



Galina Dobson, Director
Nutrition Services
350 SE 13th Ave, Canby, Oregon 97013
(503) 266-6742 office – (503) 266-1829 fax

Dear Parent/Guardian:

Children need healthy meals to learn. Canby School District offers healthy meals every school day. Elementary breakfast costs \$1.10; middle school \$1.25; high school \$1.35. Elementary lunch costs \$2.45; middle school \$2.80; high school \$3.05. Your children may qualify for free or reduced price meals. Reduced priced meals are currently offered at no charge.

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. Call nutrition services at (503) 266-6742 if you have questions.
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: Canby School District Nutrition Services, 350 SE 13th Ave, Canby, OR 97013.**
3. **Who can get free meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, TANF, or FDPIR can get free meals, regardless of your income. Also, your children can get free meals if your household income is within the free or reduced limits on the Federal Income Guidelines.
4. **Can foster children get free meals?** Yes, foster children who are under the legal responsibility of a foster care agency or court can receive free meals. Any foster child in the household can get free meals, regardless of income.
5. **Can homeless, runaway, and migrant children get free meals?** Please call the homeless liaison or migrant staff at (503) 263-7429 to see if your child(ren) qualifies.
6. **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. (Please note: reduced priced meals are currently offered at no charge, making them free to qualifying students)
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 receive WIC benefits. 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.
9. **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.
10. **Will the information I give be checked?** Yes, we may ask you to send written proof.
11. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year.
12. **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: **Canby School District Nutrition Services, 350 SE 13th Ave, Canby, OR 97013.**
13. **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.
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 relatives, or friends) whom you support. 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 earn. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
16. **We are in the military; do we include our housing allowance?** If you get an off-base housing allowance, it must be counted as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
17. **My spouse is deployed to a combat zone. Is combat pay counted as income?** Combat pay is excluded if it is received in addition to the service member's basic pay; because of the deployment; **and** not received before being deployed.
18. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Oregon SNAP or other assistance benefits, contact your local assistance office or Text "FOOD" to 877877 or call 1-866-348-6479 (1-866-3-HUNGRY) or visit www.Summerfoodoregon.org

If you have other questions or need help, call (503) 266-6742.

Sincerely,
Galina Dobson

INSTRUCTIONS FOR APPLYING

For Supplemental Nutrition Assistance Program (SNAP) benefits OR Temporary Assistance for Needy Families (TANF) Households, do the following:

Part 1: Complete Household information.

Part 2: List child(ren)'s name, school, grade, birthday and mark the checkbox **if** they are a formally placed foster child in the family.

Part 3: Give the name of the person in the household with benefits and their case number, (SNAP) benefits (A11-11-1111) or TANF (AA111 or AAA111).

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:

Part 1: Complete Household information

Part 2: List child(ren)'s name, school, grade, birthday and mark the checkbox **if** they are a formally placed foster child in the family.

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.

OR Complete a **Household** application for the entire household including the foster child following instructions for "All Other Households."

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Complete Household information.

Part 2: List child(ren)'s name, school, grade, birthday and mark if child is foster.

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, and alimony.

Column 4 – List the amount each person got last month from pensions, retirement, and 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 a 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 the last four (4) numbers of 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.

2016-2017 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

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.

1 HOUSEHOLD INFORMATION Print name of person completing this application (Last name, First name) _____
 Home Phone or Cell Phone or Work (Circle One) _____
 Name Print _____
 Email address _____
 Mailing Address – Apt # _____
 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 FDPIR (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 digits 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 _____ Last 4 Digits of Social Security Number (See back for privacy statement) _____ 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 Black or African American White, not of Hispanic origin Native Hawaiian or Other Pacific Islander Other

Instead of English, 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: Reduced based on: Denied – Reason:

SNAP/TANF/FDPIR household income income too high

Foster child categorical household income incomplete application

Determining Official's Signature _____ Date _____

Application Instructions

- 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 falls within the limits of this chart.

Household Size	Reduced Price Meals				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	21,978	1,832	916	846	423
-2-	29,637	2,470	1,235	1,140	570
-3-	37,296	3,108	1,554	1,435	718
-4-	44,955	3,747	1,874	1,730	865
-5-	52,614	4,385	2,193	2,024	1,012
-6-	60,273	5,023	2,512	2,319	1,160
-7-	67,951	5,663	2,832	2,614	1,307
-8-	75,647	6,304	3,152	2,910	1,455
For each additional family member add	7,696	642	321	296	148

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
 This institution is an equal opportunity provider.



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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.)

- Outdoor School
- Sports, namely _____
- Clubs, namely _____
- Others, namely _____

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 the nutrition services office at 503-266-6742.



Voluntary Nutrition Services Account Balance Donation Agreement

Families who establish accounts with the Nutrition Services of the Canby School District are entitled to a return of any remaining balance at any time they determine the account is no longer needed (i.e. graduation, transfer, withdraw, or a decision to no longer purchase school lunches). Often families do not collect these funds after they no longer participate in the Canby school lunch program. In the past, the district has made attempts to contact families of inactive accounts to return these funds with mixed success.

If these funds are not returned within 18 months of the last activity, the district is required to close these accounts and transfer this money to the State of Oregon. This agreement will allow these funds to be used to provide meals to students in our community.

I _____ (Name) understand that each year the Canby School District experiences losses in uncollected revenue for providing meals to students who do not have adequate funds and whose parents/guardians cannot or do not pay the accumulated debt. In order to assist the Canby School District in continuing to provide meals to students in this manner and minimize the financial impact to the district, I voluntarily agree that if my student's account is inactive for over 12 consecutive months, the district may close the account and transfer any remaining fund balance into a fund to cover the cost of such meals. Signing this agreement does not prevent me from requesting a return of any fund balance at any time prior to my account being closed.

Student Name on Account

Parent/Guardian Signature

Date

If you have any questions, please call 503-266-6742 or e-mail at dobsong@canby.k12.or.us