



DAVE HARVEY, Operations Director
Food Services
3625 Fairview Industrial Drive SE • Salem, Oregon 97302
503-399-3091

Sandy Husk, Superintendent

Dear Parent/Guardian:

July 1, 2009

*Children need healthy meals to learn. Salem-Keizer School District offers healthy meals every school day. Elementary breakfast costs **\$.90**; Secondary breakfast costs **\$1.05**; Elementary lunch costs **\$1.75**; Secondary lunch costs **\$2.20**. Your children may qualify for free meals or for reduced price meals. Reduced price is **No charge** for breakfast and **\$.40** for lunch.*

- 1. Should I fill out an application if I got a letter 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 child in your household, then you must complete an application listing all household members. Call the **Food Service Office at 503-399-3091 ext. 224**.
- 2. 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: Food Services: 3625 Fairview Ind. Dr. SE; Salem, Oregon 97302.**
- 3. 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 regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
- 4. Can homeless, runaway and migrant children get free meals?** Please call the **homeless liaison or migrant coordinator at 503-399-3111** to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 5. 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.
- 6. 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.
- 7. I get WIC. Can my child(ren) get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
- 8. My children receive Oregon Health Plan benefits. Can they get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
- 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 Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), 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?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Lorne Holtmeier; 3625 Fairview Ind. Dr. SE; Salem, Oregon 97302.**
- 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 all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 14. What if my income is not always the same?** List the 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 get it only sometimes.

If you have other questions or need help, call **Marjorie Samek at 503-399-3091 ext. 224**.

Sincerely,
Richard F. Goward, Jr.
Chief Financial Officer

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.

2009/2010 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

NOTICE:

- If you have received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district, **do not** complete this application.
- See **Application Instructions** on back of form.

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

Home Phone or Cell Phone (Circle One) _____

Name Print _____

Work Phone _____

Mailing Address – Apt # _____

City State Zip _____

➔ Number living in this household _____
(Write names of **all** household members on parts 2 and/or 4 of this form)

Does this household receive FDPIR (Food Distribution on Indian Reservations) Yes (Complete parts 2 and 5)

2 STUDENT INFORMATION

Child's Name (Last name, First name)	School	Grade	Birth Date	List SNAP* or TANF case # for each child, if receiving public benefits
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

3 FOSTER CHILD INFORMATION (COMPLETE A SEPARATE FORM FOR EACH FOSTER CHILD) Child's Monthly

Child's Name (Last name, First name)	School	Grade	Birth date	Personal Use Income
_____	_____	_____	_____	_____

4 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 section 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. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE & SOCIAL SECURITY NUMBER

I certify (promise) that all of the information on this application is true (correct) and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds; that state officials may verify (check) information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Signature of Adult Household Member _____ Date Signed _____ Social Security Number * _____

X _____ (See privacy statement on back) I do not have a Social Security Number.

Month/day/year _____

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 Program Sign here: _____

* Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program)

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

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

Free based on: Reduced based on: Denied – Reason: Temporary:

SNAP/TANF household income income too high Free

FDPIR foster child's income incomplete application Reduced

household income foster child's Income Determining Official's Signature : _____ Date _____ Until: _____ Until: _____

(maximum 45 days each)

Application Instructions

- If your household receives **SNAP, TANF or FDPIR**, complete parts 1, 2 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 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.

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	<i>Reduced Price Meals</i>		
	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.