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## CALVERT COUNTY PUBLIC SCHOOLS

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July 1, 2024

Dear Parent/Guardian:

Children need healthy meals to learn. Calvert County Public Schools offers healthy meals every school day. Breakfast costs **\$1.65**; Elementary Lunch costs **\$2.80**, Secondary Lunch costs **\$3.00**. Your children may qualify for free meals or for reduced-price meals.<sup>i</sup> Below are some common questions and answers to assist you with the application process.

**If you received a NOTICE OF ELIGIBILITY FOR FREE/REDUCED-PRICE MEALS for the 2024-2025 school year, you do NOT need to complete an application. *SPECIAL NOTE: ONLY students listed in your letter are eligible for free meals. All other students will be charged full price. If you have additional students in your household who are not listed, call 443.550.8680 (Child Nutrition) to avoid paying full price.***

- 1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Meal Benefit Application for all students 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 student's school or mail to: CCPS Child Nutrition Office, 1305 Dares Beach Rd. Prince Frederick, MD 20678.
- 2. WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), or Temporary Cash Assistance (TCA), foster children, children certified as; homeless, runaway, migrant, Head Start, Early Head Start, Even Start, or children who have been Medicaid matched through the Maryland Direct Certification System will receive free meals regardless of income. Please contact Student Services at 443.550.8460 for questions regarding a student's homeless, runaway, or migrant status. Your children can also get free meals if your household's gross income is within the limits on the Federal Income Eligibility Guidelines.
- 3. I COMPLETED AN APPLICATION LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application was only good for the 2023-2024 school year and for the first few days of the 2024-2025 school year (allowing time to submit a new application).
- 4. I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please complete and submit an application. Eligibility is based on your household's gross income.
- 5. WILL THE INFORMATION I GIVE BE CHECKED?** Yes and you will be asked to send written proof if selected for verification.
- 6. IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible if the household income drops below the income limit.
- 7. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** If you feel there was an error in determining your household's meal eligibility, you should talk to school officials. You also may ask for a hearing by writing to: Scott Johnson, Chief Financial Officer, Calvert County Public Schools, 1305 Dares Beach Rd. Prince Frederick, MD 20678 or calling 443.550.8000.
- 8. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.
- 9. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, 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. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 10. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 11. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
- 12. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP, TCA, and medical assistance programs** or other assistance benefits, contact your local assistance office or call 1-800-332-6347.

If you have other questions or need help, call 443.550.8000.

Sincerely,



Dr. Andraé Townsel  
Superintendent of Schools

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<sup>i</sup> Households determined to be eligible for reduced-price meal benefits will no longer be charged the reduced rate. Children in these households will receive meals at no cost.

## INSTRUCTIONS FOR COMPLETING A MEAL BENEFIT APPLICATION

### (Benefit Period July 1, 2024 – June 30, 2025)

Complete the form using the instructions below. Sign the form and return it to your student's school or mail to the CCPS Child Nutrition Office at 1305 Dares Beach Rd. Prince Frederick, MD 20678. If you need help, call 443.550.8680.

#### STEP 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE

List the enrolled child(ren's) first and last name. Indicate if a foster child, homeless, migrant, runaway, or in Head Start, Early Head Start, or Even Start by checking the box. If **ALL** students listed are foster, homeless, migrant, runaway, or in Head Start, Early Head Start, or Even Start, skip to Step 4.

#### STEP 2 – CASE NUMBER

If **any** member of your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA), write the nine (9) digit case number in the space provided and skip to Step 4.

#### STEP 3 – NAMES OF ALL HOUSEHOLD MEMBERS, GROSS INCOME AND SOCIAL SECURITY NUMBER

- List the first and last name 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, including foster children and any other person living in your household, related or not. List each type of income received last month and how often it is received. You must indicate how much in whole dollars, and how often received (weekly, bi-weekly, twice a month, monthly, yearly).  
**If a household member has no income—write '0' in the income box.**
- Report all income as **gross income**. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. Gross income includes 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**.
- Military Housing allowances must be included in your gross income, unless your housing is officially part of the Military Housing Privatization Initiative (then you would not include it as income). Do not include combat pay.
- Indicate the total number of household members in the space provided.
- The form must have the last four digits of the Social Security Number of the primary wage earner or adult who signs unless the adult does not have a Social Security Number. If the adult does not have a Social Security Number, check the box. The last four digits of the Social Security Number are not needed if you listed a SNAP or TCA case number, or if you are only applying for foster children.

#### STEP 4 – SIGNATURE - ALL HOUSEHOLDS COMPLETE

All forms must have the signature of an adult household member.

#### STEP 5 – RACIAL/ETHNIC IDENTITY

You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

#### STEP 6 – SHARING INFORMATION WITH OTHER PROGRAMS

Check the boxes to indicate your preference for sharing or not sharing application information with the programs indicated. Your decision will not change whether your children get free or reduced-price meals.

#### Federal Income Eligibility Guidelines

| Household Size                         | Year     | Month   | Week    |
|--|----------|---------|---------|
| 1                                      | \$27,861 | \$2,322 | \$536   |
| 2                                      | \$37,814 | \$3,152 | \$728   |
| 3                                      | \$47,767 | \$3,981 | \$919   |
| 4                                      | \$57,720 | \$4,810 | \$1,110 |
| 5                                      | \$67,673 | \$5,640 | \$1,302 |
| 6                                      | \$77,626 | \$6,469 | \$1,493 |
| 7                                      | \$87,579 | \$7,299 | \$1,685 |
| 8                                      | \$97,532 | \$8,128 | \$1,876 |
| For each additional family member add: | \$9,953  | \$830   | \$192   |

# Meal Benefit Application for Free and Reduced-Price School Meals

July 1, 2024 – June 30, 2025

Complete one application per household.

CHANGES TO STATUS ARE EFFECTIVE **IMMEDIATELY** ONCE NEW APPLICATION IS PROCESSED

For more information, read **Instructions for Applying** or call: 443-550-8680

**APPLY ONLINE:** <https://LinqConnect.com>

## 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 Children<br><i>ENROLLED</i> in Calvert County Public Schools | School Name | Grade | Check (✓) all that apply: |          |         |         |                                |            |
|--|-------------|-------|---------------------------|----------|---------|---------|--------------------------------|------------|
|  |             |       | Foster Child              | Homeless | Migrant | Runaway | Head Start or Early Head Start | Even Start |
|  |             |       |                           |          |         |         |                                |            |
|  |             |       |                           |          |         |         |                                |            |
|  |             |       |                           |          |         |         |                                |            |
|  |             |       |                           |          |         |         |                                |            |

## 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.

If you answered **YES**, provide the NINE (9) digit 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). Report the amount you earn before taxes & other deductions (NOT "take home" pay).

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 it is received from each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank you are certifying (promising) that there is no income to report.

**How often = Weekly, Bi-Weekly (Every other week), Twice a Month (Example: On the 1<sup>st</sup> and 15<sup>th</sup> each month), Monthly, Yearly.**

| First and Last Names of <u>ALL</u> Household Members | Gross Earnings from Work<br>(Amount <u>BEFORE</u> Deductions) |            | Child Support, Alimony,<br>Public Assistance |            | Pensions, Retirement,<br>Other Income |            |
|--|---|------------|--|------------|---------------------------------------|------------|
|  | Income  | How Often? | Income                                       | How Often? | Income                                | How Often? |
|  |   |            |  |            |                                       |            |
|  |   |            |  |            |                                       |            |
|  |   |            |  |            |                                       |            |
|  |   |            |  |            |                                       |            |
|  |   |            |  |            |                                       |            |
|  |   |            |  |            |                                       |            |

Total Household Members combined  
(Include ALL 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 *Return completed form to student's school or send to CCPS Child Nutrition, 1305 Dares Beach Rd. Prince Frederick, MD 20678*

**Federal law requires the school system to randomly verify a sample of applications annually (every year).** 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 students may lose meal benefits, and I may be prosecuted under applicable state and federal laws. I understand my student's eligibility status may be shared as allowed by law.

|                 |  |            |  |
|-----------------|--|------------|--|
| Printed Name:   |  | Signature: |  |
| Street Address: |  |            |  |
| Today's 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 student'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  
☐ Other

## 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.

To share your information with these programs, **we must have your permission.** Your decision will not change whether your children receive free or reduced-price meals. If you want information shared with SNAP or WIC, check (✓) the YES box below. You may be contacted about submitting an application for the SNAP or WIC.

☐ YES, I want information shared from the Free and Reduced-Price Meal Benefit Application with ☐ SNAP and/or ☐ 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 MCHIP, check (✓) the NO box: ☐ 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 ☐ Reduced ☐ Paid

☐ Eligible

Determining Official's Signature:

Date:

## **Richard B. Russel National School Lunch Act**

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 Supplemental Nutrition Assistance 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.

## **USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**1. mail:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

**2. fax:** (833) 256-1665 or (202) 690-7442; or

**3. email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.