

The Maryland School for the Blind

3501 TAYLOR AVENUE – BALTIMORE, MARYLAND 21236 – 410-444-5000

July 2011

Dear Parents / Guardians of Maryland School for the Blind Students:

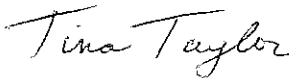
The Maryland School for the Blind participates in the National School Lunch and Breakfast Program. This program significantly increases the funds available to the school. Since the State funding does not increase at the same rate as our expenses, our continued participation in this program is more important than ever.

Please read the enclosed materials, complete the attached application form, and mail it back to the school as soon as possible. The purpose of this request is to help the school receive a higher reimbursement for the cost of meals served to our students. The National School Lunch and Breakfast Program offer this reimbursement to schools whose families meet defined income guidelines.

The information you furnish will be maintained in strict confidence. Those households that are over the income guidelines need to write "Over Income" on The form, **the Students Name**, and return it in the enclosed envelope.

Your prompt attention to this matter would be greatly appreciated. If you have any questions, please call me at 410-319-5721.

Sincerely,



Tina Taylor
Finance Associate

The Maryland School for the Blind

3501 TAYLOR AVENUE – BALTIMORE, MARYLAND 21236 -- 410-444-5000

July 2011

Dear Parent/Guardian:

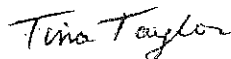
Children need healthy meals to learn. The Maryland School for the Blind offers healthy meals every school day. Although all children receive the meals at no charge, the U.S. Department of Agriculture (USDA) will provide funds that support the nutrition program based on your child's eligibility. **This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

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete one Free and Reduced-Price Meal Benefit Application for all students in your household. We cannot approve an application that is not complete. Fill out all required information. Return the completed application to: Maryland School for the Blind-3501 Taylor Avenue-Baltimore, MD 21236 @410-319-5721.
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 or migrant.
 - Some households participating in WIC.
3. I COMPLETED AN APPLICATION LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
4. WILL THE INFORMATION I GIVE BE CHECKED? Yes, your information may be checked.
5. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
6. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? Your household includes all those living as one economic unit, related or not (such as grandparents, other relatives, foster children or friends).
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.
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.
10. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? For information and referral for the Food Supplement Program, Temporary Cash Assistance, and medical programs call 1-800-332-6347.

If you have other questions or need help, call 410-319-5721.

Sincerely,

Tina Taylor,
Finance Associate



INSTRUCTIONS FOR APPLYING

To apply for free or reduced-price meals, complete the form using the instructions below. Sign the form and return it to the school. If you need help, call (410) 319-5721.

PART 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE

List the child(ren)'s name, grade, and school. Indicate if a foster child by checking the box. If all children are foster children, skip to Part 5.

PART 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 Part 5.

PART 3 – HOMELESS, MIGRANT, OR RUNAWAY CHILDREN

1. Check the box if any children you are applying for are homeless, runaway, or migrant.
2. If you have not been told that your child(ren) will get free school meals this year, complete the application. You may also call (school, homeless liaison, or migrant coordinator information) to ask about benefits.

PART 4 – 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, unless a FSP or TCA number was provided in Part 2 for a member of the household, or if the application is only for foster children. You must indicate how much (in dollars and cents), and how often received (weekly, every other week, twice a month, or monthly). **If a household member has no income—check the No Income box in the last column.**
2. Report all income as **gross income**, except as noted. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. 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.

PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER - ALL HOUSEHOLDS COMPLETE

1. All forms must have the signature of an adult household member.
2. The form must have the last four digits of the Social Security Number of the 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.

PART 6 – RACIAL/ETHNIC IDENTITY

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

PART 7 – SHARING INFORMATION WITH OTHER PROGRAMS

1. 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 | \$20,147 | \$1,679 | \$388 |
| 2 | 27,214 | 2,268 | 524 |
| 3 | 34,281 | 2,857 | 660 |
| 4 | 41,348 | 3,446 | 796 |
| 5 | 48,415 | 4,035 | 932 |
| 6 | 55,482 | 4,624 | 1,067 |
| 7 | 62,549 | 5,213 | 1,203 |
| 8 | 69,616 | 5,802 | 1,339 |
| For each additional family member add: | \$7,067 | \$589 | \$136 |

Privacy Act Statement: This explains how we will use the information you give us. 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992. Individuals who are hearing impaired 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, color, creed, gender identity and expression, genetic information, marital status, disability, national origin, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs. For inquiries related to departmental policy, please contact: Equity Assurance and Compliance Branch, Office of the State Superintendent, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201-2595 - 410-767-0433 Voice - 410-767-0431 FAX - 410-333-6442 TTY/TD.

**FREE AND REDUCED-PRICE MEAL BENEFIT APPLICATION
SCHOOL YEAR 2011-2012**

SCHOOL YEAR 2011-2012 Complete this form. Sign your name and return the form to the school. For help call _____.

| PART 1 - STUDENT INFORMATION | | | | PART 2 - CASE NUMBER | |
|------------------------------|---|-------|--------|--|--|
| Name(s) | Check (✓) if foster child If <u>all</u> listed children are foster children, skip to Part 5. | Grade | School | If applicable, give a Food Supplement Program or Temporary Cash Assistance case number for <u>any</u> member of the household. | |
| 1. | | | | If completed, skip to Part 5. Last four digits of Social Security Number are not needed. | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

PART 3 - IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL MARYLAND SCHOOL FOR THE BLIND - 410319-5721, HOMELESS LIAISON, MIGRANT COORDINATOR |
 HOMELESS MIGRANT RUNAWAY

PART 4 - HOUSEHOLD MEMBERS AND GROSS INCOME. You must tell us how much and how often.

| LIST NAMES OF ALL HOUSEHOLD MEMBERS Include the student(s) named above. | EARNINGS FROM WORK (before deductions) | | ADDITIONAL INCOME Child Support, Alimony, TCA, Pensions, Retirement, Social Security, SSI, VA Benefits | | ALL OTHER INCOME | | Check if NO income |
|--|---|-----------|---|-----------|------------------|-----------|---------------------------|
| | Income | How Often | Income | How Often | Income | How Often | |
| 1. | \$ | | \$ | | \$ | | <input type="checkbox"/> |
| 2. | \$ | | \$ | | \$ | | <input type="checkbox"/> |
| 3. | \$ | | \$ | | \$ | | <input type="checkbox"/> |
| 4. | \$ | | \$ | | \$ | | <input type="checkbox"/> |
| 5. | \$ | | \$ | | \$ | | <input type="checkbox"/> |
| 6. | \$ | | \$ | | \$ | | <input type="checkbox"/> |

PART 5 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must list the last four digits of his/her Social Security Number, or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement)

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

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____ Social Security Number: XXX-XX-____-____ I do not have a SSN

PART 6 - CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

| | |
|--|--|
| <i>Choose one ethnicity:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | <i>Choose one or more (regardless of ethnicity):</i> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American |
|--|--|

PART 7 - SHARING INFORMATION WITH OTHER PROGRAMS

Information that you provide will be used to determine your children's eligibility for free or reduced-price meals. The eligibility status of your children may also be used for other authorized purposes, shared with local Title 1 officials and used for National Assessment of Educational Progress analyses.

Your family may be eligible to receive benefits under the Food Supplement Program (FSP) 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 get free or reduced price meals. **If you want information shared with FSP or WIC check the "Yes," box.**

You may be contacted about submitting an application for the FSP or WIC if you select **Yes:**
 Yes, I want information shared from the Free and Reduced-Price Meal Benefit Application with FSP.
 Yes, I want information shared from the Free and Reduced-Price Meal Benefit Application with 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 the MCHIP, check the "No," box.**

If you do not want information shared with Medicaid or MCHIP, check the "No," box:
 No, I DO NOT want information from my Free and Reduced-Price Meal Benefit Application shared with Medicaid or MCHIP.

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12

Total Income: \$ _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____