2026-2027 SCHOOL YEAR

Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Versión en español disponible en línea en schoolmeals.hcpsschools.org

RETURN TO: Food and Nutrition, HCPS 101 Industry Lane, Forest Hill, MD 21050

APPLY ONLINE:
www.myschoolapps.com

SCAN ME

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last	Grade	PIN	Check all that apply: Foster Child	Migrant	Runaway	Homeless
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

STEP 2 Do any household members (including you) participate in: SNAP or TCA?

☐ **NO** → Go to STEP 3. ☐ **YES** → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) 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 no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	○	○	○	○	○

STEP 4 Contact information and adult signature.

RETURN COMPLETED FORM TO FOOD AND NUTRITION, HCPS ***MAIL:*** 101 Industry Lane, Forest Hill, MD 21050 ***FAX:*** (410) 638 - 4201

"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 (confirm) 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."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | Email (optional)

Harford County Public Schools I Department of Food and Nutrition Services

National School Breakfast/Lunch Program

2026-2027 SCHOOL YEAR

***Apply online** at: www.myschoolapps.com*

Dear Parents and Guardians,

The Department of Food and Nutrition Services (DFNS) offers healthy school meals to all students each school day. Students who apply and are eligible will receive meals at no cost.

Meal Prices are available online schoolmeals.hcpsschools.org

It is important to submit a Meal Benefit Application each school year. Approval for meal benefits also provides additional benefits to free meals.

Use one household meal benefit application form for ALL the children in your household.

For answers to Frequently Asked Questions, visit www.myschoolapps.com

Please contact our office (410) 638-4078 with any questions.

We will let you know when your application is approved or denied. Please keep the notice of approval or denial for your records.

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send written proof showing that your child(ren) should get free or reduced- price meals.

Reapplication: If you do not qualify now, you may reapply at any time during the school year.

Fair Hearing: You may talk to the determining official if you do not agree with the decision about your child's(ren's) meal benefit eligibility or the results of verification. You may ask for a fair hearing by contacting: Supervisor of Food & Nutrition Services, Harford County Public Schools, 101 Industry Lane, Forest Hill, MD.

Phone 410-638-4078
kristen.sudzina@hcps.org

Does your child qualify for free or reduced-priced meals?

(You and the children in your household **do not** have to be U.S. Citizens to qualify.)

A child qualifies for free meals if he or she:

- is a **foster child**
- lives in a household receiving benefits from **Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA)**
- is certified as **homeless, runaway, or migrant**

A child may also qualify for free or reduced-price meals if they live in a household whose **total household income** is the same or less than the amounts in the chart below.

Federal Income Eligibility Guidelines 2026-2027

	Reduced-Priced Meals			Free Meals		
Household Size	**Annual**	**Monthly**	**Weekly**	**Annual**	**Monthly**	**Weekly**
1	$29,526	$2,461	$568	$20,748	$1,729	$399
2	$40,034	$3,337	$770	$28,132	$2,345	$541
3	$50,542	$4,212	$972	$35,516	$2,960	$683
4	$61,050	$5,088	$1,175	$42,900	$3,575	$825
5	$71,558	$5,964	$1,377	$50,284	$4,191	$967
6	$82,066	$6,839	$1,579	$57,668	$4,806	$1,109
7	$92,574	$7,715	$1,781	$65,052	$5,421	$1,251
8	$103,082	$8,591	$1,983	$72,436	$6,037	$1,393
For each additional family member add...	$10,508	$876	$203	$7,384	$616	$142

Income to Report

Income from Work

Wages/Salaries/Tips

Additional Income

Pensions – Alimony - Retirement Income

Social Security - TCA/Child Support

All Other Income

Strike Benefits

Veterans Benefits (VA)

Unemployment Compensation Worker's Compensation

Net Income from Self Owned Business or Farm Supplemental Security Income (SSI)

Disability Benefits/Interest/Dividends Net Royalties/Annuities/Net Rental Income

Cash Withdrawn from Saving

Incomes from Estates/Trusts/Investments

Regular Contributions from Persons not Living in the Household

Do not include housing allowance from the Military Housing Privatization Initiative or combat pay

USDA is an equal opportunity provider, employer, and lender.

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced-price meals. We can only approve complete forms.

We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Mail Stop 9410
Washington, D.C. 20250-9410

fax: (202) 690-7442

email: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**