

BALTIMORE COUNTY PUBLIC SCHOOLS

Darryl L. Williams, Ed.D. ♦ Superintendent ♦ 6901 North Charles Street ♦ Towson, MD ♦ 21204

August 1, 2019

Dear Parent/Guardian:

Children need healthy meals to learn. The Baltimore County Public Schools serve healthy 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 \$.00 for breakfast and \$.00 for lunch. All meals served meet nutrition standards established by the U.S. Department of Agriculture (USDA).

If you received a NOTICE OF ELIGIBILITY FOR FREE MEALS LETTER, do not complete the application. If you have children in your household that you did not receive a letter for or you have any questions contact the Office of Food and Nutrition Services at 443-809-7860.

1. HOW DO I OBTAIN A HOUSEHOLD MEAL BENEFIT APPLICATION (HMBA)? The HMBA is available online to complete and submit electronically or you may obtain a paper HMBA from your child's school. The online application can be accessed on the Baltimore County Public Schools' Web site at <https://mealapps.bcps.org/lfservlet/eform> or <http://www.bcps.org/parents/> and clicking on "Free & Reduced Meals – Apply Online" on the left side menu bar. If you submit an application online, please do not complete a paper application. All applications will be processed in the order received.
2. DO I NEED TO COMPLETE A HOUSEHOLD MEAL BENEFIT APPLICATION FOR EACH CHILD? No. Complete one HMBA for all children in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. 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. If you have any questions, please call 443-809-7860.
3. WHO CAN RECEIVE FREE MEALS? All children in households that receive Food Supplement Program (FSP) benefits or temporary cash assistance (TCA), foster children, children certified as homeless, runaway, or migrant are eligible to receive free meals regardless of your income. If your child(ren) are certified as homeless, please contact your child's school Pupil Personnel Worker. Also, your child(ren) can receive free meals if your household's gross income is within the free limits of the Federal Income Eligibility Guidelines.
4. WHO CAN RECEIVE NO-COST REDUCED PRICE MEALS? Your child(ren) can receive meals at no cost if your household's gross income is within the reduced price limits of the Federal Income Eligibility Guidelines.
5. 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.**
6. 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 HMBA to determine if your child(ren) are eligible.
7. 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.
8. 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.

9. **WHAT IF I DISAGREE WITH THE DISTRICT'S DECISION ABOUT MY APPLICATION?** Call the OFNS at 443-809-7860 if you have questions or disagree with your child's(ren's) eligibility determination. If a determination cannot be resolved with the OFNS, you may proceed by appealing the decision in writing to: Mr. Charles L. Patillo, Executive Director, Department of Business Services Operations, Baltimore County Public Schools, 9610 Pulaski Park Drive, Suite 219, Baltimore, MD 21220.
10. **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.
11. **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) who share income and expenses. You must include yourself and all children living with you. Do not include other people that are living with you who are economically independent such as household members you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses.
12. **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. If you lost your job or had your hours or wages reduced, use your current income.
13. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** Your basic pay and cash bonuses must be reported as income. If you receive any cash value allowances for off-base housing allowance, food, or clothing, 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.
14. **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.
15. **MY FAMILY NEEDS ADDITIONAL HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** For information and referral for the **FSP, TCA, and medical assistance programs** or other assistance benefits, contact your local assistance office or call 1-800-332-6347. To apply for FSP benefits online go to <https://mydhrbenefits.dhr.state.md.us> or visit your local Baltimore County Department of Social Services office.
 - Catonsville District Office – 746 Frederick Rd., Catonsville, MD 21228
 - Dundalk District Office – 1400 Merritt Blvd., Suite C, Dundalk, MD 21222
 - Essex District Office – 439 Eastern Blvd., Essex, MD 21221
 - Reisterstown District Office – 130 Chartley Dr., Reisterstown, MD 21136
 - Towson District Office – 6401 York Rd., Baltimore, MD 21212
16. **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 443-809-7855 for further information.

If you have other questions or need additional help, please call 443-809-7860.

Sincerely,

Karen Levenstein
Director
Office of Food and Nutrition Services

INSTRUCTIONS FOR COMPLETING HOUSEHOLD MEAL BENEFIT APPLICATION

To submit an application online electronically go to <https://mealapps.bcps.org/lfserver/eform> or <http://www.bcps.org/parents/> 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, audiotape, 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

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 in 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: Agency Equity Officer, Equity Assurance and Compliance Office, Office of the Deputy State Superintendent for Finance and Administration, Maryland State Department of Education, 200 W. Baltimore Street - 6th Floor, Baltimore, Maryland 21201-2595, 410-767-0426 – voice, 410-767-0431 – fax, 410-333-6442 - TTY/TDD.

BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Food and Nutrition Services
SCHOOL BREAKFAST/LUNCH PREPAYMENT FORM

STUDENT NAME _____ SCHOOL _____

This form is used to deposit money into your child's Nutrition Express Meal Account using cash or check. See the back of this form for more details. Additional forms can be picked up in the school cafeteria.

You can make prepayments to your child's account online using a credit or debit card. Go to www.MySchoolBucks.com to set up an account. To obtain your child's student ID number call the Office of Food and Nutrition Services at 443-809-7855.

Distribution of Prepayment - Your child can use the money for meals and/or a la carte items. If you want your child to use the account for meals only, then check (✓) the box next to "DO NOT ALLOW A LA CARTE PURCHASES."

TOTAL PREPAYMENT \$ _____

DO NOT ALLOW A LA CARTE PURCHASES. If you check this box, the account can only be used to purchase complete meals.

	Elementary Meal Prices		Secondary Meal Prices	
	<u>Breakfast</u>	<u>Lunch</u>	<u>Breakfast</u>	<u>Lunch</u>
Paid Student	\$1.40	\$2.90	\$1.55	\$3.00
Reduced Student	\$.00	\$.00	\$.00	\$.00

MAKE CHECK PAYABLE TO YOUR SCHOOL CAFETERIA. PLEASE WRITE YOUR CHILD'S NAME ON THE CHECK. SEE BAD CHECK POLICY ON BACK.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

This institution is an equal opportunity provider.



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PARENT/GUARDIAN SIGNATURE _____ DATE _____

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Dear Parent or Guardian:

The school cafeterias use computers at the point-of-sale. Every Baltimore County Public School student is assigned a personal identification number (PIN) for access to their Nutrition Express Meal Account. In some cases, a student may be issued a barcode card rather than a PIN.

How the Nutrition Express Meal PIN/Card works:

Each student has a unique PIN/barcode card, which is linked to your child's account. Your child's account is accessed when the PIN is entered or the card swiped. The Nutrition Express Account is not a credit account. Money needs to be deposited into your child's account prior to using the PIN/card. This money can be used for meals and a la carte food items. All students may have money on account. If your child is eligible for free or reduced-price meals, you may prepay for a la carte food items. If your child is not eligible for free or reduced-price meals, you may prepay for both meals and a la carte food items.

Instructions for Prepayments - How to put money in the Nutrition Express Meal Account:

Send the Prepayment Form along with cash or check (made payable to the school cafeteria) to the cafeteria manager or person-in-charge at the time and location established in your child's school. Money will be placed in your child's account on the day of deposit (if received prior to 10:00 a.m.), or for the next day's use if received after 10:00 a.m. The Prepayment Form allows you to determine the type of purchase your child can make. If you want your child to use the account for meals only, then check (✓) the box next to "DO NOT ALLOW A LA CARTE PURCHASES."

You can make prepayments to your child's account online using a credit or debit card. Go to www.MySchoolBucks.com to set up an account. To obtain your child's student ID number call the Office of Food and Nutrition Services at 443-809-7855.

If your child forgets his/her PIN or loses his/her card, they can still access the account by:

- (1) Seeing the cafeteria manager or PIC for the PIN.
- (2) Requesting a replacement card at no cost.

Bad Checks

If the school cafeteria receives a dishonored check, the issuer will be given 10 days to submit full payment of the amount of the check, plus actual bank charges incurred by the Office of Food and Nutrition Services (OFNS), by means of a money order, cashier's check, or cash. If this payment is not received by the end of 10 days, the issuer will need to submit full payment of the amount of the check plus \$35.00. If payment is not received at the end of 20 days, the OFNS will turn over the dishonored check, and all other available information related to this check, to the State's Attorney for criminal prosecution. Once the dishonored check is turned over to the State's Attorney for collection, the OFNS will not accept restitution from the check issuer. The funds will be remitted to the OFNS by the State's Attorney's Office.

Dear Parent or Guardian:

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- (1) Seeing the cafeteria manager or PIC for the PIN.
- (2) Requesting a replacement card at no cost.

Bad Checks

If the school cafeteria receives a dishonored check, the issuer will be given 10 days to submit full payment of the amount of the check, plus actual bank charges incurred by the Office of Food and Nutrition Services (OFNS), by means of a money order, cashier's check, or cash. If this payment is not received by the end of 10 days, the issuer will need to submit full payment of the amount of the check plus \$35.00. If payment is not received at the end of 20 days, the OFNS will turn over the dishonored check, and all other available information related to this check, to the State's Attorney for criminal prosecution. Once the dishonored check is turned over to the State's Attorney for collection, the OFNS will not accept restitution from the check issuer. The funds will be remitted to the OFNS by the State's Attorney's Office.

Baltimore County Public Schools

3445133520

Household Meal Benefit Application

2019-2020

**USE BLACK INK.
DO NOT USE PENCIL.**

Complete ONE application PER HOUSEHOLD. If more spaces are needed for additional names, attach a separate sheet of paper. Instructions for completing this form are on a separate page. Call the Office of Food & Nutrition Services at 443-809-7860 if you need help.

1 List ALL household members who are infants, children, and students up to and including Grade 12. Please indicate if the child listed is a student by checking the Yes or No box.

Student ID # (Office Use Only) <i>Optional</i>	List ALL children in your household enrolled or not. (First, Middle Initial, Last)	BCPS Student? Yes No	Optional: to help expedite processing of application			Check if Homeless, Migrant or Runaway	Check if foster child
			School Name	Grade	Birth Date (mm/dd/yy)		
		<input type="checkbox"/> <input type="checkbox"/>			/ /	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			/ /	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			/ /	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			/ /	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			/ /	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			/ /	<input type="checkbox"/>	<input type="checkbox"/>

2 Do any household members (including yourself) currently participate in one or more of the following assistance programs: Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? Check Yes No

If you answered NO > Complete Part 3.

If you answered YES > Provide your client ID number located in the upper right-hand corner on your approval letter, then go to Part 4.

Client ID Number NOT your 16 digit EBT Card Number

3 Report income for ALL household members (skip this step if you listed a client ID number in Part 2).

A Child Income:
Sometimes children in the household earn income. Please include the TOTAL income in whole dollars earned by ALL children listed in Part 1 and how often received. (W) = Weekly; (B) = Every 2 Weeks/Bi-Weekly; (T) = 2 X Monthly; (M) = Monthly \$ How often (W) (B) (T) (M)

B All Adult Household Members (including yourself): List ALL ADULT household members first and last names (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write a '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name: List ALL Adult Household Members. DO NOT include children listed above in Part 1.	Earnings from Work before deductions	Weekly				Public Assistance, Child Support, Alimony	Bi-Weekly				Pensions, Retirement, All Other Income	2 X Monthly			
		W	B	T	M		W	B	T	M		W	B	T	M
<i>Example: Jane B. Smith</i>	\$ 1200	W	B	T	M	\$ 120	W	B	T	M	\$ 480	W	B	T	M
1)	\$	W	B	T	M	\$	W	B	T	M	\$	W	B	T	M
2)	\$	W	B	T	M	\$	W	B	T	M	\$	W	B	T	M
3)	\$	W	B	T	M	\$	W	B	T	M	\$	W	B	T	M
4)	\$	W	B	T	M	\$	W	B	T	M	\$	W	B	T	M
5)	\$	W	B	T	M	\$	W	B	T	M	\$	W	B	T	M
6)	\$	W	B	T	M	\$	W	B	T	M	\$	W	B	T	M
7)	\$	W	B	T	M	\$	W	B	T	M	\$	W	B	T	M

Total household members (Children and Adults) **REQUIRED** If Part 3 is completed: Last four digits of social security number (SSN) of primary wage earner or other adult household member. Check if no SSN

4 Contact information and adult signature. Return completed form 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

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. I understand my child's eligibility status may be shared as allowed by law.

X _____ Signature of Adult Household Member
 _____ Parent/Guardian First Name
 _____ Parent/Guardian Last Name
 ____ / ____ / 20 ____ Today's Date (mm/dd/yy)
 _____ Address _____ Apt #
 _____ - _____ - _____ Daytime Phone (Optional) _____ City _____ State _____ Zip Code

5 SHARING INFORMATION WITH OTHER PROGRAMS

The information that you provide will be used to determine your child's(ren's) eligibility for free or reduced price meals. The name and eligibility status of your child(ren) may be given to local Title I officials for allocation and evaluation purposes and used for National Assessment of Educational Progress analyses or other authorized purposes.

If your child(ren) are eligible for free or reduced price school meals, they may also be able to receive free or low-cost health insurance through Medicaid or the Maryland Children's Health Insurance Program (MCHIP). The law allows us to inform Medicaid and MCHIP that your child(ren) are eligible for free or reduced price meals, unless you tell us not to. Your decision will not change whether your child(ren) receive free or reduced price meals. If you do not want information shared with Medicaid and MCHIP, check the box below.

- No! I DO NOT** want information from my Household Meal Benefit Application shared with Medicaid or MCHIP.

Your family may also be eligible to receive food assistance benefits under the Food Supplement Program (FSP - formerly known as the Food Stamp Program), or the Women, Infants, and Children (WIC) Program. BCPS must have your permission to share your information with the FSP and the WIC Program. Your decision will not change whether your child(ren) receive free or reduced price meals. If you want information shared with either of these two programs, check the box(es) below.

You may be contacted about submitting an application for FSP or WIC if you select Yes:

- Yes, I want** information shared from my Household Meal Benefit Application with the Food Supplement Program.
- Yes, I want** information shared from my Household Meal Benefit Application with the Women, Infants, and Children Program.

Your child(ren) may be eligible to receive exam fee reductions and additional college application fee-waivers, if applicable. BCPS must have your permission to share your information. Your decision will not change whether your child(ren) receive free or reduced-price meals. If you would like your information shared, please check the box below.

- Yes, I want** information shared from my Household Meal Benefit Application with my child's(ren's) school counselor, AP and SAT coordinators, the College Board, the Common Application, and directly to colleges, universities, and other educational institutions.