

2022-2023 Oregon Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). Apply online:

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Grade	Student?		Check all that apply			
				Yes	No	Foster Child	Homeless, Migrant, Runaway		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

NO > Go to STEP 3 If YES > Write a case number here then go to STEP 4. (Do not complete STEP 3) Case Number: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
 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) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			How often?			Public Assistance/ Child Support/Alimony			How often?			Pensions/Retirement/ All Other Income			How often?		
	Weekly	Bi-Weekly	2x Monthly	Weekly	Bi-Weekly	2x Monthly	Weekly	Bi-Weekly	2x Monthly	Weekly	Bi-Weekly	2x Monthly	Weekly	Bi-Weekly	2x Monthly	Weekly	Bi-Weekly	2x Monthly
	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.
 The "Sources of Income for Children" chart will help you with the Child Income section.
 The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

STEP 4 Contact Information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

I certify (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 false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) Apt # City State Zip

Printed name of adult signing the form Signature of adult Daytime Phone and Email (optional)

Today's date

INSTRUCTIONS

Sources of Income

Sources of Child Income	Examples(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- 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
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's Racial and Ethnic Identities / Health Coverage

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 to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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

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 four digits of the social security number of the adult household member who signs the application. The last four 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.

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 Mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442; or
 email: program.intake@usda.gov.

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***Only use this address if you are filing a complaint of discrimination**

Do not fill out FOR SCHOOL USE ONLY

Sources of Income for Children	Sources of Income for Adults
- Earnings from Work - Salary, wages, cash bonuses - Net income from self-employment (farm or business) - If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Public Assistance / Alimony / Child Support - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Allimony payments - Child support payments - Veteran's benefits - Strike benefits - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned Interest - Rental income - Regular cash payments from outside household

Total Income

How often?
 Weekly Bi-Weekly 2x Month Monthly

Household Size

Categorical Eligibility

Eligibility:
 Free Reduced Denied

Oregon Expanded Income Group Eligible:
 N/A Yes No

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

FREQUENTLY ASKED QUESTIONS: FEDERAL FREE AND REDUCED PRICE SCHOOL MEALS & OREGON EXPANDED INCOME GUIDELINES (EIG)

This document provides information for families with students attending a school in Oregon offering federal Child Nutrition Programs such as the National School Lunch Program and/or School Breakfast Program, as well as information about Oregon's Expanded Income Guidelines for public schools. It is effective July 1, 2022.

Dear Parent/Guardian:

Children need healthy meals to learn. **Sweet Home and Sand Ridge Charter Schools** offers healthy meals every school day. Breakfast costs \$1.50; lunch costs **KG-5 \$2.85, 6-8 \$2.95, Adults \$3.90**. **Your children may qualify for free meals or for reduced price meals or for no-cost meals through Oregon's Expanded Income Guidelines for public schools.** Reduced price is \$0 for breakfast and \$0 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FEDERAL FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from [State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State TANF], are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on the chart below:

FEDERAL ELIGIBILITY INCOME CHART For School Year 2022-23

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	25,142	2,096	1,048	967	484
- 2 -	33,874	2,823	1,412	1,303	652
- 3 -	42,606	3,551	1,776	1,639	820
- 4 -	51,338	4,279	2,140	1,975	988
- 5 -	60,070	5,006	2,503	2,311	1,156
- 6 -	68,802	5,734	2,867	2,647	1,324
- 7 -	77,534	6,462	3,231	2,983	1,492
- 8 -	86,266	7,189	3,595	3,318	1,659
Each add'l household member add	8,732	728	364	336	168

1A. WHO CAN GET OREGON EIG NO-COST MEALS?

- Children attending public schools in Oregon may receive no-cost meals if your household income is within the limits on the Oregon Expanded Income Guidelines. Your children may qualify for no-cost meals if your household income falls at or below the limits on the chart below:

OREGON EXPANDED INCOME GROUP INCOME CHART For School Year 2022-23

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	40,770	3,398	1,699	1,569	785
- 2 -	54,930	4,578	2,289	2,113	1,057
- 3 -	69,090	5,758	2,879	2,658	1,329
- 4 -	83,250	6,938	3,469	3,202	1,601
- 5 -	97,410	8,118	4,059	3,747	1,874
- 6 -	111,570	9,298	4,649	4,292	2,146
- 7 -	125,730	10,478	5,239	4,836	2,418
- 8 -	139,890	11,658	5,829	5,381	2,691
Each add'l household member add	14,160	1,180	590	545	273

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Amber at acole@piecharters.org or 541-258-2416.
3. **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: Amber Cole at acole@piecharters.org or drop off at your school office.
4. **DO I NEED TO FILL OUT A DIFFERENT APPLICATION TO QUALIFY FOR THE OREGON EIG NO-COST MEALS?** No, use one meal application for both federal and Oregon EIG benefits.
5. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Amber at acole@piecharters.org immediately.
6. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://www.ode.state.or.us/apps/frlapp> or to learn more about the online application process. Contact Amber at acole@piecharters.org or 541-258-2416 if you have any questions about the online application.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **October 16th**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
8. **I PARTICIPATE IN WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report. *(Not applicable to Oregon EIG eligible applications)*
10. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible if the household income drops below the income limit.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials.
12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply.
13. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a zero (0) in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

15. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
16. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper, and attach it to your application.
17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **State SNAP** or other assistance benefits, contact your local assistance office.

If you have other questions or need help, call **541-258-2416**.

Sincerely,

Amber Cole