

Meal Benefit Application for Free and Reduced-Price School Meals

July 1, 2022 – June 30, 2023

Apply online:

Complete one application per household. For more information, read **Instructions for Applying** or call **410-778-7174**

Step 1 List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).

Children in Foster Care and children who meet the definition of Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start are eligible for free meals. If all enrolled children meet the definition of Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start, complete Step 1 then skip to Step 4.

First and Last Names of All ENROLLED Children	Check (✓) all that apply:						OPTIONAL	
	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start	School Name	Grade

Step 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA)? Circle one: Yes No

If you answered **NO**, complete Step 3. Case Number:

If you answered **YES**, provide a case number then go to Step 4. Case Number:

Step 3 Report Income for ALL Household Members (skip this step if you answered YES to Step 2)

List all Household Members (including yourself) even those who do not receive income. For each Household Member who receives income, report total income and how often for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is not income to report.

How often = Weekly, Bi-Weekly, Twice a Month, Monthly, Yearly.

First and Last Names of ALL Household Members	Earnings from Work		Child Support, Alimony, Public Assistance		Pensions, Retirement, Other Income	
	Income	How Often?	Income	How Often?	Income	How Often?

Total Household Members (Children and Adults): Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if No SSN:

Step 4 Contact information and Adult Signature Mail completed form to: KCPS, Food Service Dept., 5608 Boundary Ave., Rock Hall, MD 21661

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.

Printed Name:	Signature:
Street Address:	
Date:	Phone #:

Step 5 OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (Check One): Hispanic or Latino Not Hispanic or Latino

Race (Check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Step 6 Sharing Information with Other Programs

The eligibility status of your children may be used for other authorized purposes, shared with local Title I officials, and used for National Assessment of Educational Progress analyses. Your family may also be eligible to receive benefits under SNAP or the Women, Infants, and Children (WIC) Program. Your decision will not change whether your children receive free or reduced-price meals. If you want information shared with SNAP or WIC, check (✓) YES or NO below. You may be contacted about submitting an application for the SNAP or WIC.

_____ YES _____ NO

Children eligible for free or reduced-price school meals may 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 MCHIP, check (✓)NO.

_____ NO

DO NOT FILL OUT THIS SECTION. SCHOOL USE ONLY

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

Total Income (Children and Adults): \$ _____ Weekly Every 2 Weeks Twice a Month Monthly Yearly

Eligibility: Free Categorically Eligible Reduced Paid

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____