

INSTRUCTIONS FOR COMPLETING HOUSEHOLD MEAL BENEFIT APPLICATION

To submit an application online electronically go to [Online Meal Benefit Application](#) or [BCPS Parent Website](#) and click on “Free & Reduced Meals – Apply Online” to access the form. If you submit the application electronically, please do not complete a paper application. Return the completed application to your child’s school office or mail to: Baltimore County Public Schools, Office of Food and Nutrition Services, 9610 Pulaski Park Drive, Suite 219, Baltimore, MD 21220. Call the Office of Food and Nutrition Services at 443-809-7860 if you need help.

PART 1 – CHILDREN INFORMATION – ALL HOUSEHOLDS MUST COMPLETE

- **The school office will fill the student ID # field. This field is optional but helps to expedite the processing time.**
- **List the names of all children in your household enrolled as students or not.**
- **Check the “YES” or “NO” box indicating if the child attends Baltimore County Public Schools.**
- **List the child’s school, grade and date of birth. This information is optional but helps to expedite the processing time.**
- **Check the box in the appropriate column if the child is a foster child (legal responsibility of the Department of Social Services or court), homeless, migrant, or runaway.**

PART 2 – ASSISTANCE PROGRAM CASE NUMBER (Food Supplement Program – FSP or Temporary Cash Assistance (TCA))

- **Check the “YES” or “NO” box if any household member currently receives FSP or TCA benefits.**
- **List the 9 digit FSP or TCA client ID number for any member of the household. Your client ID number can be found in the upper right-hand corner of your approval letter from Social Services.**
- **Do not list the EBT card number.**
- **Medical Assistance case numbers do not qualify for meal benefits.**
- **If you listed a FSP or TCA client ID number, skip to Part 4.**

PART 3-TOTAL GROSS HOUSEHOLD INCOME – Follow these instructions to report total gross household income. Your household includes all those living as one economic unit related or not (such as grandparents, other relatives, foster children, or friends). Skip Part 3 if you provided a FSP or TCA case number in Part 2, or if all children listed in Part 1 are foster children.

- **A – CHILD INCOME: List TOTAL gross income in whole dollars earned by ALL children listed in PART 1. Indicate the frequency on how often the income is received. Write a “0” if no children receive income.**
- **B – ADULT HOUSEHOLD MEMBERS GROSS INCOME: List ALL adult household members (including yourself). Next to each person’s name, list each type of income received. List income in whole dollars only and how often received. If a household member does not receive income, write a “0” in the income box. If you write a “0” or leave any fields blank you are certifying that there is no income to report. Gross income is the amount earned before taxes and other deductions, not 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.**
- **Next to the income amount, completely darken the circle in the appropriate frequency column that indicates how often income is received (“W” for Weekly, “B” for Bi-weekly/every 2 weeks, “T” for 2 times a month, “M” for Monthly).**
- **Indicate the total number of household members (children and adults) in the box provided.**
- **List the last four digits of the social security number (SSN) of the primary wage earner or adult who signs the application. If the adult does not have a SSN, the “Check if no SSN” box must be checked. The last four digits of the SSN are not required if you listed a FSP or TCA case number in Part 2, or if you checked that all children in Part 1 are foster children.**
- **If you are in the Military Housing Privatization Initiative or receive Combat pay, do not include these allowances as income.**

PART 4 – CONTACT INFORMATION AND ADULT SIGNATURE.

- **An adult household member must sign the application.**

PART 5 – SHARING INFORMATION WITH OTHER PROGRAMS

- **Check the box(es) to indicate your preference for sharing or not sharing information with the programs listed. Your decision will not change whether your children receive free or reduced price meals.**

Federal Income Eligibility Guidelines

Household Size	Year	Month	Week
1	\$23,107	\$1,926	\$445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
For each additional member add:	\$8,177	\$682	\$158

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to supply this information. However, if you do not, your child(ren) cannot be approved 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 a foster child, 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 your child's(ren's) eligibility 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:

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, hearing impaired 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

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