Archdiocese of Baltimore Child Nutrition Program

Meal Benefit Application for Free and Reduced-Price School Meals July 1, 2017 – June 30, 2018

Complete one application per household.

For more information, read Instructions for Applying or call: 410-547-5398

First and Last Names of		1 Xen (1 18)	ly Head Start or Even Start, complete Step 1 then skip to Step 4. Check (✓) all that apply:						OPTIONAL		
First and Last Names of All ENROLLED Children		Foster Child	The same and the same and the same at the same at the same			Head Start	Fuer Steet				T 61
		rostei Cimu	nomeress	iviigrant	Runaway	Early Head Start	Even Start	SCH	ooi ivame	w/jb/ 3	Grade
	Do any Household Members (includin Assistance (TCA)? Circle one: Yes NO, complete Step 3.	s No	Case		e of the follo	owing assistance	programs: Food	Supplement Pi	rogram (FSP) or	Tempo	orary Cash
CONTRACTOR STATE	ES, provide a case number then go to S		Num	VINE STORY IN THE	35.Z. 10.655, 11.5.	Campley to les coffer				September 1	
Step 3	Report Income for ALL Household Men Members (including yourself) even tho		Mary State of the	Control Special Control	Spatial and the state of the state of	mbar who rocaiv	os incomo, ronor	t total income	and how often f		
ollars only. If the	ey do not receive income from any source How often = Weekly, Bi-Weekly,	ce, write '0'. If you	enter '0' or l	eave any fie	elds blank you	are certifying (p	oromising) that th	nere is not inco	ome to report.		
First and	Last Names of ALL Household Me	embers			n Work low Often?	Public Assistar		ce Income			
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Step 4 ertify (promise)	mbers (Children and Adults): Contact information and Adult Signature that all information on this application	Earne re M is true and that all i	ail complete	dult House ed form to:	Nold Membe Your School	or Child Nutrition	n Program, 320 C	nection with the	e receipt of Fede	eral fur	nds, and that
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