## 2022-2023 Oregon Household Application for Free and Reduced Price

School Meals Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALI	_ Household Members who are infants,	children, an	d stude	ents up to	and inclu	uding g	rade 1	2 (if	more	space	s are	requi	ed for	additi	onal na	ımes, a	ttach a	nother	shee	t of pa	aper)
Definition of <b>Household</b>	Child's First Name	MI Child's Last Name									G	irade	Stu Yes	ident? No		Foster	Homeless Migrant, Runaway				
Member: "Anyone who is																					
if not related."  Children in Foster care and																			all that apply		
children who meet the definition of <b>Homeless</b> ,																			k all th		
Migrant or Runaway are eligible for free meals. Read How to Apply for Free and																			Check		
Reduced Price School Meals for more information.																					
STEP 2 Do any H	ousehold Members (including you) curre	ntly participa	ate in o	ne or mor	e of the fo	ollowing	j assis	tand	e prog	grams	: SNA	P, TAI	√F, or l	FDPIR?							
	NO > Go to STEP 3	'ES > Write a	a case n	iumber her	e then ao t	o STEP	4 (Do n	not co	omplete	STEF	23)	Ca	se Nur	nber:							
							. 4										Write onl	y one ca	se num	ber in th	nis space.
STEP 3 Report in	come for ALL Household Members (Skiptl	nis step if you	answer	ed 'Yes' to	oSTEP 2)																
	A. Child Income										C	aild incon	10:	Weekly	The state of the	often?	Monthly				
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	arm or receive income. Please include the TOTAL income received by all							0	O	0	0									
	B. All Adult Household Members (inc	luding yours	elf)								T										
Are you unsure what income to include here?  List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report to for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) to									200												
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from	n Work		How often? Weekly 2xMonth	Monthly			Assistance upport/Alir		Meekly	How o		Monthly		ensions/Re		Weekly	1	v often?	nth Monthly
of Income" for more information.  The "Sources of Income for Children" chart will help you with the Child Income section.  The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.	Traine stradar response members (r na and 2asy	\$		0	0 0	0	\$				0	0	0	0	\$		NO.25 S.	0	0	0	0
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		\$		0	0 0	0	\$				0	0	0	0	\$			0	0	0	0
	Total Household Members	Last Four Di					Ī	х	x x	X	x				Check	if no SSI	N []				
	(Children and Adults)	Primary Wag	je E arnei	r or Other Ac	dult Househo	old Memb	er [	^	^   ^	] [			- 5								
STEP 4 Contact i	nformation and adult signature. MAIL C	OMPLETED FO	RMTOY	OUR SCHO	OL AT:																
	ion on this application is true and that all income is repo lose meal benefits, and I may be prosecuted under app				given in con	nection wit	h the rec	ceipt o	of Federa	l funds,	and thai	school	officials n	nay verify	(check) th	ne informa	lion. I am	aware tha	at if I pui	posely g	jive
Street Address (if available)	Apt#	City				State	- 12		Zip			Da	/time P	hone an	dEmail	(optional	)				
Printed name of adult signing	the form	 Signatu	ire of adi	ult								To	day's da	ate							

Sources of Income for Children							
Sources of Child Income	Example(s)						
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages						
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>						
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money						
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust						

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)  If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	Social Security     (including railroad     retirement and black lung     benefits)     Private pensions or     disability benefits     Regular income from     trusts or estates     Annuities     Investment income     Earned interest     Regular cash payments     from outside household

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OPTIONAL	Childrenic	Racial and
OFTIONAL	Cillidiens	nacial allu

Ethnic Identities / Health Coverage

We are required to ask for information about your children's race and ethnicity. This into this section is optional and does not affect your children's eligibility for free or reduced Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  Race (check one or more):  American Indian or Alaskan Native	formation is important and helps to make sure we are fully serving our community. Responding ed price meals.  Black or African American   Native Hawaiian or Other Pacific Islander   White							
do not want my information shared with State children's health insurance programs. Sign here:   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								
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 four digits of the social security number of the adult household member who signs the application. The last four 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.  In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English.	Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USI TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.  To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and dian alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:  Mail: U.S. Department of Agriculture  Office of the Assistant Secretary for Civil Rights  1400 Independence Avenue, SW  Washington, D.C. 20250-9410; fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov.  This institution is an equal opportunity provider							
Do not fill out FOR SCHOOL USE ONLY								

## Eligibility: Oregon Expanded Income Group Eligible: How often? **Total Income** Yes Bi-Weekly 2x Month Monthly Household Size Reduced Denied Categorical Eligibility Date Date **Determining Official's Signature** Confirming Official's Signature Date Verifying Official's Signature