

Eugene School District 4J, 200 N. Monroe St, Eugene, OR 97402 541-790-7656
2010/2011 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

NOTICE:

- If you have received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district, **do not** complete this application.
- See **Application Instructions** on back of form.

1 HOUSEHOLD INFORMATION Print name of person completing this application (Last name, First name)

Home Phone or Cell Phone (Circle One) _____

Name Print _____

Work Phone _____

Mailing Address – Apt # _____

→ Number living in this household _____
 (Write names of **all** household members on parts 2 and/or 4 of this form)

City State Zip _____

Does this household receive FDPIR (Food Distribution on Indian Reservations)? Yes (Complete parts 2 and 5)

2 STUDENT INFORMATION List SNAP* or TANF case # for each child receiving public benefits

Child's Name (Last name, First name)	School	Grade	Birth Date	List SNAP* or TANF case # for each child receiving public benefits
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

3 FOSTER CHILD INFORMATION (COMPLETE A SEPARATE FORM FOR EACH FOSTER CHILD) Child's Monthly Personal Use Income

Child's Name (Last name, First name)	School	Grade	Birth date	Child's Monthly Personal Use Income
_____	_____	_____	_____	_____

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

Column 1 List all household members, including children not attending school, and income. Do not include students listed in section 2, unless they receive regular income. (Last name, first name)	Column 2 MONTHLY INCOME (Total earnings & wages before deductions)	Column 3 MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	Column 4 MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	Column 5 OTHER MONTHLY INCOME -Including unemployment and workers comp.	Column 6 Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE & SOCIAL SECURITY NUMBER

I certify (promise) that all of the information on this application is true (correct) and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds; that state officials may verify (check) information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Signature of Adult Household Member _____ Date Signed _____ Social Security Number * _____

X _____ (See privacy statement on back) I do not have a Social Security Number.

Month/day/year _____

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities: Asian American Indian & Alaskan Native Native Hawaiian or Other Pacific Islander Black or African American White, not of Hispanic origin Other

I prefer all written correspondence in Spanish Russian Other _____

7 I do not want my information shared with State Children's Health Insurance Program Sign here: _____

I have a child (or children) who does not have any kind of health coverage – neither private health insurance nor Oregon Health Plan/Healthy Kids. I am interested in free or reduced cost health coverage for at least one of my children. Yes No

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ Number in household: _____ Date Withdrawn: _____

Free based on: SNAP/TANF FDPIR household income foster child's income

Reduced based on: household income foster child's income

Denied – Reason: income too high incomplete application

Temporary: Free Reduced

Until: _____ Until: _____ (maximum 45 days each)

Determining Official's Signature : _____ Date _____

Application Instructions

If your household receives **SNAP (Formerly Food Stamp), TANF or FDPIR**, complete parts 1, 2 and 5; parts 6 and 7 are optional.

Please note: Valid **SNAP** case #s are formatted as follows: **F11-11-1111** or for **TANF, AA1111 or AAA111**.

Oregon Trail Card #s are not valid as SNAP case #s.

- If you do not receive these benefits and your **income** is below the guidelines, complete parts 1, 2, 4 and 5; parts 6 and 7 are optional.
- If you are applying for a **FOSTER CHILD**, complete parts 1, 3, and 5; parts 6 and 7 are optional. **Complete a separate application for each foster child, they cannot be included on a household application.**

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Section 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

Note: Money received from a business or farm owned by you should be reported as "net income." *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

FEDERAL INCOME GUIDELINES

To assist State and local agencies, for School Year 2010-2011 only, USDA authorized waivers of the requirement in section 9(b)(2)(B)(i) of the National School Lunch Act to include the reduced price Income Eligibility Guidelines by family size on applications.

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier 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; auditors for program reviews; and law enforcement officials to help them look into violations of program rules. We may share your information with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

NON-DISCRIMINATION STATEMENT

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability." To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call, toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

Dear Parent/Guardian: Children need healthy meals to learn. Eugene School District 4J offers healthy meals every school day. Your children may qualify for free meals or for reduced-price meals. Prices are as follows:

Regular Price:	Elementary Schools:	Breakfast	\$1.20	Lunch	\$2.25
	Middle Schools:	Breakfast	\$1.35	Lunch	\$2.50
	High Schools:	Breakfast	\$1.55	Lunch	\$2.60
Reduced Price:	All School Levels:	Breakfast	no charge	Lunch	\$.40
Free Meals:	All School Levels:	Breakfast	no charge	Lunch	no charge

Who Can Qualify?

1. **Who can get reduced price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Income Chart.
2. **Who can get free meals?** Your children can get free meals if your household income is within the free limits on the Federal Income Guidelines. Also, children in households getting Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or TANF and most foster children can get free meals, but it is not automatic. If you did not receive a free meals letter this year you must apply.
3. **Can homeless, runaway and migrant children get free meals?** Please call Deborah Dailey at 541-790-8900 to see if your child(ren) qualify, if you have not already received a district letter stating that they will get free meals.
4. **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 a U.S. citizen to qualify for free or reduced-price meals.
5. **My household gets WIC and/or Oregon Health Plan Benefits. Can my child(ren) get free meals?** This can only be determined by submitting an application based on income or Food Stamps/TANF. Many OHP letters have a TANF # listed at the top under box # 2.
6. **If my child is eligible for free or reduced-price meal benefits, when will the meal benefits begin?** Meal benefits for new applications cannot start until an application is approved. Please provide a lunch or money for a paid lunch until you receive notice that the application is approved.

How To Apply

7. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year.
8. **Will the information I give be checked?** Yes, we may ask you to send written proof.
9. **Do I need to fill out a separate application for each child?** No. Use one application for your entire household (excluding foster children, who each must have a separate application). We cannot approve an application that is missing information, so be sure to complete all required information. Complete and return to: **Nutrition Services, Eugene School District 4J, 200 N Monroe, Eugene, OR 97402.**
10. **Who should I include as members of my household?** You must include yourself and all people living in your household, related or not (such as grandparents, other relatives, or friends) **except** do not include foster children on your family's application.
11. **What if my income is not always the same?** List the *before tax* amount that you normally get. For example, if you normally get \$1000 each month before taxes are taken out, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it some of the time.
12. **If we transfer to 4J from another district will meal benefits transfer as well?** No, each district needs an original application for meal benefits; we cannot use a copy or letter from another district. Please fill out a new form.
13. **Should I fill out an application if I got a letter for this school year saying my children are approved for free meals?** Please carefully read the letter you received and follow the instructions. If you did not receive a letter for each student in your household, then you must complete an application listing all household members. Call Nancy Gripp at 541-790-7659 if you have questions.
14. **We are in the military; do we include our housing allowance or combat pay as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Combat pay is excluded if it is: received in addition to the service member's basic pay; received as a result of the service member's deployment to or service in an area that has been designated as a combat zone; **and** not received by the service member prior to his/her deployment to or service in the designated combat zone. All other allowances must be included in your gross income.

Next Steps

15. **What if I disagree with the school's decision about my application?** First call Nutrition Services at 541-790-7656 and discuss the decision with them. You also may ask for a hearing by calling or writing to: Susan Fahey, CFO & Director of Support Services, 200 N. Monroe Street, Eugene, Oregon 97402 Phone 541-790-7659
16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP, TANF or other assistance benefits, contact your local assistance office or call the Oregon SNAP hotline at 1-800-723-3638.
17. **If you have other questions** or need help, call Nancy Gripp at 541-790-7659.

INSTRUCTIONS FOR APPLYING

For Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) OR TANF Households, do the following:

Part 1: Complete household information

Part 2: List child(ren)'s name, school, grade, birthday and a Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) (A11-11-1111) or TANF (AA111 or AAA111) case number.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security number is not necessary.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

Use a separate application for each foster child

Part 1: Complete household information

Part 2: Skip this part.

Part 3: List the child's name, school, grade, birth date and child's pocket money, if any (not state subsidy).

Part 4: Skip this part

Part 5: Sign the form. A Social Security number is not necessary.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Complete household information.

Part 2: List child(ren)'s name, school, grade, and birthday.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1 – Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself, those children living with you but not attending school and children in school receiving regular income. Do not repeat children listed in part 2 unless they receive regular income. Attach another sheet of paper if you need to.

Column 2 – Gross Monthly Income. Next to each person's name list each type of income received last month. For example, *Monthly Income:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If your income is paid weekly, every 2 weeks or twice a month, follow the instructions on the back of the application.

Column 3 – List the amount each person got last month from welfare, child support, alimony.

Column 4 – List the amount each person got last month from pensions, retirement, Social Security.

Column 5 – List the amount each person got last month from Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.

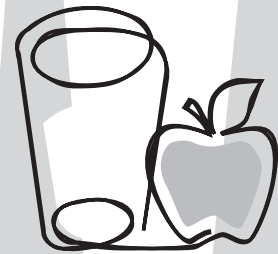
Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

How to get a **FREE LUNCH** for your child & **HELP YOUR SCHOOL** at the same time



Your child may be eligible for **free or reduced-price** school meals.

Did you know? Additional federal funding is provided to schools based on free and reduced counts, so if you qualify and fill out a form you are helping your family and your school! There are extra benefits as well; students on this program can also qualify for reduced rates at Kidsports, LTD bus passes at our middle and high schools, and other programs such as the city of Eugene's RecZone (a release form must be submitted in order for us to release information to these programs).

How do you qualify? If your household income is at or below the amount on the income chart shown below or if your family receives food stamps, Temporary Assistance to Needy Families (TANF), or benefits from the Food Distribution Program on Indian Reservations (FDPIR), your child can receive this benefit.

Household Size	Annual	Month	Week
-1-	20,036	1,670	386
-2-	26,955	2,247	519
-3-	33,874	2,823	652
-4-	40,793	3,400	785
-5-	47,712	3,976	918
-6-	54,631	4,553	1,051
-7-	61,550	5,130	1,184
-8-	68,469	5,706	1,317
For each additional family member add...	+ 6,919	+ 577	+ 134

How do you apply? Your child's school has applications and release forms available for you to fill out, or you may fill one out at the 4J Education Center, Nutrition Services office, 200 North Monroe St. in Eugene.

This is a confidential program. The only people who will know your child is receiving benefits are the kitchen staff (unless a release form is submitted in order for us to release information to Kidsports, LTD or other organizations offering benefits to qualifying students). Great care is taken to ensure that children on the program are not identified to other students or adults. If you have any questions about the program or how to apply, please feel free to contact Nancy Gripp at the Eugene School District, 541-790-7659.

The United States Department of Agriculture (USDA) and the State of Oregon prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, religion, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250, or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.