

July 1, 2024

Dear Parent/Guardian:

Children need healthy meals to learn. Washington County Public Schools offer healthy meals every school day. Breakfast costs \$1.65; elementary lunch costs \$2.55 and secondary lunch costs \$ 2.80. Your children may qualify for free meals or for reduced-price meals. Below are 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 an application. If any of your children in your household are NOT listed on the NOTICE OF ELIGIBILITY FOR FREE MEALS letter you received or if you have questions, call 301-766-2890.

- 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: Washington County Public Schools, Food & Nutrition Services, 10435 Downsville Pike, Hagerstown, Maryland 21740.
- 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. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Call 301-766-2890 to ask about benefits.
- 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 send in 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 calling or writing to: Mr. Jeff Proulx, Chief Operating Officer, Washington County Public Schools, 10435 Downsville Pike, Hagerstown, Maryland 21740.
- 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 the 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 <u>normally</u> 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 also 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.

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

13. FEDERAL INCOME ELIGIBILITY GUIDELINES

If you have other questions or need help, call 301-766-2890.

Sincerely,

Mike Embly

Mike Embly Supervisor of Food & Nutrition



Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). Return completed form to your child's school or mail to WCPS FOOD & NUTRITION SERVICES, 10435 Downsville Pike, Hagerstown, MD 21740

STEP 1 List ALL children, infants, and students up to and inc	STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.	mes.						
List ALL children in the household. Do not forget to list infants, children	List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.	efits. This include	s children ne	ot related	to you in	your ho	sehold.	7
Child's First Name	MI Child's Last Name	Grade	Foster Child	Foster Child Migrant Runaway Homeless Even Start	Runaway H	Homeless E	ead Start ven Start	
		that ap						
		эч⊃						
STEP 2 Do any household members (including you) participate in: SNAP or TCA?	pate in: SNAP or TCA?							
NO \rightarrow Go to STEP 3. VES \rightarrow Write case number here and proceed to STEP 4.	CASE NUMBER (NOT EBT NUMBER):							
	Write	Write only one case number in this space.	r in this space.					

List ALL household members and income for each member (before taxes and deductions)

STEP 3

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.) List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) 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 no income to report.

		•			•		•			•	-	ò			-	
			How o	How often received?	d?		Public Assistance, Child Support	Т	How often received?	sceived?		Pensions, Retirement,		How often received?	eceived?	
Name of Adult Household Members (First and Last)	Earnings from Work	Weekly	Every 2 Weeks	Every 2xMonth Monthly	Inthly Annual		Alimony	Weekly	Every 2 Weeks	2xMonth Monthly	thly	VA Benefits, All Other	Weekly	Every 2 Weeks	2xMonth Monthly	lonthly
	Ş	0	0	0	0	Ŷ		0	0	0		\$	0	0	0	0
	\$	0	0	0	0	Ŷ		0	0	0		\$	0	0	0	0
	\$	0	0	0	0	Ŷ		0	0	0		Ş	0	0	0	0
	\$	0	0	0	0	Ŷ		0	0	0		Ş	0	0	0	0
	\$	0	0	0	0	Ŷ		0	0	0		\$	0	0	0	0
Total Household Members (Children and Adults)	Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)	ocial Security Number of other Adult Household	ity Num It House	aber of ehold			How often received?		Check if no Social Security Number	ocial ber		Please see application's back	pplica	tion's l	back	
B. Child Income Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1	y ALL children listed in STEP	1 here.	\$	Child Income	ome	Weekly		Monthly	Annual							
STEP 4 Contact information and adult signature. RE	RETURN COMPLETED FORM		PS FOC	DD & NUT	RITION 5	SERVIC	TO WCPS FOOD & NUTRITION SERVICES, 10435 Downsville Pike, Hagerstown, MD 21740	rnsville	Pike, H	agersto	wn, MD	0 21740				
"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 (confirm) 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."	nd that all income is report information, my children m	ed. I unde ay lose m	erstand neal bei	d that this nefits, and	informatio d I may be	on is gi	ven in connectio uted under app	on with licable	the rec	eipt of Fe d Federa	deral fu I laws."	unds, and that sch	iool offi	cials me	y verify	
Print Name of Adult Signing the Form	Signat	Signature of Adult	lt							Today	Today's Date					

Email (optional)

Phone (optional)

Zip

State

City

Mailing Address (if available)

	Course of Income			Francisco	Incomo for Childron	
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	• A chil	A child has a regular full or part-time job where they earn a salary or wages	ll or part-time job where they earn a salary	or wages
 Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) 	 Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or Incal 	 Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits 	••	A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits	ed, and their child receives s	oocial Security benefits
 Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing 	governmentAlimony paymentsChild support payments	 Annuities Investment income Earned interest 	•	A friend or extended family member regularly gives a child spending money	egularly gives a child spendi	ing money
 Allowances) Allowances for off-base housing, food, and clothing 	 Veterans benefits Strike benefits 	 Rental income Regular cash payments from outside household 	•	A child receives regular income from a private pension fund, annuity, or trust	a private pension fund, annu	ity, or trust
OPTIONAL Children's ethnic and raci	al identities. This information is ke	Children's ethnic and racial identities. This information is kept confidential and may be protected by the P	ted by the Privacy Act of 1974.	974.		
We are required to ask for information about your children's race and ethnicity. This information is important and helps to and does not affect your children's eligibility for free or reduced price meals.	ut your children's race and ethnici ty for free or reduced price meals.	ty. This information is important a		make sure we are fully serving our community. Responding to this section is optional	unity. Responding to t	his section is optional
Ethnicity (check one): Hispanic or Latino (person of Cuban, Mexican, Puerto Rican,] Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or o	sh Culture or origin, regardless of race)	f race) Not Hispanic or Latino	iic or Latino	
Race (check one or more): 🔲 American Indi	American Indian or Alaska Native	Black or African American	Native Hawaiian or Other Pacific Islander	slander 📄 White		
DO NOT FILL OUT For school use only.					יב סו נווב עזפופנטוני קבנוע	etary for Civil Rights.
Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.	<u>ન</u> ોપ્ર.					the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.
Total Income	nly. ery 2 Weeks × 26, Twice a Month × 2 ^{How often?}	4, Monthly × 12. Do not annualize in	come to determine eligibilit	/ unless more than one incc Eligibility	me frequency is listed.	etary for Civil Rights.
Determining Official's Signature	hly. ery 2 Weeks × 26, Twice a Month × 2 How often? Weeky Every 2Weeks 2xMonth Monthy Annual	4, Monthly × 12. Do not annualize in Household size	a income to determine eligibilit Categorical Eligibility	vunless more than one inco Eligibility Free Reduced [ome frequency is listed.	etary for Civil Rights.
Use of Information Statement	NJy. ery 2 Weeks × 26, Twice a Month × 2 How often? Vwedy Every 2Weeks 2xNonth Monthly Annual Date Confirm	Ith × 24, Monthly × 12. Do not annualize in Household size Ca	come to determine eligibilit tegorical Eligibility	/ unless more than one incom Eligibility Free Reduced De	re	etary for Civil Rights.
The Richard B. Russell National School Lunch Act requires that we use information	nly.	4, Monthly × 12. Do not annualize in Household size Ca	come to determine eligibilit tegorical Eligibility	vunless more than one inco Eligibility Free Reduced [Verifying Official's Signatu	re	etary for Civil Rights.
from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult	nly.	4. Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed. Household size Eligibility Image: Categorical Eligibility Free Reduced Denied Image: Categorical Eligibility Verifying Official's Signature Image: Categorical Eligibility Date Verifying Official's Signature Date In accordance with federal civil rights and US. 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 retailation for prior civil rights are univity to administer on may be made exailable in languages other than English, Persons with disabilities who require 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.	come to determine eligibilit tegorical Eligibility bate Date Date Date Date Date Date Date D	/ unless more than one inco Eligibility Free Reduced [O O Verifying Official's Signatu Verifying Official's Signatu verifying gender identity and s including gender identity and s smade available in languages o n (e.g., Braille, large print, audio ISDA's TARGET Center at (202) 7	re gulations and policies, this in exual orientation), disability ther than English. Persons v tape. American Sign Langua 20-2600 (voice and TTY) or c	etary for Civil Rights.
from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free mask without an application Please contract your school to get	nly.	4. Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed. Eligibility Household size Categorical Eligibility Free Reduced Denied Ing Official's Signature Categorical Eligibility Free Reduced Denied Ing Official's Signature Date Verifying Official's Signature Date In accordance with federal civil rights law and US. Department of Agriculture (USDA) dvil rights 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 (e.g., Braille, large print, audictape, 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 be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027, pdf, from any USDA Afre, by calling (866) 632-992, 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 discrimination or letter must contain the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights widiation. The completed AD-3027 form or letter must be submitted to USDA by:	come to determine eligibilit tegorical Eligibility tegorical Eligibility bate Date Date Date Date Date Date Date D	/ unless more than one inco Eligibility Free Reduced I O Verifying Official's Signatu Verifying Official's Signatu Int of discrimination griculture (USDA) civil rights re including gender identity and s a made available in languages o n (e.g., Braille, large print, audio ISDA's TARGET Center at (202) 7 complete a Form AD-3027, USD. documents/ad-3027.pdf, from pplainant's name, address, telep retary for Civil Rights (ASCR) abd to USDA by:	re gulations and policies, this in exual orientation), disability ther than English. Persons w tape, American Sign Langua 20-2600 (voice and TTY) or cu any USDA office, by calling hone number, and a writter out the nature and date of a	Party for Civil Rights.

Return completed form to WCPS FOOD & NUTRITION SERVICES, 10435 Downsville Pike, Hagerstown, MD 21740

This institution is an equal opportunity provider.



How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Washington County Public Schools.

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact 301-766-2890.

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List <u>ALL</u> children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, qualify as homeless, migrant, or runaway, or participate in Head Start or Even Start;
 Students attending Washington County Public Schools (regardless of age).
- A) List each child's name. Print B) Is the child a student? C) Do you have any foster children? If any D) Are any children homeless, migrant, or each child's name. Use one line If "Yes," write the grade children listed are foster children, mark the runaway or participants in Head Start or Even of the application for each child. level of the student in the "Foster Child" box next to the child's name. If Start? If you believe any child listed in this When printing names, write one "Grade" column to the right. you are ONLY applying for foster children, after section meets this description, mark the box letter in each box. Stop if you run finishing Step 1, go to Step 4. next to the child's name and complete all steps out of space. If there are more of the application. Homeless, Migrant, Runaway Foster children who live with you may count as children present than lines on the status must be confirmed with the appropriate members of your household and should be application, attach a second piece program staff. If the school district cannot listed on your application. If you are applying of paper (or a second application confirm your student's homeless, migrant, or for both foster and non-foster children, go to if completing electronically) with runaway status, then the school district will Step 3. Note: Adopted children are not all required information for the contact you to complete an income-based considered foster children. A foster child is a additional children. This also application. You may choose to provide income minor child who has been taken into state applies to adults in Step 3. "MI" is information now in order to prevent the school custody and placed with a state-licensed adult. short for middle initial. Print the district from potentially needing to contact you who cares for the child in place of their parent first letter of each child's middle later. or quardian name in the box.

Step 2: Do any household members currently participate in SNAP or TCA?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Cash Assistance (TCA)

A) If no one in your household participates in any of	B) If anyone in your household participates in any of the above listed programs:
the above listed programs:	Write a case number for SNAP or TCA. You only need to provide one case number. If
 Check "No" in Step 2 and go to Step 3. 	you participate in one of these programs and do not know your case number, contact:
	Maryland Department of Human Services at https://mymdthink.maryland.gov/home/#/
	• Go to Sten 4

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled "Sources of Income" & "Examples of Income for Children," on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- Gross income is the total income received **before** taxes and deductions.
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any
 fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly,
 your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by adults

Who should I list here?

• When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.

• Do NOT include:

o People who live with you but are not supported by your household's income AND do not contribute income to your household.

Infants, children and students already listed in Step 1.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a selfemployed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- What if I have multiple jobs? List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- What if I am self-employed? List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in Step 1 has income, follow the instructions in Step 3, Part B.

3) List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

• What if I receive income from multiple sources in this category? List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

6) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B. List income earned by children

List all income earned or received by children.

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

• What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

Hagerstown, MD 21740

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

A) Provide your contact information. Write your current	B) Print and sign your name	C) Mail completed application to:
mailing address in the fields provided, if this information is	and write today's date. Print the	
available. If you have no permanent address, that is okay.	name of the adult signing the	WCPS
Sharing a phone number, email address, or both is optional,	application and that person signs	Food & Nutrition Services
but helps us reach you quickly if we need to contact you.	in the box "Signature of adult."	10435 Downsville Pike

Optional

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the completed application to WCPS, 10435 Downsville Pike, Hagerstown, MD 21740

Apply on-line: www.schoollunchapp.com

DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.