

**FREE AND REDUCED-PRICE MEAL BENEFIT APPLICATION  
CHILD CARE CENTERS: July 1, 2012 – June 30, 2013**

Complete this form so that we may receive reimbursement for meals served to children in our program. For help call \_\_\_\_\_.

PART 1 – ENROLLED CHILDREN INFORMATION			PART 2 - CASE NUMBER
Last Name	First Name	Check (✓) if foster child If <u>all</u> listed children are foster children, skip to Part 5.	If applicable, give a Food Supplement Program or Temporary Cash Assistance case number for <u>any</u> member of the household.
1.			<b>If completed, skip to Part 5. Last four digits of Social Security Number are not needed.</b>
2.			
3.			
4.			

**PART 3 - IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICATION**  HOMELESS  MIGRANT  RUNAWAY

**PART 4 - HOUSEHOLD MEMBERS AND GROSS INCOME.** You must tell us how much and how often.

LIST NAMES OF ALL HOUSEHOLD MEMBERS Include the children named above.	EARNINGS FROM WORK (before deductions)		ADDITIONAL INCOME Child Support, Alimony, TCA, Pensions, Retirement, Social Security, SSI, VA Benefits		ALL OTHER INCOME		Check if <b>NO</b> income
	Income	How Often	Income	How Often	Income	How Often	
1.	\$ .		\$ .		\$ .		<input type="checkbox"/>
2.	\$ .		\$ .		\$ .		<input type="checkbox"/>
3.	\$ .		\$ .		\$ .		<input type="checkbox"/>
4.	\$ .		\$ .		\$ .		<input type="checkbox"/>
5.	\$ .		\$ .		\$ .		<input type="checkbox"/>
6.	\$ .		\$ .		\$ .		<input type="checkbox"/>

**PART 5 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must list the last four digits of his/her Social Security Number, or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the center will receive Federal funds based on the information I give. I understand that center officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Social Security Number: **XXX-XX- \_\_\_\_\_**  I do not have a SSN

**PART 6 - CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity:	Choose one or more (regardless of ethnicity):		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

**PART 7 - SHARING INFORMATION WITH OTHER PROGRAMS**

Information that you provide will be used to determine your children's eligibility for free or reduced-price meals. The eligibility status of your children may also be used for other authorized purposes..

Your family may be eligible to receive benefits under the Food Supplement Program (FSP) or the Women, Infants, and Children (WIC) Program. To share your information with these programs, **we must have your permission.** Your decision will not change whether your children get free or reduced price meals. **If you want information shared with FSP or WIC check the "Yes," box.**

You may be contacted about submitting an application for the FSP or WIC if you select **Yes:**  
 \_\_\_ **Yes, I want** information shared from the Free and Reduced-Price Meal Benefit Application with FSP.  
 \_\_\_ **Yes, I want** information shared from the Free and Reduced-Price Meal Benefit Application with WIC.

Children eligible for free or reduced-price school meals may also be able to get free or low-cost health insurance through Medicaid or the MD Children's Health Insurance Program (MCHIP). The law allows us to inform Medicaid and MCHIP that your children are eligible for free or reduced price meals, **unless you say no.** Your decision will not change whether your children receive free or reduced-price meals. **If you do not want information shared with Medicaid or the MCHIP, check the "No," box.**

If you do not want information shared with Medicaid or MCHIP, check the "No," box:  
 \_\_\_ **No, I DO NOT** want information from my Free and Reduced-Price Meal Benefit Application shared with Medicaid or MCHIP.

**DO NOT FILL OUT THIS PART. THIS IS FOR CENTER USE ONLY.**

Annual Income Conversion: Weekly x 52    Every 2 Weeks x 26    Twice A Month x 24    Monthly x 12

Total Income: \$ \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year    Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child Youth Program

### Patuxent River, Maryland

Dear Parent/Guardian,

Children need healthy meals to learn. The Child Youth Program offers healthy meals every day. Although all children receive the meals at no charge, the U.S. Department of Agriculture (USDA) will provide Child and Adult Care Food Program (CACFP) funds that support our nutrition program based on your child's eligibility. This letter is a request for you to complete the information on the enclosed Free and Reduced-Price Meal Benefit Application to assist our agency's food service program.

1. **DO I NEED TO FILL OUT THE APPLICATION FOR EACH CHILD?** No, complete one Free and Reduced-Price Meal Benefit Application for all children in your household enrolled at the same center. We cannot approve an application that is not complete. Fill out all required information. Return the completed application to: Child Youth Programs.
2. **ADDITIONAL FEDERAL FUNDS ARE AVAILABLE TO OUR AGENCY FOR MEALS SERVED TO CHILDREN IN THE FOLLOWING HOUSEHOLDS:**
  - Households receiving benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA).
  - Foster Children
  - Households with a gross income within the free limits or reduced limits on the Federal Income Eligibility Guidelines (See Instructions for Applying.)
  - Children certified as homeless, runaway, or migrant.
  - Some households participating in WIC.
3. **I COMPLETED AN APPLICATION LAST YEAR DO I NEED TO FILL OUT ANOTHER ONE?** Yes, your child's application is only good for one year. You must send a new application each year.
4. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, your information may be checked.
5. **MAY I APPLY IF SOMEONE IN MY HOUSE IS NOT A U.S. CITIZEN?** Yes, you or your child(ren) do not have to be U.S. citizens to apply.
6. **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.)
7. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example if you normally make \$1,000 each month, but you missed some work last month and only made \$900. Put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.
8. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an 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 your housing allowance as income.
9. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS THEIR COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to basic pay because of deployment, and it wasn't received before being deployed, the combat pay is not counted as income.
10. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** For information and referral for the Food Supplement Program, Temporary Cash Assistance, and medical programs call 1-800-332-6347.

If you have other questions or need help, call (301) 342-3902.

Sincerely,

Terry P. Davis