



August 18, 2022

**Office of Child Nutrition**

320 Cathedral Street  
Baltimore, MD 21201

P: 410-547-5402

F: 410-625-8470

Elem/Middle

Dear Parent/Guardian:

Children need healthy meals to learn. The Archdiocese of Baltimore, Child Nutrition Program offers healthy meals every school day. Breakfast costs **\$1.70**; lunch costs **\$3.75**. Your children may qualify for free meals or for reduced-price meals.<sup>1</sup> 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 let the school know 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, email [abain@archbalt.org](mailto:abain@archbalt.org).**

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: [abain@archbalt.org](mailto:abain@archbalt.org) or mail to Child Nutrition Program, 320 Cathedral St. 1<sup>st</sup> floor, Baltimore, MD 21201.
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 [school, homeless liaison, runaway, or migrant coordinator].
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 writing to: [abain@archbalt.org](mailto:abain@archbalt.org) Child Nutrition Program, 320 Cathedral St. 1<sup>st</sup> floor, Baltimore, MD 21201.
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 also excluded from income.



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**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, email [abain@archbalt.org](mailto:abain@archbalt.org).

Sincerely,

*April L. Bain*

Fiscal Accountability Manager, Child Nutrition Program

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<sup>1</sup> Beginning in school year 2023, children in the reduced-price category will not be charged the cost of a reduced-price meal.

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](mailto:program.intake@usda.gov)

This Institution is an equal opportunity provider.

**Meal Benefit Application for Free and Reduced-Price School Meals**  
**July 1, 2022 – June 30, 2023**

Apply online: [URL]

Complete one application per household. For more information, read **Instructions for Applying** or email [abain@archbalt.org](mailto:abain@archbalt.org)

**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.

<b>First and Last Names of All ENROLLED Children</b>	<b>Check (✓) all that apply:</b>						<b>OPTIONAL</b>	
	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

**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 you 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.

<b>First and Last Names of ALL Household Members</b>	<b>Earnings from Work</b>		<b>Child Support, Alimony, Public Assistance</b>		<b>Pensions, Retirement, Other Income</b>	
	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:

**Step 4** Contact information and Adult Signature Email [abain@archbalt.org](mailto:abain@archbalt.org) Fax 410-625-8470 or Mail completed form to: Child Nutrition Program, 320 Cathedral St. 1<sup>st</sup> floor, Baltimore, MD 21201.

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 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 (✓) 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: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING MEAL BENEFIT APPLICATION FOR SCHOOL MEALS

Complete the form using the instructions below. Sign the form and return it to the school. If you need help, email [abain@archbalt.org](mailto:abain@archbalt.org) or call 410-547-5398.

### 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 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**.
- If you are in the Military Housing Privatization Initiative, do not include your housing allowance 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. Email or Mail completed form to: [abain@archbalt.org](mailto:abain@archbalt.org) Child Nutrition Program, 320 Cathedral St. 1<sup>st</sup> floor, Baltimore, MD 21201.

### 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 receive free or reduced-price meals.

#### Federal Income Eligibility Guidelines

Household Size	Year	Month	Week
1	\$25,142	\$2,096	\$ 484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
For each add'l family member add:	\$ 8,732	\$728	\$ 168

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 Food Supplement 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.

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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)

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