

Corvallis School District 509J

1555 SW 35th St., Corvallis, OR 97333

2009-2010

Dear Parent/Guardian:

*Children need healthy meals to learn. The Corvallis School District offers nutritious meals that meet standards set by the U.S. Dept. of Agriculture. Breakfast costs: **Elementary \$1.00, Middle/High \$1.50**; Lunch costs: **Elementary \$1.85, Middle \$2.50, High \$2.75**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.*

1. **Do I need to fill out an application for each child?** No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to your child's school or mail/deliver to: Corvallis School District, Food & Nutrition Dept., 1555 SW 35th St., Corvallis, OR 97333.**
2. **Should I fill out an application if I got a letter 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 child in your household, then you must complete an application listing all household members. Call Food & Nutrition Services at 757-5903 if you have questions.
3. **Who can get free meals?** 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 regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
4. **Can homeless, runaway and migrant children get free meals?** Please call Carolyn Hinds @ 757-3920 to see if your child(ren) qualify, if you have not been informed that they will get free meals.
5. **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.
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.
7. **I get WIC. Can my child(ren) get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
8. **My children receive Oregon Health Plan benefits. Can they get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
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 Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
11. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Superintendent, 1555 SW 35th St., Corvallis, OR 97333 Phone: (541) 757-5841.
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 all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
14. **What if my income is not always the same?** List the 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 get it only sometimes.

NOTE: If your child was approved as of the end of last school year, meal benefits are carried over for the first 30 days of this school year. Applications for new students and students not carried over from last year will be processed first.

If you have other questions or need help, call **(541) 757-5903**

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, birthdate, 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.

Do not use Oregon Trail Card number

Part 4: Skip this part.

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: Optional

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

Part 1: Use a separate application for each foster child. Complete Household information.

Part 2: Skip this part.

Part 3: List the child's name, school, grade, birthdate and child's personal use income, if any, (not state subsidy)

Part 4: Skip this part.

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

Part 6: Optional

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

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

FEDERAL INCOME CHART – Reduced Price Meals			
For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
-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
Each additional person:	6,919	577	134

Part 1: Complete Household information.

Part 2: List each child's name, school, grade, and date of birth.

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.

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.

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: Optional

2009/2010 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

- If you have received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district, **do not** complete this application.
- See **Application Instructions** on opposite page. **YOU MUST APPLY EACH SCHOOL YEAR**

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

Name <u>Print</u> _____ _____ Mailing Address – Apt # _____ _____ City State Zip _____ E-Mail Address _____	Home Phone or Cell Phone (Circle One) _____ _____ Work Phone ➔ Number living in this household _____ (Write names of all household members in parts 2 and/or 4 of this form)
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2 STUDENT INFORMATION

Child's Name (Last name, First name)	School	Grade	Birth date	Provide SNAP* or TANF Case # (if applicable)
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.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

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 *	<input type="checkbox"/> I do not have a Social Security Number.
<u>X</u> _____	_____	____ - ____ - ____ - ____ - ____ - ____ (See privacy statement on back)	

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark <u>one</u> ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark <u>one or more</u> racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian & Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other
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* Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program)

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"/> SNAP/TANF <input type="checkbox"/> Administrative Approval <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
Determining Official's Signature : _____ Date _____		<input type="checkbox"/> Temporary: <input type="checkbox"/> Free <input type="checkbox"/> Reduced Until: _____ Until: _____ (maximum 45 days each)

SEE IMPORTANT INFORMATION ON REVERSE SIDE

OPTIONAL: Sharing Free or Reduced-Price information with other school programs.

Individual schools might offer a reduction in tuition or fees for various activities and programs to students of families that qualify for Free or Reduced-Price meals. The information on your application is used only to determine whether or not your child is eligible for free or reduced-price meals. Student's names and eligibility status can be released to other Federal child nutrition or education programs, and State health or education programs. **We must have your permission to share your application status for other District programs and activities.**

___ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for programs/activities which might be available for a reduction in fees. Programs/activities might include such things as:

School athletic programs, District fees as authorized by the school board, Yearbook, Kindergarten tuition scholarship, Health programs(dental & vision), Summer School tuition scholarship, SAT/ACT testing fees, College application fees

___ No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

Signature of Parent/Guardian_____ Date: _____

**Return the completed application to your child's school or mail/deliver to:
Corvallis School District, Food & Nutrition Dept., 1555 SW 35th St., Corvallis, OR 97333.**

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.*

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.