

PART 1. LIST ALL STUDENTS ATTENDING WASHINGTON COUNTY PUBLIC SCHOOLS

Student's First Name	MI	Student's Last Name	Date of Birth			School Name	Foster Child Homeless Migrant Runaway			
			MM	DD	YY					

PART 2. ASSISTANCE PROGRAMS

If a household member currently participates in a Food Supplement Program or Temporary Cash Assistance, provide the current/active case number here, then go to Step 4.

CASE NUMBER

PART 3. TOTAL HOUSEHOLD GROSS INCOME-You must tell us how much and how often. On payday, how much money does each person get before deductions (report in whole dollars). IF YOU ENTER "0" OR LEAVE ANY FIELDS BLANK, YOU ARE CERTIFYING (PROMISING) THAT THERE IS NO INCOME TO REPORT.

LIST ALL HOUSEHOLD MEMBERS. Include the student(s) listed above.

BUBBLE IN How often each person is paid: (W) = weekly (E) = bi-weekly/ every 2 weeks (T) = twice per month (M) = monthly

	Earnings from Work Before Deductions	How Often	Public Assistance, Child Support/ Alimony	How Often	Pensions, Retirement, Social Security, SSI, VA, Other	How Often
	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)
	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)
	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)
	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)
	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)
	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)
	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)	\$	(W) (E) (T) (M)

ENTER THE TOTAL NUMBER OF PEOPLE IN THE HOUSEHOLD

Last 4 Digits of Social Security Number of Adult Household Member

XXXX-XX-XXXX

Check if no SSN

PART 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 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.

Signature: Printed Name: Date:

Street Address: Phone #: City: State: Zip Code:

PART 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 Pacific Islander White

PART 6: OPTIONAL: SHARING INFORMATION WITH OTHER PROGRAMS: You do not have to complete this part to get free or reduced-price school meals.

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 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 receive free or reduced-price meals. If you want information shared with FSP or WIC, check () the YES box below. You may be contacted about submitting an application for the FSP or WIC.

YES, I want information shared from the Free and Reduced-Price Meal Benefit Application with FSP and/or 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 MCHIP, check NO.

Return completed form to your child's school office or to
WCPS, 10435 Downsville Pike, Hagerstown, MD 21740
Call 301-766-2890 for help