

**Eugene School District 4J, 200 N. Monroe Street, Eugene, OR 97402 (541) 790-7656**

July 1, 2009

Dear Parent/Guardian: Children need healthy meals to learn. The Eugene School District 4J offers healthy meals every school day. Prices are as follows:

**Elementary Schools:** Breakfast \$1.20 Lunch \$ 2.15

**Middle Schools:** Breakfast \$1.35 Lunch: \$2.50

**High Schools:** Breakfast \$1.55 Lunch: \$ 2.60

*Your children may qualify for free meals or for reduced price meals.*

**Reduced Price:** Breakfast: free Lunch: \$ .40

1. **Should I fill out an application if I got a letter for this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. If you did not receive a letter for each student in your household, then you must complete an application listing all household members. Call Nancy Gripp at 790-7659 if you have questions.
2. **Do I need to fill out a separate application for each child?** No. Use one application for your entire household (excluding foster children, who need a separate application for each foster child). We cannot approve an application that is missing information so be sure to complete all required information. **Return the completed application to: Nutrition Services, Eugene School District 4J, 200 N Monroe, Eugene, OR 97402.**
3. **If we transfer to 4J from another district will meal benefits transfer as well?** No, each district needs an original application for meal benefits; we cannot use a copy or letter from another district. Please fill out a new form.
4. **Who can get free meals?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or TANF and most foster children can get free meals but it is not automatic. If you did not receive a free meals letter this year you must apply. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
5. **Can homeless, runaway and migrant children get free meals?** Please call Kasey White, 687-3875 to see if your child(ren) qualify, if you have not already received a district letter stating that they will get free meals.
6. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
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. Please provide a lunch or money for a paid lunch until you receive notice that the application is approved. Letters are generated and mailed to families on the day the application is processed.
8. **My household gets WIC and/or Oregon Health Plan Benefits. Can my child(ren) get free meals?** Children in households participating in WIC or the OHP may be eligible for free or reduced price meals but it is not automatic. Please fill out an application based on income or Food Stamps/TANF. Most OHP letters have a TANF # listed at the top under box # 2.
9. **Will the information I give be checked?** Yes, we may ask you to send written proof.
10. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting SNAP, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
11. **What if I disagree with the school's decision about my application?** First call Nutrition Services at 790-7656 and discuss the decision with them. You also may ask for a hearing by calling or writing to:  
Susan Fahey, CFO & Director of Support Services  
200 N. Monroe Street, Eugene, Oregon 97402 Phone # 790-7659
12. **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.
13. **Who should I include as members of my household?** You must include yourself and all people living in your household, related (spouse, children) or not (such as grandparents, other relatives, or friends) **except** do not include foster children living in your home on your family's application.
14. **What if my income is not always the same?** List the *before tax* amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it some of the time.

If you have other questions or need help, call **Nancy Gripp, 790-7659.**

## INSTRUCTIONS FOR APPLYING

### For Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) OR TANF Households, do the following:

**Part 1:** Complete Household information

**Part 2:** List child(ren)'s name, school, grade, birthday and a Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) (A11-11-1111) or TANF (AA111 or AAA111) case number.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**Part 7:** Answer this question if you choose to.

### If you are applying for a FOSTER CHILD, follow these instructions:

#### Use a separate application for each foster child

**Part 1:** Complete Household information

**Part 2:** Skip this part.

**Part 3:** List the child's name, school, grade, birth date and child's pocket money, if any, (not state subsidy)

**Part 4:** Skip this part

**Part 5:** Sign the form. A Social Security Number is not necessary

**Part 6:** Answer this question if you choose to.

**Part 7:** Answer this question if you choose to.

### ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

**Part 1:** Complete Household information.

**Part 2:** List child(ren)'s name, school, grade, and birthday.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself, those children living with you but not attending school and children in school receiving regular income. Do not repeat children listed in part 2 unless they receive regular income. Attach another sheet of paper if you need to.

**Column 2 –Gross Monthly Income.** Next to each person's name list each type of income received last month. For example, *Monthly Income:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If your income is paid weekly, every 2 weeks or twice a month, follow the instructions on the back of the application.

**Column 3 -** List the amount each person got last month from welfare, child support, alimony

**Column 4 –** List the amount each person got last month from pensions, retirement, Social Security;

**Column 5 –** List the amount each person got last month from Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.

Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

**Part 7:** Answer this question if you choose to.

## Parent Permission to Disclose Free/Reduced Meal Qualification

To Parents or Guardians of Students Who Qualify for Free or Reduced Meals:

Federal law requires that schools limit access to names of students who qualify for free or reduced price breakfast and lunch. These names can only be used by food service staff in the delivery of food service, by those who administer federal grant programs and by those who must report individual student data to the state or federal government.

For names to be used for other purposes requires prior consent from the student's parent or guardian. If consent is given, **District policy is to limit use of this information to legitimate educational purposes**, such as providing bus passes to school, reducing certain fees or analyzing test results. By signing this consent form, you are giving additional district staff permission to have access to your student's status as qualifying for free or reduced meals. This means your student may be able to receive such services as:

- free bus passes (high school level, if you live more than 1 ½ miles from your neighborhood high school)
- lower fees for athletics teams
- scholarships for field trips and special events
- lower SAT test fees for high school students
- free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP)

If you have more than one student in School District 4J, you only need to fill out one form, listing all their names.

-----  
I have read and understand the information above and, as parent or guardian, authorize the release of information to district personnel stating that the following student(s) qualifies for free or reduced meals through the National School Lunch Program.

Student (full name): \_\_\_\_\_ School: \_\_\_\_\_

Student: (full name): \_\_\_\_\_ School: \_\_\_\_\_

Student (full name): \_\_\_\_\_ School: \_\_\_\_\_

Student: (full name): \_\_\_\_\_ School: \_\_\_\_\_

Student: (full name): \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Please return this form to any school office or to Nutrition Services Department, 200 North Monroe, Eugene, OR 97402.**

If you have questions, please leave a message at 790-7656

USDA and the State of Oregon are equal opportunity providers and employers.



## Application Instructions

If your household receives **SNAP (Formerly Food Stamp), TANF or FDPIR**, complete parts 1, 2 and 5; parts 6 and 7 are optional.

**Please note:** Valid **SNAP** case #s are formatted as follows: **A11-11-1111** or for **TANF, AA1111 or AAA111**. Social Security #s or Oregon Trail Card #s are no longer valid as SNAP case #s.

- 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 applying for a **FOSTER CHILD**, complete parts 1, 3, and 5; parts 6 and 7 are optional. **Complete a separate application for each foster child, they cannot be included on a household application.**

### DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

**Monthly income** for all household members must be reported in Section 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.

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 priced meals if your household income falls within the limits of this chart.

Household Size	Reduced Price Meals		
	Annual	Month	Week
-1-	20,036	1,670	386
-2-	26,955	2,247	519
-3-	33,874	2,823	652
-4-	40,793	3,400	785
-5-	47,712	3,976	918
-6-	54,631	4,553	1,051
-7-	61,550	5,130	1,184
-8-	68,469	5,706	1,317
For each additional family member add	6,919	577	134

### PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS

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 Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier 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 your information with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

### NON-DISCRIMINATION STATEMENT

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call, toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.