EUGENE SCHOOL DISTRICT 4J, 200 N. MONROE ST., EUGENE, OR 97402 (541)790-7656 *Application #_____*

2012-2013 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

NOTICE: **If you received an ELIGIBILITY NOTIFICATION – FREE MEALS** from the school district for the new school year **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 #

_____

City State Zip

→ 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 (optional)	Check if Foster Child
1. _____	_____	_____	_____	☐
2. _____	_____	_____	_____	☐
3. _____	_____	_____	_____	☐
4. _____	_____	_____	_____	☐
5. _____	_____	_____	_____	☐

3   BENEFITS If any member of your household receives SNAP or TANF, provide the name and case number of the member receiving benefits *
NOTE: Oregon Medical Card numbers are not valid for use with the National School Lunch Program ~ only SNAP and TANF

Name   ☐ SNAP   Case # (**REQUIRED**)   Go to Part 5 below
_____   ☐ TANF   _____

Does this household receive FDPIR (Food Distribution on Indian Reservations) ☐ **Yes** (Go Part 5 and complete)

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. _____	_____	_____	_____	_____	☐
2. _____	_____	_____	_____	_____	☐
3. _____	_____	_____	_____	_____	☐
4. _____	_____	_____	_____	_____	☐

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

X_____   _____   XXX-XX -__ __ __ __
                                     Month/day/year

6   RACIAL OR ETHNIC GROUP (OPTIONAL)

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

I prefer all written correspondence in ☐Spanish ☐ Russian ☐ Other _____

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

Application Instructions

- If your household receives **SNAP, TANF or FDPIR**, complete parts 1, 2, 3 and 5; parts 6 and 7 are optional. Case # is required.
- 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 a household with a **FOSTER CHILD**, complete parts 1, 2, 4, and 5; parts 6 and 7 are optional.

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.*

FEDERAL INCOME GUIDELINES

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

Household Size	Reduced Price Meals				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	20,665	1,723	862	795	398
-2-	27,991	2,333	1,167	1,077	539
-3-	35,317	2,944	1,472	1,359	680
-4-	42,643	3,554	1,777	1,641	821
-5-	49,969	4,165	2,083	1,922	961
-6-	57,295	4,775	2,388	2,204	1,102
-7-	64,621	5,386	2,693	2,486	1,243
-8-	71,947	5,996	2,998	2,768	1,384
For each additional family member add	7,326	611	306	282	141

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 case number or Food Distribution Program on Indian Reservations (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

This explains what to do if you believe you have been treated unfairly. "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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call, toll free (866) 632-9992 (Voice). Individual who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay at (800) 877-8339) or (866) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."