

**Eugene School District 4J, 200 N. Monroe St., Eugene, OR 97402 (541) 687-3250
2008/2009 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS**

NOTICE: If you have received a 2008/2009 ELIGIBILITY NOTIFICATION – FREE MEALS from the district, **do not** complete this application. Otherwise, see **Application Instructions** on back of form.

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

Name Print _____

Mailing Address – Apt # _____

City State Zip _____

Home Phone or Cell Phone (Circle One)
() _____
Work Phone
() _____

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

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

2 STUDENT INFORMATION (do not include foster children, they need a separate application) List Food Stamp or TANF case # (Fxx-xx-xxxx or ABxxxx) for each child receiving benefits

Child's Name (Last name, First name)	School	Grade	Birth Date	case # (Fxx-xx-xxxx or ABxxxx)
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	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 in school, and income. Do not include students shown 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.
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____

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 * (required) _____

X _____ Month/day/year _____ (See privacy statement on back) _____

I do not have a Social Security Number.

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one or more racial identities:

Asian White, not of Hispanic origin
 American Indian & Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African American Other

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

I prefer all written correspondence in Spanish English Other _____

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

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ Number in household: _____ Date Withdrawn: _____

<input type="checkbox"/> Free based on: <input type="checkbox"/> food stamp/TANF <input type="checkbox"/> FDPIR/homeless <input type="checkbox"/> household income <input type="checkbox"/> foster child's Income	<input type="checkbox"/> Reduced based on: <input type="checkbox"/> household income <input type="checkbox"/> foster child's income	<input type="checkbox"/> Denied – Reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application	<input type="checkbox"/> Temporary: <input type="checkbox"/> Free <input type="checkbox"/> Reduced Until: _____ Until: _____ (maximum 45 days each)
--	--	---	--

Determining Official's Signature: _____ Date _____

Application Instructions

- If your household receives **FOOD STAMPS, TANF or FDPIR**, complete parts 1, 2 and 5; parts 6 and 7 are optional.
- 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.

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

Your children may qualify at least for reduced priced meals if your household income falls within the limits of this chart.

Household Size	<i>Reduced Price Meals</i>		
	Annual	Month	Week
-1-	19,240	1,604	370
-2-	25,900	2,159	499
-3-	32,560	2,714	627
-4-	39,220	3,269	755
-5-	45,880	3,824	883
-6-	52,540	4,379	1,011
-7-	59,200	4,934	1,139
-8-	65,860	5,489	1,267
For each additional family member add	6,660	555	129

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 Food Stamp, 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

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, 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. 20250-9410 or call (202) 720-5964 (voice and TDD) or (888) 271-5983 Extension 516 (toll free). USDA and the State of Oregon are equal opportunity providers and employers.

Eugene School District 4J, 200 N. Monroe Street, Eugene, OR 97402 (541) 687-3250

July 1, 2008

Dear Parent/Guardian: Children need healthy meals to learn. The Eugene School District 4J offers healthy meals every school day. Prices are as follows:

Elementary Schools:	Breakfast \$1.15	Lunch \$2.10
Middle Schools:	Breakfast \$1.30	Lunch: \$2.40
High Schools:	Breakfast \$1.50	Lunch: \$2.50
<i>Your children may qualify for free meals or for reduced price meals.</i>		
Reduced Price:	Breakfast \$.30	Lunch: \$.40

1. **Should I fill out an application if I got a letter for this school year saying my children are approved for free meals?** Please read the letter you got carefully 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 687-3596 if you have questions.
2. **Do I need to fill out a separate application for each child?** No. Use one application for your entire household (excluding foster children, who need a separate application for each foster child). We cannot approve an application that is missing information so be sure to complete all required information. **Return the completed application to: Nutrition Services, Eugene School District 4J, 200 N Monroe, Eugene, OR 97402.**
3. **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.
4. **Who can get free meals?** Children in households getting Food Stamps 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. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
5. **Can homeless, runaway and migrant children get free meals?** Please call Kasey White, 687-3875 to see if your child(ren) qualify, if you have not already received a district letter stating that they will get free meals.
6. **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, shown on this application.
7. **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. Letters are generated and mailed to families on the day the application is processed.
8. **My household gets WIC and/or Oregon Health Plan Benefits. Can my child(ren) get free meals?** Children in households participating in WIC or the OHP may be eligible for free or reduced price meals but it is not automatic. Please fill out an application based on income or Food Stamps/TANF.
9. **Will the information I give be checked?** Yes, we may ask you to send written proof.
10. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits.
11. **What if I disagree with the school's decision about my application?** First call Nutrition Services at 687-3596 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 # 687-3596
12. **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.
13. **Who should I include as members of my household?** You must include yourself and all people living in your household, related (spouse, children) or not (such as grandparents, other relatives, or friends) **except** do not include foster children living in your home on your family's application.
14. **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, 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.

If you have other questions or need help, call **Nancy Gripp, 687-3596.**

INSTRUCTIONS FOR APPLYING

For FOOD STAMPS OR TANF Households, do the following:

Part 1: Complete Household information

Part 2: List child(ren)'s name, school, grade, birthday and a Food Stamp (A11-11-1111) or TANF (AA1111 or AAA111) case number.
Oregon Trail Card numbers are not actual case numbers and cannot be used.

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 (foster children are **not** included in household #s).

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, children living with you but not attending school and children in school who receive regular income. Do not list 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. Do not include student/school loans as 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 (required but not shared with any other party), 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.