

Beaverton School District

Return to: Meal Benefits, 10740 NE Walker Rd, Entrance D1, Beaverton, OR 97006

- 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 **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)

2 STUDENT INFORMATION*

Child's Name (Legal Last name, First name)	Student ID #	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 to Part 5 and complete)

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME ** – if not monthly, use conversion chart in this packet

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 - _____ (See privacy statement on back)

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

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 _____

SEE IMPORTANT INFORMATION ON REVERSE SIDE

2019-2020
Beaverton School District
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 Meals is 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.**

Completing this form will not change whether your student(s) get free or reduced meals, and it is NOT A REQUIREMENT.

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 BSD school officials to share information from my Free and Reduced-Price School Meals Application with the following BSD programs.

- BSD Educational/School-related program fees (***ChromeBook insurance***, field trips, educational workbooks, elective class lab and test fees, college tuition fees, night school fees, fees for kindergarten or pre-K, Outdoor School fees, PSAT/SAT/ACT test fees, AP test fees)
- Administrative BSD Programs: (examples include, but are not limited to student activity fees, student body card fees, before and after school programs).
- BSD Athletic Programs
- Medical / Dental / Eye Program fee waiver/reduction

By marking YES, I understand that I am releasing information (student's name, F/R status, and/or contact information) to the programs listed above. 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: _____

Student Name	Birthdate MM/DD/YYYY	Student ID Number	School
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

Return this form to:
Meal Benefits – 10740 NE Walker Rd, Entrance D1 - Beaverton, OR 97006
or Your School Office

This institution is an equal opportunity provider.