

Free and Reduced-Price Meal Benefit Application
School Year 2023 - 2024

Complete this form. Sign your name and return the form to the front office. For help call Serge Homma 301-662-6722

PART 1. STUDENT INFORMATION

PART 2. CASE NUMBER

Name	Grade	School	If applicable, give a Food Supplement Program (PSP) or Temporary Cash Assistance (TCA) case number for any member of the household.
1.			<div></div> <p><i>If completed skip to Part 5</i></p>
2.			
3.			
4.			

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL, HOMELESS LIASON, MIGRANT COORDINATOR.

☐ HOMELESS ☐ MIGRANT ☐ RUNAWAY

PART 4. HOUSEHOLD MEMEMBERS 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	Frequency	Income	Frequency	Income	Frequency	
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 SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list 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 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 #: _____

Employee signature: _____

Date: _____

Approved by: _____

Date: _____