

[NEW CARROLLTON EARLY LEARNING CENTER  
7823 RIVERDALE RD. NEW CARROLLTON, MD 20784]

[July, 2015]

Dear Parent/Guardian:

Children need healthy meals to learn. [New Carrollton Elc] offers healthy meals every day. Although all children receive the meals at no charge, the U.S. Department of Agriculture (USDA) will provide funds that support the nutrition program based on your child's eligibility. This letter is a request for you to complete the information on the enclosed application form to assist our agency's food service program.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Meal Benefit Application for all children 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: [New Carrollton Elc, 7823 Riverdale Rd, New Carrollton, MD 20784, 301-577-1868].
2. ADDITIONAL USDA REIMBURSEMENT IS AVAILABLE TO OUR AGENCY FOR MEALS SERVED TO CHILDREN IN THE FOLLOWING HOUSEHOLDS:
  - Households receiving benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA).
  - Foster children.
  - Households with a gross income within the free limits or reduced limits on the Federal Income Eligibility Guidelines (See Instructions for Applying).
  - Children certified as homeless, runaway, Head Start, Early Head Start, Even Start or migrant.
  - Some households participating in WIC.
3. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for one year. You must send in a new application each year.
4. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
5. 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.
6. 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.
7. 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.
8. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
9. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your child's school for more information.
10. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for FSP, 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 [301-577-1868].

Sincerely,  
[Stephanie M. Ager, Director]



## INSTRUCTIONS FOR APPLYING

Complete the application using the instructions below. Sign the form and return it to the center. If you need help, call (301-577-1868)

**STEP 1 – CHILDREN'S INFORMATION - ALL HOUSEHOLDS COMPLETE**

List the first and last name of all enrolled children. Indicate if a foster child, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start by checking the box. If **ALL** children 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 Food Supplement Program (FSP) or Temporary Cash Assistance (TCA), write the case number and skip to Step 4.

**STEP 3 – NAMES OF ALL HOUSEHOLD MEMBERS AND GROSS INCOME**

1. 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.**
2. 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 income from 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**.
3. If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay.
4. Indicate the total number of household members in the space provided.
5. 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 FSP 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.

Federal Income Eligibility Guidelines

Household Size	Year	Month	Week
1	\$21,775	\$1,815	\$419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each additional family member add:	\$7,696	\$642	\$148

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.

**Nondiscrimination Statement:** The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program\\_intake@usda.gov](mailto:program_intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

*The Maryland State Department of Education does not discriminate on the basis of age, ancestry, national origin, color, disability, gender identity, expression, marital status, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For inquiries related to Department policy, please contact: Equity Assurance and Compliance Office, Office of the Deputy State Superintendent for Finance and Administration, Maryland State Department of Education 200 W. Baltimore Street - 6th Floor Baltimore, Maryland 21201-2595 410-767-0426 - voice 410-767-0431 - fax 410-333-6442 - TTY TDD.*



## 2015-2016 Meal Benefit Application for Child Care Centers

For more information, read Instructions for Applying or call: 301-577-1868

### 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 children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.

First and Last Names of All ENROLLED	Check (✓) if foster child, homeless, migrant, runaway, in Head Start, Early Start or Even Start					
	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start

### Step 2

Do any Household Members (including you) currently participate in the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? Circle One: Yes No

If you answered NO, complete Step 3.

Case

If you answered YES, provide a case number then go to Step 4

Number:

### Step 3

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

All Household Members (including yourself) – List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive 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, Every 2 Weeks, Monthly, Twice a Month or 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

I certify (promise) that all information on this application is true and that all income is reported. I understand that the center will receive Federal funds based on the information I give. I understand that center officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted. 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 is optional and 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

### DO NOT FILL OUT THIS SECTION. FOR CENTER 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 and Date Determined:

Date Withdrawn: