ren).

**PART 8:** Check the appropriate box if you consent to share this information or elect to have someone contact you regarding additional benefits. (Instructions on form)

**For answers to Frequently Asked Questions, visit us online at [www.aacps.org/nutrition/meal.asp](http://www.aacps.org/nutrition/meal.asp) or ask your child's school office for a copy.**

## 2011-2012 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 **Food Supplement Program** (formerly *Food Stamps*) or **Temporary Cash Assistance (TCA)**
- is certified as **homeless, runaway or migrant**
- lives in a household whose **total household income** is the same or less than the amounts in the income chart below

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

- is in a household participating in **WIC**

### Total Income

Household Size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
For each additional member add:			
	\$7,067	\$589	\$136

### Income to Report

#### Earnings 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