

2004 / 2005 CONFIDENTIAL APPLICATION FOR FREE & REDUCED PRICE MEALS

INSTRUCTIONS

- If your household receives **FOOD STAMPS, TANF** or **FDPIR**, complete parts 1, 2 and 5 of this application.
- If you are applying **BY INCOME**, complete parts 1, 2, 3 & 5 of this application.
- If applying for a **FOSTER CHILD**, complete parts 1, 4 & 5 of this application. Complete a separate form for each foster child.

1 HOUSEHOLD INFORMATION

Print Name of person completing this application (Last name, first name)

Home Phone

()

Mailing Address (Street address or P.O. Box)

Work Phone

()

City, State, Zip Code

Does your household receive any of the following:

- FOOD STAMPS** **TANF** (Temporary Assistance to Needy Families) **FDPIR** (Food Distribution Program on Indian Reservation)

2 STUDENT INFORMATION

	Child's Name (Last name, first name)	Grade	School	List Food Stamp or TANF case # for EACH child if applicable
1.				
2.				
3.				
4.				
5.				
6.				

3 HOUSEHOLD MEMBERS & MONTHLY INCOME (See reverse side to determine monthly income.)

	LIST NAMES OF ALL HOUSEHOLD MEMBERS, AND THEIR INCOME, IF APPLICABLE Do not include the names of children listed above unless they receive regular income (Last name, first name)	MONTHLY INCOME Total earnings & wages before deductions	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	OTHER MONTHLY INCOME Including Unemployment
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$

4 FOSTER CHILD INFORMATION (Complete a separate form for each foster child.)

Foster Child's Name _____ Grade _____ School _____ Monthly Personal Use Income \$ _____

5 SIGNATURE & SOCIAL SECURITY NUMBER

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the form; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member

X

Date

Social Security Number *(See Privacy Statement on reverse side)

| | | - | | - | | | | |

Check here if signer does not have a Social Security #

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Section 3 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source.

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 4.33. 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 2.15. 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 2. 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.*

* PRIVACY STATEMENT

Section 9 of the National School Lunch Act requires that, unless your child's food stamp case number/FDPIR case number or other identifier or TANF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the applications does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, TANF or FDPIR office to determine current certification for receipt of these benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

NON-DISCRIMINATION STATEMENT

The United States Department of Agriculture (USDA) and the State of Oregon prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, religion, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA and the State of Oregon are an equal opportunity provider and employer.

FOR SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

ELIGIBILITY	APPROVED	CHANGE OF STATUS																												
<input type="checkbox"/> FOOD STAMPS / TANF <input type="checkbox"/> FDPIR <input type="checkbox"/> HOUSEHOLD INCOME Household size: _____ Total Household Income: _____ \$ _____ <input type="checkbox"/> FOSTER CHILD Household size: <u>1</u> Personal Use Income _____ \$ _____ Monthly Income Conversions: Weekly x 4.33 Every 2 weeks x 2.15 Twice a month x 2	<input type="checkbox"/> Free <input type="checkbox"/> Reduced Price <input type="checkbox"/> Temporary Free until _____ ; until _____ ; until _____ ; DENIED <input type="checkbox"/> Application Incomplete <input type="checkbox"/> Income Too High <input type="checkbox"/> Other reason: _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Date /Comment</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Temporary to Free</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Temporary to Reduced Price</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Temporary to Paid</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Free to Reduced-Price</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Free to Paid</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Reduced Price to Free</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Reduced Price to Paid</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Benefits No Longer Needed</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Benefits Changed due to Verification Results</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Application Reactivated</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Withdrew from school (Inactive)</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Moved to Another School District (Inactive)</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Transferred within School District (Inactive)</td><td>_____</td></tr> </tbody> </table>		Date /Comment	<input type="checkbox"/> Temporary to Free	_____	<input type="checkbox"/> Temporary to Reduced Price	_____	<input type="checkbox"/> Temporary to Paid	_____	<input type="checkbox"/> Free to Reduced-Price	_____	<input type="checkbox"/> Free to Paid	_____	<input type="checkbox"/> Reduced Price to Free	_____	<input type="checkbox"/> Reduced Price to Paid	_____	<input type="checkbox"/> Benefits No Longer Needed	_____	<input type="checkbox"/> Benefits Changed due to Verification Results	_____	<input type="checkbox"/> Application Reactivated	_____	<input type="checkbox"/> Withdrew from school (Inactive)	_____	<input type="checkbox"/> Moved to Another School District (Inactive)	_____	<input type="checkbox"/> Transferred within School District (Inactive)	_____
	Date /Comment																													
<input type="checkbox"/> Temporary to Free	_____																													
<input type="checkbox"/> Temporary to Reduced Price	_____																													
<input type="checkbox"/> Temporary to Paid	_____																													
<input type="checkbox"/> Free to Reduced-Price	_____																													
<input type="checkbox"/> Free to Paid	_____																													
<input type="checkbox"/> Reduced Price to Free	_____																													
<input type="checkbox"/> Reduced Price to Paid	_____																													
<input type="checkbox"/> Benefits No Longer Needed	_____																													
<input type="checkbox"/> Benefits Changed due to Verification Results	_____																													
<input type="checkbox"/> Application Reactivated	_____																													
<input type="checkbox"/> Withdrew from school (Inactive)	_____																													
<input type="checkbox"/> Moved to Another School District (Inactive)	_____																													
<input type="checkbox"/> Transferred within School District (Inactive)	_____																													
Signature of Official Determining Eligibility _____ Date _____ X _____ M / D / Yr _____																														