



Dear Parent/Guardian:

Children need healthy meals to learn. Bethel School District offers healthy meals to students every school day. Breakfast is available at no charge to all students. Your children may qualify for free meals or for reduced price meals. Meals are priced as follows:

Meals	Grades K - 5	Grade 6-8	Grades 9-12
Breakfast	\$0.00	\$0.00	\$0.00
Lunch	\$2.25	\$2.40	\$2.50
Reduced*	\$0.00	\$0.00	\$0.00

*Funding provided by the Oregon Legislature to eliminate the reduced price for school meals.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from SNAP, FDPIR, or 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 at least for reduced price meals if your household income is at or below the limits of this chart.

Household Size	Reduced Price Meals				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	22,459	1,872	936	864	432
-2-	30,451	2,538	1,269	1,172	586
-3-	38,443	3,204	1,602	1,479	740
-4-	46,435	3,870	1,935	1,786	893
-5-	54,427	4,536	2,268	2,094	1,047
-6-	62,419	5,202	2,601	2,401	1,201
-7-	70,411	5,868	2,934	2,709	1,355
-8-	78,403	6,534	3,267	3,016	1,508
For each additional family member add	7,992	666	333	308	154

- 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 you have not been notified your children will get free meals, please call Donna Butera at 541-461-6424 x2543.
- 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: Bethel School District, 4640 Barger Drive, Eugene, OR 97402 or in person at the Nutrition Services office at 1730 Taney Street. You may also leave completed applications at your school.
- 4. CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. Please visit mymealtime.com to fill out an application online.
- 5. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification call Alice Hull at 541-461-6401 x 4197 or email Alice.hull@bethel.k12.or.us



6. **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 **10/16/2018**. 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.
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.
8. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. **MY CHILDREN RECEIVE OREGON HEALTH PLAN BENEFITS. CAN THEY GET FREE MEALS?** This can only be determined by completing an application for meal benefits. Please fill out an application.
10. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the information reported.
11. **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 for free and reduced price meals if the household income drops below the income limit.
12. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You may ask for a hearing by calling or writing to: Simon Levear, 4640 Barger Drive, Eugene OR 97402 541-689-3283 x 2016.
13. **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 for free or reduced price meals. Information provided by the household will not be used for immigration-related purposes.
14. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children who live with you. Foster children may be included as household members. If you live with other people who are economically independent (for example, people you do not support, who do not share income with you or your children and who pay a pro-rated share of expenses), do not include them.
15. **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.
16. **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 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.
17. **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.
18. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 2-1-1- or 1-800-SAFENET (723-3638). For food assistance call 1-866-348-6479 (1-866-3-HUNGRY). In the summer time, Text "FOOD" to 877877 or visit www.Summerfoodoregon.org for free summer meal options in your area.
19. If you have other questions or need help, call **Alice Hull 541-461-6401x4197** or email: alice.hull@bethel.k12.or.us.

Sincerely,

Alice A. Hull

Assistant Director, Bethel Nutrition Services

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

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

Name <u>Print</u>	Home Phone or Cell Phone or Work (Circle One)
Mailing Address – Apt #	Email address
City State Zip	➔ Number living in this household _____ (Write names of all household members on part 2 and/or part 4 of this form)

2 STUDENT INFORMATION*

Child's Name (Legal Last name, First name)	School	Grade (optional)	Birth Date (optional)	Check if Foster Child
1. _____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>

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*** TANF _____ Go to Part 5 below

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

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

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
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)	MONTHLY INCOME (Total earnings & wages before deductions)	MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	OTHER MONTHLY INCOME -Including unemployment and workers comp.	Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

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** _____ 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 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

Total Income: _____ Number in household: _____ Date Withdrawn: _____

Free based on: SNAP/TANF/FDIPIR 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.*

FEDERAL INCOME GUIDELINES

Your children may qualify at least for reduced price meals if your household income is at or below the limits of this chart.

Reduced Price Meals

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	22,459	1,872	936	864	432
-2-	30,451	2,538	1,269	1,172	586
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-7-	70,411	5,868	2,934	2,709	1,355
-8-	78,403	6,534	3,267	3,016	1,508
For each additional family member add	7,992	666	333	308	154

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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

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