

# BALTIMORE COUNTY PUBLIC SCHOOLS

Dr. Joe A. Hairston ♦ Superintendent ♦ 6901 Charles Street ♦ Towson, MD ♦ 21204

---

August 1, 2011

Dear Parent/Guardian:

Children need healthy meals to learn. The Baltimore County Public Schools serve meals each school day, which may be purchased at the published school prices. For those who qualify, meals are also available free or at a reduced price. The reduced price is \$.30 for breakfast and \$.40 for lunch. All meals served meet nutrition standards established by the U.S. Department of Agriculture (USDA).

1. **DO I NEED TO COMPLETE A HOUSEHOLD MEAL BENEFIT APPLICATION FOR EACH CHILD?** No. Complete one Household Meal Benefit Application for all children in your household. Fill out all required information on the front and back of the application. Return the application to the youngest child's school.
2. **WHO CAN RECEIVE FREE MEALS?** All children in households that receive Food Supplement Program (FSP – formerly known as the Food Stamp Program) benefits or temporary cash assistance (TCA) are eligible to receive free meals. Also, your child(ren) can receive free meals if your household's gross income is within the free limits of the Federal Income 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 to receive free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **WHO CAN RECEIVE REDUCED PRICE MEALS?** Your child(ren) can receive low cost meals if your household's gross income is within the reduced price limits of the Federal Income Guidelines.
5. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN RECEIVE FREE MEALS?** Yes. Children certified as homeless, runaway, or migrant qualify for free meals. Contact the pupil personnel worker at your child's(ren's) school. The pupil personnel worker will complete and submit certification for your household.
6. **SHOULD I COMPLETE A HOUSEHOLD MEAL BENEFIT APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** No. If you received a letter at the beginning of the school year stating you have been approved for free meals, you do not need to complete a Household Meal Benefit Application.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO COMPLETE A HOUSEHOLD MEAL BENEFIT APPLICATION FOR THIS SCHOOL YEAR?** Yes. Each year a student's eligibility for free and reduced price meals must be renewed or determined. A student's eligibility for meal benefits can carryover for a maximum of thirty (30) operating days into the new school year. However, meal benefit eligibility determinations made in the current year supersedes the previous year meal benefit level.
8. **I RECEIVE WIC. ARE MY CHILDREN ELIGIBLE TO RECEIVE FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please complete a Household Meal Benefit Application to determine if your child(ren) are eligible.
9. **WILL THE INFORMATION I LIST ON MY APPLICATION BE CHECKED?** Yes. Your eligibility may be verified at any time during the school year. School officials may request you to send papers confirming that your child(ren) should receive free or reduced price meals.

10. **IF I DON'T QUALIFY NOW MAY I APPLY LATER?** Yes. You may apply for free and reduced price meals at any time during the school year. If you are not eligible now but have a change such as a decrease in household income, an increase in household size, become unemployed, or receive FSP or TCA for your child(ren), you may fill out an application at that time.
11. **WHAT IF I DISAGREE WITH THE DISTRICT'S DECISION ABOUT MY APPLICATION?** You may call the Office of Food and Nutrition Services, 410-887-7860, if you have questions about your child's(ren's) eligibility determination. If you do not agree with your child's(ren's) eligibility determination, you may appeal by writing to: Kara E. B. Calder, executive director, Division of Business Services, Department of Planning and Support Operations, Baltimore County Public Schools, 1940-G Greenspring Drive, Timonium, MD 21093.
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 a U.S. citizen 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 receive \$1000 each month but did not work a full month and only made \$900, put down that you made \$1000 per month. If you normally work 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 receive 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 this housing allowance as income.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No. If the combat pay is received in addition to his/her basic pay because of deployment, and it wasn't received before deployment, combat pay is not counted as income.
17. **MY FAMILY NEEDS ADDITIONAL HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** For information and referral for the FSP, TCA, and medical programs, you may call the Department of Human Resources at 1-800-332-6347.
18. **IF MY CHILD(REN) HAVE A DISABILITY AND CANNOT EAT THE REGULAR SCHOOL MEALS, WILL THERE BE A SUBSTITUTION AVAILABLE?** Yes. 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 OFNS will make any substitutions as prescribed by the doctor at no extra charge. If you believe your child needs a substitution due to a disability, please call 410-887-7855 for further information.

If you have other questions or need additional help, please call 410-887-7860.

Sincerely,

Karen Levenstein  
Director  
Office of Food and Nutrition Services

## INSTRUCTIONS FOR COMPLETING HOUSEHOLD MEAL BENEFIT APPLICATION

### PART 1 – STUDENT INFORMATION – ALL HOUSEHOLDS MUST COMPLETE

- List name (as it appears on the student’s birth certificate), school, grade, and birth date for all students attending Baltimore County Public Schools, including foster children.

### PART 2 – FOSTER CHILD

- Check the box for each foster child. Foster children are the legal responsibility of the Department of Social Services or court.
- If **ALL** children listed are foster children, check box, then skip to Part 5.

### PART 3 – CASE NUMBER (Food Supplement Program - FSP or Temporary Cash Assistance (TCA))

- List the **9 digit** FSP or TCA case number for any member of the household. Your case number can be found in the upper right-hand corner of your approval letter from Social Services.
- Medical Assistance case numbers **do not** qualify for meal benefits.
- If you listed a FSP or TCA case number, skip to Part 5.

### PART 4 – TOTAL GROSS HOUSEHOLD INCOME – Follow these instructions to report **total household income** from last month. Part 4 does not need to be completed if you provided a FSP or TCA case number in Part 3, or if all children listed in Part 1 are foster children.

- **Names of household members:** List the first and last names of each person living in your household, related or not (such as grandparents, other relatives, or friends). Your household includes all those living as one economic unit. You must include yourself and all children living with you, including foster children. **ALL** children listed in Part 1 must also be listed here.
- **Gross Income:** Next to each person’s name, list each type of income received last month and how often it was received. **Gross income is the amount earned before taxes and other deductions, not take-home pay.**
- 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).**
- You must also report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative, or receive Combat pay, do not include these allowances as income.
- **No Income Box:** You **must** check the “No Income” box for **each** person in your household who has no income, including all children.

### PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER

- An adult household member **must sign the application.**
- List the last four digits of the adult household member’s social security number or check the box “I do not have a social security number.” The last four digits of the social security number are not required if you listed a FSP or TCA case number in Part 3, or if you checked that all the children in Part 1 are foster children.

### PART 6 – SHARING INFORMATION WITH OTHER PROGRAMS

- Check the box(es) to indicate your preference for sharing or not sharing information with the programs listed.