2020-2021 Oregon Household Application for Free and Reduced Price School Meals

Fern Ridge School District 28J

Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Flip the page and review the charts titled "Sources of Income" for more information. Complete one application per household. Please use a pen (not a pencil). false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws The "Sources of Income for Children" chart will help you with the Child Street Address (if available) "Loentify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give Children in Foster care and children who meel the Definition of Household Member: "Anyone who is living with you and shares STEP 1 definition of Homeless, if not related." income and expenses, even Are you unsure what income to include here? STEP 2 Meals for more information. you with the All Adult The "Sources of Income for Adults" chart will help Income section. STEP 3 STEP 4 section. Household Members Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT A. Child Income ğ 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 total gross income (before taxes) B. All Adult Household Members (including yourself) Household Members listed in STEP 1 here. Sometimes children in the household eam or receive income. Please include the TOTAL income received by all Child's First Name Total Household Members (Children and Adults) Name of Adust Household Members (First and Last) each source in whole dollars (no cents) only. If they do not receive income from any source, write 'C'. If you enter 'C' or leave any fields blank, you are certifying (promising) that there is no income to report > Go to STEP 3 Apt # ers (Skip this step if you answered 'Yes' to STEP 2) If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Primary Wage Earner or Other Adult Household Member Last Four Digits of Social Security Number (SSN) of Eamings from Work S 3 Child's Last Name Weekly Bi-Weekly 2x Month Monthly State Child Support/Alimony Public Assistance/ × Ζip × × \times Weekly: 49 \times Child ir come Bi-Weekly How often? Case Number: Daytime Phone and Email (optional) School Zx Monts Monthly Bi-Weeldy 2x Month Wonthly Check if no SSN How often? Grade Pensions/Retirement/ All Other Income Write only one case number in this space. Weetly S B-Wasely 2x Month Check all that apply How often? Child Homeles

Printed name of adult signing the form

Signature of adult

Today's date

-Income from any other source	-Income from person outside the household	 Social Security Disability Payments Survivor's Benefits 	- Earnings from work	Sources of Child Income	Sources of Inc
- A child receives regular income from a private pension fund, annuity, or trust	- A friend or extended family member regularly gives a child spending money	 A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits 	 A child has a regular full or part-time job where they earn a salary or wages 	Example(s)	Sources of Income for Children
allowances) - Allowance food and dot	- Basic (do NO FSSA o	- Net inco employme business) If you are	- Salary		
allowances) - Allowances for off-base housing, food and dothing	 Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing 	 Net income from self- employment (farm or business) If you are in the U.S. Military: 	- Salary, wages, cash bonuses	Earnings from Work	Sc
nnas) - Strike benefitis warnas for off-base housing, and dothing		come from self- nent (farm or Income (SSI) s) - Cash assistance from State or local government	, wages, cash	Earnings from Work Alimony / Child Support	Sources of Income for Adults

OPTIONAL

to this section is optional and does not affect your children's eligibility for free or reduced price meals We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding

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 I do not want my information shared with State children's health insurance programs. Sign here: Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander ☐ White

coverage for at least one of my children.

Ethnicity (check one):

Hispanic or Latino

Not Hispanic or Latino

foster child or you list a Supplemental Nutrition Assistance Program (SNAP). Temporary Assistance for reviews, and law enforcement officials to help them look into violations of program rules nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program the lunch and breakfast programs. We MAY share your eligibility information with education, health, and determine if your child is eligible for free or reduced price meals, and for administration and enforcement of member signing the application does not have a social security number. We will use your information to (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household Needy Families (TANF) Program or Food Distribution Program on Indian Reservations application. The last four digits of the social security number is not required when you apply on behalf of a You must include the last four digits of the social security number of the adult household member who signs the have to give the information, but if you do not, we cannot approve your child for free or reduced price meals The Richard B. Russell National School Lunch Act requires the information on this application. You do not

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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations

This institution is an equal opportunity provider

audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits Service at (800) 877-8339. Additionally, program information may be made available in languages other than English Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027)

fax: email: found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to (866) 632-9992. Submit your completed form or letter to USDA by: USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call program.intake@usda.gov. (202) 690-7442; or U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights Washington, D.C. 20250-9410 1400 Independence Avenue, SW are filing a complaint of *Only use this address if you

Do not fill out FOR SCHOOL USE ONLY

How often? B-Wassily 2x Mon			
	\bigcirc	Weekiy	
	000	Weekly B-Weekly 2x Month	

Determining Official's Signature

Date

Confirming Official's Signature

lonahly Household Size

Categorical Eligibility

Eligibility:

Oregon Expanded Income Group:

Verifying Official's Signature

Date