Application # _______2019-2020 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS
REDMOND SCHOOL DISTRICT / RPA APPLY ONLINE - www.mymealtime.com/Apps
RETURN TO: REDMOND SCHOOL DISTRICT - 145 SE SALMON DRIVE, REDMOND, OR 97756

NOTICE:

- If you received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district **do not** complete this application.
- See **Application Instructions** on back of form.
- ** = Required for all applications; ** = Required for Income applications; *** = Required for SNAP/TANF*

HOUSEHOLD INFORMATION*: Print name of person completing this application (Last name, First name)

Name **Print** ______________________________

Mailing Address – Apt # ______________________________

City State Zip ______________________________

Home Phone or Cell Phone or Work (Circle One) ______________________________

Email address ______________________________

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

STUDENT INFORMATION*

	Child's Name (Legal Last name, First name)	School	Grade (optional)	Birth Date (optional)	Check if Foster Child
1.					☐
2.					☐
3.					☐
4.					☐
5.					☐

BENEFITS If any member of your household receives SNAP or TANF, provide the name and case number of the member receiving benefits

Name*** ______________________________ ☐ SNAP ☐ TANF Case Number*** ____________________ Go to Part 5 below

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

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.						☐
2.						☐
3.						☐
4.						☐

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* X______________________________

Date Signed* ____________ Month/day/year

Social Security Number** (See privacy statement on back) XXX-XX -__ __ __ __

☐ **I do not have a Social Security Number.****

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 ______________________________

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

Total Income:____________ Number in household:__________ **Date Withdrawn:**_______________

☐ **Free based on:**
☐ SNAP/TANF/FDPIR
☐ Foster child categorical
☐ household income

☐ **Reduced based on:**
☐ household income

☐ **Denied – Reason:**
☐ income too high
☐ incomplete application

Determining Official's Signature :________________________ Date________

- 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.

Any income fields left blank will be counted as zeros. Please be careful that you meant to leave income fields blank.

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.*

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.

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of Student Services
Child Nutrition Programs
(503) 947-5894

2019-2020 INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2019 to June 30, 2020

	Reduced Price Meals Participants may qualify for reduced price meals if the household income falls at or below the limits on this chart				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	23,107	1,926	963	889	445
-2-	31,284	2,607	1,304	1,204	602
-3-	39,461	3,289	1,645	1,518	759
-4-	47,638	3,970	1,985	1,833	917
-5-	55,815	4,652	2,326	2,147	1,074
-6-	63,992	5,333	2,667	2,462	1,231
-7-	72,169	6,015	3,008	2,776	1,388
-8-	80,346	6,696	3,348	3,091	1,546
For each additional family member add	8,177	682	341	315	158

	Free Meals Participants may qualify for free meals if the household income falls at or below the limits on this chart				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	16,237	1,354	677	625	313
-2-	21,983	1,832	916	846	423
-3-	27,729	2,311	1,156	1,067	534
-4-	33,475	2,790	1,395	1,288	644
-5-	39,221	3,269	1,635	1,509	755
-6-	44,967	3,748	1,874	1,730	865
-7-	50,713	4,227	2,114	1,951	976
-8-	56,459	4,705	2,353	2,172	1,086
For each additional family member add	5,746	479	240	221	111

REDMOND SCHOOL DISTRICT / RPA HS & MS
SHARING FREE OR REDUCED PRICE INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.**

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

___ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below.

If you checked "No", stop here. You do not have to complete or send in this form. Your information will not be shared.

___ **Yes! I DO** want school officials to share information from my Free and Reduced Price School Meals Application with: (Mark each program to which you want information released.)

___ Educational/School related program fee waiver/reduction

___ Athletic programs fee waiver/reduction

___ Administrative School Programs fee waiver/reduction

___ Other programs fee waiver/reduction

If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian: ___________________________________ Date: _______________

Printed Name: ____

Address: ____

Child's Name: _________________________________School: ______________________________

Child's Name: _________________________________School: ______________________________

Child's Name: _________________________________School: ______________________________

For more information, call 541-923-8238
Return this form to: RSD Nutrition Services

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