

APPLICATION FOR FREE AND REDUCED PRICED MEALS

To apply for free and reduced price meals complete this application, sign your name and return the application to ROBYN WOOD.

DO NOT RETURN THIS APPLICATION TO YOUR SCHOOL OFFICE. Complete a separate application for **each FOSTER** child. PLEASE COMPLETE **ONE** APPLICATION PER HOUSEHOLD. Call the Food Service Director if you need help: **835-4036**.

1. PRINT STUDENT INFORMATION. INCLUDE **ALL** STUDENTS ENROLLED IN GRADES K-12 IN THE OREGON SCHOOL DISTRICT
2. LIST **EACH** CHILD'S FOOD Share OR W-2 CASE NUMBER, IF ANY:

FULL STUDENT NAME	GRADE	BUILDING ATTENDED	FOOD SHARE CASE # (must be supplied each year) or FDPIR #	W-2 cash benefits CASE #



DO NOT LIST: Quest Card numbers or Medicaid, SSI, W-2 Childcare case numbers. Please fill in Part 5 if you are NOT receiving Food Stamps or W-2 Cash Benefits at this time. If you listed a Food Stamp/W-2 case number for EACH child, skip to Part 6.

3. **FOSTER CHILD:** If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.
4. **HOMELESS/ MIGRANT/ RUNAWAY:** If the child you are applying for is homeless, migrant, or runaway, please check the appropriate box and call **Jane Peschel 835-4002**.
 Homeless Migrant Runaway
5. **HOUSEHOLD MEMBERS AND MONTHLY INCOME:** If you gave a food stamp or W-2 number for each child, skip to PART 6.

NAMES OF ALL HOUSEHOLD MEMBERS, INCLUDING NAMES OF STUDENTS LISTED ABOVE IN PART 2.	Gross Earnings (Before Deductions)		Welfare, Child Support, Alimony	OTHER Payments from Pensions, Retirement, Social Security	Any Other Income	Check here if NO income
	Gross amount	How often are you paid this amount? (Weekly, bi-weekly, monthly, etc).	INDICATE HOW OFTEN YOU RECEIVE THIS PAYMENT	INDICATE HOW OFTEN YOU RECEIVE THIS PAYMENT	INDICATE HOW OFTEN YOU RECEIVE THIS PAYMENT	
EXAMPLE: Jane Doe	\$ 300	Bi-weekly (every other week)	\$ 100 / month	\$ 50 / month		
1.	\$		\$	\$		
2.	\$		\$	\$		
3.	\$		\$	\$		
4.	\$		\$	\$		
5.	\$		\$	\$		
6.	\$		\$	\$		

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

6. **SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify (promise) that all information on this application is true 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 purposely give false information, my children may lose meal benefits, and I may be prosecuted. of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X _____ () **CHECK HERE IF THERE IS NO SSN** X _____
 Social Security Number (SSN) Required Signature of adult household member

Home Telephone No:	Work Telephone No:	Printed Name:
Address including city and zip code:		Date:

7. **RACE:** Please circle the racial or ethnic identity of your child(ren). You are *not required* to answer this question.

- Asian
 White
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Pacific Islander
 Hispanic or Latino
 Not Hispanic or Latino
 Other

*** Privacy Act Statement: This explains how we will use the information you give us.**

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a FoodShare Program, Temporary Assistance for Needy Families (W-2 cash benefits) 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.

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 discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

FOR SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Eligibility Determination:

Approved Free Approved Reduced Denied

Temporary Until: _____

Reason for Denial: Circle

Income too high Incomplete Application Other: _____

Change in Status:

Reason _____ Date _____

Date Withdrawn _____

Signature of Determining Official _____ Date _____

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