

Are there NEW students on this application? ___ yes ___ no

2011-12 CONFIDENTIAL FAMILY APPLICATION FOR FREE or REDUCED-PRICE MEALS

NOTICE:

- If you received an ELIGIBILITY NOTIFICATION – FREE MEAL BENEFITS letter from Portland Public Schools 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 #

Number living in this household
(Write names of all household members on part 2 and/or part 4 of this form)

City State Zip

2 STUDENT INFORMATION

Child's Name (Legal Last name, First name)

School

Grade

Birth Date

Check if Foster Child

Table with 6 columns: Child's Name, School, Grade, Birth Date, Check if Foster Child. Rows 1-5.

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 (see page 4)

Go to Part 5 below

TANF

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

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

Table with 6 columns: Column 1 (List all household members), Column 2 (MONTHLY INCOME), Column 3 (MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED), Column 4 (MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT), Column 5 (OTHER MONTHLY INCOME), Column 6 (Check if No Income).

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 - last 4 digits

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 Vietnamese Somali Chinese 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

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Form section for school use including Total Income, Number in household, Date Withdrawn, Free based on, Reduced based on, Denied - Reason, Temporary, and Determining Official's Signature.

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 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-	20,147	1,679	840	775	388
-2-	27,214	2,268	1,134	1,047	524
-3-	34,281	2,857	1,429	1,319	660
-4-	41,348	3,446	1,723	1,591	796
-5-	48,415	4,035	2,018	1,863	932
-6-	55,482	4,624	2,312	2,134	1,067
-7-	62,549	5,213	2,607	2,406	1,203
-8-	69,616	5,802	2,901	2,678	1,339
For each additional family member add	7,067	589	295	272	136

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). Individuals 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."

Permission to share 2011-12 Confidential Meal Eligibility Status
to receive additional benefits or services for your child

Dear Parent or Guardian:

If your student is eligible for free or reduced-price school meals, he or she **may** also qualify to receive other benefits. To give your permission for us to share your child's name and meal eligibility status with staff in charge of the programs listed below, **select either Option One or the specific opportunities in Option Two and sign this form.** Select Option Three if you do not want to share your child's eligibility status.

Please note that there is **NO GUARANTEE of additional benefits. Not all schools have funding to offer local program fee waivers or fee reductions to students.** Selecting any of these options will not change whether your student(s) get free or reduced-price school meals and is **NOT** a requirement for participation in the school nutrition program.

Option One:

Yes! Share my child(ren)'s eligibility status to all programs in my school district.

Option Two: **Yes, for ONLY the opportunities checked below,** share my child's eligibility status with staff in charge.

1. Educational/school related program fee waiver or reduction –
field trips, educational workbooks, elective class lab fees, college tuition fees, night school fees,
summer school fees, fee-for-service Kindergarten or pre-K fees, Outdoor School fees,
PSAT/SAT/ACT test fees

2. Athletic programs fee reduction

3. Administrative school programs fee waiver or reduction -
Before & After School Program fees, Bus/Transportation fees,
Student activities fees (dances), Student Body Card fees
Transfer to a school of choice (eligibility is "weighting" factor for school transfer lottery)

4. Medical/dental services fee waiver/reduction

Listed benefits are **NOT**
guaranteed by this form.

NOT all schools receive
funding to provide fee
waivers or fee reductions.

Option Three:

NO! Do **NOT** share my child's Free or Reduced-price eligibility for school meals with any programs.

If you checked Option Three, you do **NOT** have to complete this form. Your child's eligibility status for free or reduced-price school meals will not be shared unless a signed consent form is returned.

If you checked **Option 1** or specific opportunities in **Option 2**, complete the student information below, **sign, date, and return this consent form** with your meal application. Your child's confidential eligibility information will be shared only with staff in charge of the opportunities you selected.

Student's Name(s): _____ School(s): _____

Student's Name(s): _____ School(s): _____

Student's Name(s): _____ School(s): _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

← Signature
and date
are required.



Portland Public Schools Nutrition Services

2011-12 Confidential Family Application for Free & Reduced-Price Meals

Is your family application for school meals complete?

Your application for free or reduced-price meal benefits cannot be processed if any of the **required** information is missing.

All applications need a signature

- Is the application signed by an adult household member and dated?

Income Applications – Parts 1, 2, 4 & 5

- Are the last 4 digits of the Social Security number of the adult household member included on the form? If you do not have a social security number, have you checked the box indicating that you do not have one?
- Are the names of ALL household members listed? Include infants, pre-school aged children and all adult household members.
- Have you listed the monthly income for all household members?

SNAP (Food Stamp) or TANF Applications – Parts 1, 2, 3 & 5

- Have you included a valid Supplemental Nutrition Assistance Program (SNAP) Benefits (formerly the Food Stamp Program) case number (nine digits)?
Example: F 1 1 - 1 1 - 1 1 1 1 (Do NOT use an Oregon Trail Card # or medical card #)
OR
- Have you included a valid TANF (Temporary Assistance for Needy Families) case number - six characters: A A 1 1 1 1 or A A A 1 1 1?

Foster Child – Parts 1, 2 & 5

- Have you marked the checkbox if they are a formally placed foster child? A foster child is the legal responsibility of SCF (Services to Children and Families) or the court.

If you have questions about meal applications, please contact the Portland Public Schools Meal Application Center at 503.916.3402.

If you received an *Eligibility Notification – Free Meal Benefits* letter, you do NOT need to complete a meal application. Call 503.916.3402 for assistance if some students in your household received the *Eligibility Notification – Free Meal Benefits* letter, but others did not.