

Free & Reduced-Price Meal Benefit Application

2023-2024

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 \$2.05, Middle/High \$2.30**; Lunch costs: **Elementary \$3.10, Middle \$3.35, High \$3.60**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.00** for breakfast and **\$0.00** 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.** You may also apply online at: <https://lingconnect.com/>
- 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. Call Food & Nutrition Services at (541) 757-5859 if you have questions.
- 3. Who can get free meals?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) benefits, TANF or FDPIR 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 foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court can get free meals regardless of income.
- 5. Can homeless, runaway and migrant children get free meals?** Please call your school office to see if your child(ren) qualifies, if you have not been informed 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.
- 8. 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.
- 9. 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.
- 10. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 11. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year.
- 12. 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: Director of Food & Nutrition Services, 1555 SW 35th St., Corvallis, OR 97333 Phone: (541) 757-5859.
- 13. 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.
- 14. 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.
- 15. 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.
- 16. We are in the military.** Call Food & Nutrition Services at (541) 757-5859 if you have questions.
- 17. My family needs more help. Are there other programs we might apply for?** To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or call 1-800-SAFENET.

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) 757-5859**

INSTRUCTIONS FOR APPLYING

For Supplemental Nutrition Assistance Program (SNAP) benefits OR TANF Households:

Part 1: Complete Household information

Part 2: List child(ren)'s name, school, grade, birthdate. Mark the checkbox if they are a formally placed foster child in the family.

Part 3: Give the name of the person in the household with benefits and their case number. ie: **(SNAP) benefits (Axx-xx-xxxx) or TANF (AAxxx or AAxxxx).** **Do not use Oregon Trail Card number or OHP #**

Part 4: Skip this part.

Part 5: Sign the form.

Part 6 & 7: Optional

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

Part 1: Complete Household information.

Part 2: List child(ren)'s name, school, grade, birthdate and mark the checkbox, if they are a formally placed foster child in the family.

Part 3 & 4: Skip this part.

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

Part 6 & 7: Optional

OR Complete an application for the entire household, including the foster child, following instructions below.

Your children may qualify for meals at no charge if your household income is at or below the limits of this chart.

Household Size	Oregon Expanded Income Guideline (EIG)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	43,740	3,645	1,823	1,683	842
- 2 -	59,160	4,930	2,465	2,276	1,138
- 3 -	74,580	6,215	3,108	2,869	1,435
- 4 -	90,000	7,500	3,750	3,462	1,731
- 5 -	105,420	8,785	4,393	4,005	2,028
- 6 -	120,840	10,070	5,035	4,648	2,324
- 7 -	136,260	11,355	5,678	5,241	2,621
- 8 -	151,680	12,640	6,320	5,834	2,917
Each add'l household member	15,420	1,285	643	594	297

Part 1: Complete Household information.

Part 2: List child(ren)'s name, school, grade, birthdate and mark the checkbox if a foster child.

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 the last four (4) numbers of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6 & 7: Optional

2023-24 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

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

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

Name Print _____

 Mailing Address – Apt # _____

 City State Zip _____
 E-Mail Address _____

Home , Cell or Work Phone (circle one) _____

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

2 STUDENT INFORMATION

Child's Name (Legal Last name, First name)	School	Grade	Birth Date	Check if Foster Child
1. _____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>
6. _____	_____	_____	_____	<input type="checkbox"/>

3 BENEFITS If any member of your household receives SNAP or TANF, provide the name and case number of the member receiving benefits

Name _____ SNAP **Case Number (required)** _____
 TANF _____ Go to Part 5 below

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 part 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. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)

I certify (promise) that all of the information on this application is true (correct) and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I give purposely false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member _____ Date Signed _____ Social Security Number XXX-XX - ____
 I do not have a Social Security Number.

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

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

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

I prefer all written correspondence in Spanish Other _____

7 I do not want my information shared with State children's health insurance programs. Sign here:

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

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

Free based on: SNAP/TANF/FDPIR Foster child categorical Household Income Homeless

Reduced based on: household income

Denied – Reason: income too high incomplete application

Oregon EIG Approved

Determining Official's Signature : _____ Date _____

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, Yearbook, SAT/ACT testing fees, College application fees, etc.

___ 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.**

You may also apply online at: <https://lingconnect.com/>

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Part 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.

Household members who are seasonal workers or work less than 12 months: Project annual rate of income to accurately represent actual circumstances then divide by 12. The resulting amount is the projected 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 and OTHER INFORMATION

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 last 4 digits of the social security number of the adult household member who signs the application. The last 4 digits of 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 the information on this form with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will only be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.