
CALVERT COUNTY PUBLIC SCHOOLS

July 1, 2023

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 **\$2.65**, **Secondary Lunch costs \$2.80**. Your children may qualify for free meals or for reduced-price meals.ⁱ Below are some common questions and answers to assist you with the application process.

If you have received a NOTICE OF ELIGIBILITY FOR FREE MEALS, do NOT complete the application, but please contact our office if any children in your household are NOT listed on the NOTICE OF ELIGIBILITY FOR FREE MEALS letter you received or if you have questions, call the Child Nutrition Office at 443.550.8680.

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 child'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 your 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 free 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 is only good for that school year and for the first few days of this school year.
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.
5. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
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 for free or reduced-price meals if the household income drops below the income limit.
7. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** 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

ⁱ 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.

Nondiscrimination Statement

Calvert County Public Schools does not discriminate on the basis of race, color, religion, sex, age, ancestry or national origin, familial status, marital status, physical or mental disability, sexual orientation, gender identity and expression, or genetic information in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

- Director of Student Services
- Director of Human Resources
443-550-8000

For further information on notice of non-discrimination, visit the Office for Civil Rights Complaint Assessment System at:

<https://ocrcas.ed.gov> or call 1-800-421-3481.

Anti-sexual, Anti-racial and Anti-disability Harassment Statement

Discrimination can manifest itself in behaviors such as bullying, harassment, or intimidation of individuals.

Calvert County Public Schools does not tolerate any form of harassment including, but not limited to, sexual, racial, or disability. Any individual (student, employee, or community member) who believes that he or she has been subjected to any form of harassment is encouraged to report the allegation of harassment. Students, parents, and community members may report allegations of harassment to: Mr. James Kurtz, Director of Student Services, Calvert County Public Schools, 1305 Dares Beach Road, Prince Frederick, MD 20678

Employees may report allegations of harassment to: Mr. Zachary Seawell, Director of Human Resources, Calvert County Public Schools, 1305 Dares Beach Road, Prince Frederick, MD 20678

Calvert County Public Schools is committed to conducting a prompt investigation for any allegation of harassment. If harassment has occurred, the individual will be disciplined promptly. Disciplinary actions for students found to have engaged in any form of harassment may result in suspension or expulsion. Disciplinary actions for employees found to have engaged in any form of harassment may result in suspension or termination.

Calvert County Public Schools encourages all students, parents, employees, and community members to work together to prevent any form of harassment.

For further information on notice of non-discrimination, visit the Office for Civil Rights Complaint Assessment System at:

<https://ocrcas.ed.gov> or call 1-800-421-3481.

Calvert County Public Schools Antiracism Statement

Calvert County Public Schools explicitly denounces racism, bullying, discrimination, white supremacy, hate, and racial inequity in any form within our school community. Furthermore, CCPS will not tolerate the values, structures, and behaviors that perpetuate systemic racism.

Each member of the district, individually and collectively, is responsible for creating and nurturing a safe, antiracist learning environment where each student, staff member, and community partner is a respected and valued member of the CCPS community.

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, audiotape, 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

INSTRUCTIONS FOR APPLYING

Meal Benefit Application for Free and Reduced-Price School Meals (School Year 2023-2024)

Complete the form using the instructions below. Sign the form and return it to the school. 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 and school. 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 AND GROSS INCOME

- 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 allowance received must be included in your gross income, unless your housing is officially part of the Military 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. You may return the completed application to your child's school or mail it to Calvert County Public Schools Child Nutrition Office 1305 Dares Beach Rd. Prince Frederick, MD 20678

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	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each additional family member add:	\$9,509	\$793	\$183

This institution is an equal opportunity provider.

Meal Benefit Application for Free and Reduced-Price School Meals

July 1, 2023 – June 30, 2024

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 <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:

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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 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 (Every other week), Twice a Month (Example: On the 1st and 15th each month), Monthly, Yearly.

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

Total Household Members combined
(Include ALL Children and Adults):

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Last Four Digits of Social Security Number (SSN) of Primary Wage
Earner or Other Adult Household Member:

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Check if
No SSN:

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Step 4 Contact information and Adult Signature *Return completed form to 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 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:			
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 children's eligibility for free or reduced-price meals.

Ethnicity (Check One):

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

Race (Check one or more):

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian

<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander

<input type="checkbox"/>	White
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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

Determining Official's Signature: _____

Date: _____

Confirming Official's Signature: _____

Date: _____

Verifying Official's Signature: _____

Date: _____