

BANKS SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. **Banks School District** offers healthy meals every school day. Breakfast for BES costs \$1.35, BMS and BHS are \$1.60; lunch for BES costs \$2.55, BMS is \$2.75 and BHS is \$3.05. Your children may qualify for free meals or for reduced price meals. Reduced price is Free for breakfast and 40¢ for lunch.

1. **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 received carefully and follow the instructions. Call Alice Saunders at 503-324-8591 (between 7:30 a.m. and noon) if you have questions.
2. **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 Banks School District.
3. **Who can get free meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, TANF or FDPIR may receive free meals regardless of your income. Also, your children may receive free meals if your household income is within the free limits on the.
4. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court may receive free meals. Any foster child in the household may receive free meal regardless of income.
5. **Can homeless, runaway and migrant children get free meals?** If you have not been informed that they will receive free meals, please call Leann Gallien at 503-324-3111 Ext. 3123 to see if your child(ren) qualifies.
6. **Who can get reduced price meals?** Your children may receive low cost meals if your household income is within the reduced price limits on the Federal Income Guidelines.
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. Make sure your application is complete to avoid delay in processing. 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 do not 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 Jeff Leo, Superintendent at 503.324.8591
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. Foster children may be included as household members. If you live with other people who are economically independent (for example, people you do not support, who do not share income with you or your children and who pay a pro-rated share of expenses), do not include them.
15. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally receive \$1000 each month, but you missed some work last month and only received \$900, put down that you receive \$1000 per month. If you normally receive overtime, include it, but receive it only sometimes do not include it.
16. **We are in the military; do we include our housing allowance? If you receive an off-base housing allowance, it must be counted as income.** However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
17. **My spouse is deployed to a combat zone. Is combat pay counted as income?** Combat pay is excluded if it is received in addition to the service member's basic pay; because of the deployment; and not received before being deployed.
18. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or Text "FOOD" to 877877 or call 1-866-348-6479 (1-866-3-HUNGRY) or visit www.Summerfoodoregon.org

If you have other questions or need help, call 503.324.8591

2015-2016 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

NOTICE:

- If you received an ELIGIBILITY NOTIFICATION – FREE MEALS from Banks School District **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)

| | |
|--|--|
| Name <u>Print</u> _____ Mailing Address – Apt # _____ City State Zip _____ | Home Phone or Cell Phone (Circle One) _____ Work Phone _____ → 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"/> |

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

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. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| 2. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| 3. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| 4. _____ | _____ | _____ | _____ | _____ | <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 (See privacy statement on back) _____ I do not have a Social Security Number.

X _____ Month/day/year XXX-XX - ____

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

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

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

I prefer all written correspondence in Spanish Russian Other _____

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/FDPIR <input type="checkbox"/> Foster child categorical <input type="checkbox"/> household income | <input type="checkbox"/> Reduced based on: <input type="checkbox"/> household income | <input type="checkbox"/> Denied – Reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application |
| Determining Official's Signature : _____ Date _____ | | MT FM EX LT _____ |

Application Instructions

- If your household receives **SNAP, TANF or FDPIR**, complete parts 1, 2, 3 and 5; parts 6 and 7 are optional.
- If you do not receive these benefits and your **income** is below the guidelines, complete parts 1, 2, 4, 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- | 21,775 | 1,815 | 908 | 838 | 419 |
| -2- | 29,471 | 2,456 | 1,228 | 1,134 | 567 |
| -3- | 37,167 | 3,098 | 1,549 | 1,430 | 715 |
| -4- | 44,863 | 3,739 | 1,870 | 1,726 | 863 |
| -5- | 52,559 | 4,380 | 2,190 | 2,022 | 1,011 |
| -6- | 60,255 | 5,022 | 2,511 | 2,318 | 1,159 |
| -7- | 67,951 | 5,663 | 2,832 | 2,614 | 1,307 |
| -8- | 75,647 | 6,304 | 3,152 | 2,910 | 1,455 |
| For each additional family member add | 7,696 | 642 | 321 | 296 | 148 |

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.

USDA and this institution are equal opportunity providers and employers.