

ST. JOHN REGIONAL CATHOLIC SCHOOL
School Lunch Program

August, 2022

Dear Parent/Guardian:

Children need healthy meals to learn. St. John Regional Catholic School offers healthy meals every school day. Lunch costs \$4.00. Your children may qualify for free or for reduced-price breakfast and lunch meals.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete one Free and Reduced-Price Meal Benefit Application for all children in your household. We cannot approve an application that is not complete. Fill out all required information. Return the completed application to the **Front Office**.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA) can receive free meals regardless of your income. Also, your children can receive free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
3. **WHO CAN RECEIVE REDUCED-PRICE MEALS?** Your children can receive low cost meals if your household income is within the reduced-price limits on the Federal Income Guidelines. [See Instructions for Applying.] Reduced lunch cost is \$2.00.
4. **CAN FOSTER CHILDREN RECEIVE FREE MEALS?** Yes. Foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
5. **MY CHILD'S APPLICATION WAS APPROVED 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 you were told that your child is eligible for the new school year.
6. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible, based on income, for free or reduced-price meals. Please fill out an application.
7. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, your information may be checked.
8. **IF I DO NOT QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year.
9. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You may contact Dr. Annette M. Jones, Principal at 301-662-6722 to schedule a meeting.
10. **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.
11. **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).
12. **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.
13. **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.
14. **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 their basic pay because of deployment, and it was not received before they were deployed, combat pay is not counted as income.

If you think your family might qualify for free or for reduced price lunches, please complete and return this application as soon as possible.

Sincerely,
Dr. Annette M. Jones
Principal

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 **301-662-6722**.

PART 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE

1. List the child(ren’s) name, grade, and school.

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 – FOSTER CHILD(REN) - follow instructions in this section.

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. Next to each person’s name list each type of income received last month, and how often it was received, unless a FSA or TCA number was provided in Part 2 for a member of the household. 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-indicate this by checking the box in the last column.**
3. 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**.
4. 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.

(Federal Income Chart for School Year 2022-2023)

Household Size	Annual Reduced/Free	Monthly Reduced/Free	Weekly Reduced /Free
1	\$25,142/\$17,667	\$2,096/ \$1,473	\$ \$484/ \$340
2	\$33,874/ \$23,803	\$2,823/ \$1,984	\$652/ \$458
3	\$42,606/ \$29,939	\$3,551/ \$2,495	\$820/ \$576
4	\$51,338/ \$36,075	\$4,279/ \$3,007	\$988/ \$694
5	\$60,070/ \$42,211	\$5,006/ \$3,518	\$1,156/ \$812
6	\$68,802/ \$48,347	\$5,734/ 4,029	\$1,324/ \$930
7	\$77,534/ \$54,483	\$6,462/ \$4,541	\$1,492/ \$1,048
8	\$86,266/ \$60,619	\$7,189/ \$5,052	\$1,659/ \$1,166
For each addl	\$8,732/ \$6,136	\$728/ \$512	\$168/ \$118

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.

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