BOARD OF EDUCATION QUEEN ANNE’S COUNTY
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

Dear Parent/Guardian:

Queen Anne’s County Public Schools offer healthy meals each school day. Children may buy lunch for $2.50 (elementary) / $2.75 (middle/high) and breakfast for $1.50. Children may qualify for free or reduced-price meals. The reduced price is $0.30 for lunch and $0.20 for breakfast. 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, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please get in touch with us for further information.

If you have received a NOTICE OF ELIGIBILITY FOR FREE MEALS, DO NOT complete the application, but let the Board of Education know if any children in your household are NOT listed on the NOTICE OF ELIGIBILITY FOR FREE MEALS letter you received or if you have questions, call 410-758-2403 ext. 106.

- Children in households participating in the Food Supplement Program (FSP) or receiving Temporary Cash Assistance (TCA) and most foster children can get free meals regardless of your income.
- Children certified as homeless, runaway or migrant qualify for free meals. Please contact Student Support Services 410-758-2403 x 154.
- If your total household income is the same or less than the amounts on the Income Chart below, your child(ren) qualifies for free or reduced-price meals.

To get free or reduced-price meals for your child(ren), YOU MUST COMPLETE A MEAL BENEFIT APPLICATION ONLINE AT MYSCHOOLAPPS.COM OR RETURN THE ATTACHED PAPER COPY TO THE SCHOOL. Use one free & reduced price application for all children in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. You and the children in your household do not have to be U.S. citizens to qualify for free or reduced-price meals.

HOW TO APPLY:
- **If your household receives FSP or TCA**, the application must have the names of all children you are applying for and the FSP or TCA case number. The adult household member completing the application must sign the application.
- **If you do not list a FSP or TCA number** for children in the household, the application must include all the names of children you are applying for, the names of all household members, the amount of income each person got last month and where it came from, the signature of an adult household member and the last four digits of that adult’s Social Security Number or the word “none” if the adult does not have a Social Security Number.

VERIFICATION: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing proof of the income provided on the application.

FAIR HEARING: You may talk to school officials if you do not agree with the school’s decision about your child(ren)’s meal benefit eligibility or the results of verification. You also may ask for a fair hearing by calling or writing:

Name of Hearing Officer: Mr. Sidney Finder
Phone: 410-758-2403 x 141
Address: 202 Chesterfield Avenue, Centreville, MD 21617

CONFIDENTIALITY: School officials will 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 I 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 or any other entities allowed by law.
- No other use of this information is permitted.

REAPPLICATION: If the child you are applying for does not qualify now, you may reapply at any time during the school year. If your household size increases, you lose your job, your income decreases, or your household qualifies for the FSP or TCA Programs, the child(ren) in your household may qualify for free or reduced-price meals.

In accordance with Federal civil rights laws 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, audiotape, 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 877-833-3280.

This institution is an equal opportunity provider.

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 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:

Sincerely,
Food & Nutrition Department
INSTRUCTIONS FOR COMPLETING HOUSEHOLD APPLICATION FOR FREE OR REDUCED PRICE MEALS - To apply for free or reduced-price meals, you can go online to MySchoolApps.com or complete one paper application for the household using the instructions below. Sign the form and return to school or mail it to the Board of Education Queen Anne’s County, Food & Nutrition Department, 202 Chesterfield Ave., Centreville, MD 21617. If you need help, call at 410-758-2403 ext. 140.

All applications must include a signature.
PART 1: List each QACPS student(s) name, birth date, grade and school. If you did not list a FSP/TCA case number in Part 2, please complete Section 3.
If anyone in your household has a FSP or TCA case number, you do not need to print your social security number or provide household income information.

ALL OTHER HOUSEHOLDS follow these instructions: If any member of your household is participating in the FOOD SUPPLEMENT PROGRAM (FSP) AND/OR TEMPORARY CASH ASSISTANCE (TCA) Write FSP/TCA case number in the blocks in Part 2. This number is on all correspondence you receive from Social Services and contains nine digits.

PART 1: STUDENT INFORMATION - List the enrolled child(ren)’s first and last name, birthdate and school. Include if a foster child, homeless, migrant, or runaway by checking the box. If ALL students listed are foster, homeless, migrant, runaway, skip to Step 4. If you check one of these options call Student Support Services at 410-758-2403 ext. 154 for verification.

PART 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 Part 4. (This is the nine (9) digit number that is on all correspondence received from Social Services) in the blocks provided on the application.

PART 3: Follow these instructions to report household gross income (income before deductions) from last month if you did not provide a FSP/TCA case number in Part 2: Name: List the first and last name of all adults & children not listed in Part 1. List the names 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 not attending Queen Anne’s County Public Schools, your spouse, and any other person living in your household related or not (such as grandparents, other relatives, or friends). Attach another sheet of paper if needed. Write in the total number of household members from Sections 1 and 3. Print the last four digits of your Social Security Number in the boxes.

PART 4: SIGNATURE - ALL HOUSEHOLDS COMPLETE - Include your address, phone number and e-mail address, PRINT YOUR NAME, SIGN the application and date.

Foster children are to be included with all other students on the application - mark the box to the right to indicate that they are a foster child.

Check Box If No Income: If the person does not have any income, check the box.
Earnings from Work: Income/earnings are to be reported as gross income. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. You must indicate how often (weekly, every other week, biweekly, or monthly) you received the earnings. If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income.
TCA Payment, Child Support/Alimony: List the total TCA payments or child support and alimony received and mark how often it is received. You must indicate how often (weekly, every other week, biweekly, or monthly) you received the earnings. Pay from Pensions/Retirement/Social Security/Other Income: List the total each person received from pensions, retirement, and/or Social Security payments or other income and mark how often it is received. You must indicate how often (weekly, every other week, biweekly, or monthly) you received the earnings. Any Other Income: List income from a second job and/or list disability benefits; cash withdrawn from savings, Interest/Dividends, Income from Estates/Trusts/Investments, regular contributions from people who do not live in your household, Workers Compensation, Supplemental Security Income (SSI), Veterans benefits (VA), strike benefits, and unemployment compensation. In the same column, list income from a self-owned business, farm, or net royalties/annuities/net rental income as net income.

MAILING INSTRUCTIONS: You may send the completed form to school or mail to: Board of Education Queen Anne’s County, Food & Nutrition Dept., 202 Chesterfield Ave., Centreville, Maryland 21617.

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 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.

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
<th>Sources of Income for Adults</th>
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<tbody>
<tr>
<td><strong>- Earnings from work</strong>- A child has a regular full or part-time job where they earn a salary or wages</td>
<td>Earnings from Work</td>
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</table>
| **- Social Security** 
  - Disability Payments 
  - Survivor’s Benefits |
| **- Income from person outside the household** |
| **- Income from any other source** - A child receives regular income from a private pension fund, annuity, or trust | Public Assistance / Alimony / Child Support |
| **- Income from person outside the household** - A friend or extended family member regularly gives a child spending money | Pensions / Retirement / All Other Income |
| **- Income from any other source** - A child receives regular income from a private pension fund, annuity, or trust | Earnings from Work |
| **- Salary, wages, cash bonuses** |
| **- Net income from self-employment (farm or business)** |
| **- If you are in the U.S. Military:** 
  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) 
  - Allotments for off-base housing, food and clothing |
| **- Unemployment benefits** |
| **- Worker’s compensation** |
| **- Supplemental Security Income (SSI)** |
| **- Cash assistance from State or local government** |
| **- Alimony payments** |
| **- Child support payments** |
| **- Veteran’s benefits** |
| **- Strike benefits** |

- Social Security (including railroad retirement and black lung benefits) 
- Private pensions or disability benefits 
- Regular income from trusts or estates 
- Annuities 
- Investment income 
- Earned interest 
- Rental income 
- Regular cash payments from outside household
### 2019-2020 Application for Free and Reduced Price School Meals QACPS

**Complete One Application Per Household. Please Use a Black Pen (not a Pencil). DHS/MSDE**

**List all students attending Queen Anne's County public schools (if more spaces are required for additional names, attach another sheet of paper)**

<table>
<thead>
<tr>
<th>Legal First Name</th>
<th>MI</th>
<th>Legal Last Name</th>
<th>M</th>
<th>D</th>
<th>D</th>
<th>Y</th>
<th>Grade</th>
<th>School Name</th>
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</table>

**Children in foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. If any child you are applying for is Homeless, Migrant, or Runaway, call Student Support Services at 410-758-2403 ext 154 for verification.**

**Check Instructions on back of letter for sources of income to report.**

If you DID NOT check one of the boxes to the left, complete SECTION 3.

If you checked one of the boxes to the left, write a case number here then go to section 4. (DO NOT complete SECTION 3)

**Case Number:**

**Report Income for ALL Household Members (Skip this step if you checked one of the boxes in SECTION 2)**

**A. Child Income**

Sometimes children in the household earn income. Please include the TOTAL income earned by all students in Section 1 here.

**B. All Household Members (Including Yourself)**

List all Household Members (including yourself) even if they did not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars ONLY. If they DO NOT receive income from any source, check the no income check box, or enter '0' in the appropriate field. If you check the no income check box, enter '0' or leave blank, you are certifying (promising) that there is no income to report.

### 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."

**Address:**

**City:**

**Zip:**

**Daytime Phone:**

**Email Address:**

Return completed application to your school or mail to: Food & Nutrition Dept., 202 Chesterfield Ave., Centreville, MD 21617. If you have any questions, call 410-758-2403.