

Beaverton School District

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

If you received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district **do not** complete this application.

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)	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 Case Number _____
 Go to Part 5 below

Does this household receive FDPIR (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 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)	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 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 _____
 (See privacy statement on back) 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

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ Number in household: _____ Date Withdrawn: _____

Free based on: SNAP/TANF/FDPIR 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

2020-2021

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:

Table with 4 columns: Student Name, Birthdate MM/DD/YYYY, Student ID Number, School. It contains five rows of empty fields for data entry.

Return this form to:

Meal Benefits – 10740 NE Walker Rd, Entrance D1 - Hillsboro, OR 97006
or Your School Office

This institution is an equal opportunity provider

July 2020

Dear Parent/Guardian:

Children need healthy meals to learn, and every family in the Beaverton School District is welcome to apply for free or reduced-price meals at school. **Applying is a two-step process: first you apply, then you receive a notification letter.** Even if you think your child is receiving meal benefits, you must receive a letter from Meal Benefits before you know for sure. You can also call Meal Benefits to check on eligibility at **(503)356-3957 or (503)356-3955**. Meals are free if you qualify for meal benefits; otherwise parents are responsible to pay the following prices:

	Elementary	Middle	High	Adult
Breakfast	\$1.45	\$1.50	\$1.60	\$2.50
Lunch	\$3.05	\$3.25	\$3.60	\$4.50

Reduced price is \$0 for all reimbursable meals. Here are some common questions and answers to help you with the application process.

1. **WHO CAN GET FREE OR REDUCED-PRICE MEALS?**

- All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) benefits, TANF or FDIPIR are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may qualify for free or reduced-price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines (see chart below).

FEDERAL ELIGIBILITY INCOME CHART For School Year 2020-2021			
Household size	Yearly	Monthly	Weekly
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional Person	8,288	691	160

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 haven't been told your children will get free meals, please call **Homeless Liaison Lisa Montesana at (503)356-5071 or Migrant Liaison Judy Swearingen at (503)356-3764**.
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Family Application for Free & Reduced Meals 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: **Meal Benefits, 10740 NE Walker Road, Entrance D1, Hillsboro, OR 97006. YOUR CHILDREN MAY NOT RECEIVE MEAL BENEFITS UNTIL YOU RECEIVE A LETTER SAYING THEY ARE ELIGIBLE.**
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Laurie Bishop, Meal Benefits Program Specialist, at (503)356-3957** immediately.
5. **CAN I APPLY ONLINE?** Yes! The online application is faster for us to process, and it cannot get misplaced! The online application has the same requirements as the paper application. Visit www.schoolcafe.com to apply online. Contact **Laurie Bishop, Meal Benefits Program Specialist, at (503)356-3957 if you have any questions about the online application.**

6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application was only good for the 2019-2020 school year and until early October 2020. You must send in a new application unless you have received a letter telling you that your child is eligible for the 2020-2021 school year. **If you do not send in a new application that is approved by Meal Benefits 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. **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 apply.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
9. **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 or reduced-price meals if the household income drops below the income limit.
10. **WHAT IF I DISAGREE WITH THE DISTRICT'S DECISION ABOUT MY APPLICATION?** You may ask for a hearing by calling or writing to **Laurie Bishop, Meal Benefits Program Specialist, 10740 NE Walker Road, Entrance D1, Hillsboro, OR 97006. Phone number is (503)356-3957; email address is NS-MealBenefits@beaverton.k12.or.us.**
11. **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. **WE DO NOT REPORT YOUR INFORMATION TO ANY GOVERNMENT AGENCIES.**
12. **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.
13. **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. If any income fields are left empty or blank, those will also be counted as zeroes.
14. **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, they 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.
15. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR THE NAMES OF ALL OF MY FAMILY MEMBERS?** List any additional household members on a separate piece of paper and attach it to your application.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for Supplemental Nutrition Assistance Program (SNAP) benefits 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 summertime, Text "FOOD" to 877877 or visit www.Summerfoodoregon.org for free summer meal options in your area.

If you have other questions or need help, call **Nutrition Services at (503)356-3955** or **Laurie Bishop at (503) 356-3957.**

Sincerely,

Laurie Bishop

Meal Benefits Program Specialist

Nutrition Services Department

10740 NE Walker Road, Entrance D1

Hillsboro, OR 97006

NS-MealBenefits@beaverton.k12.or.us

(503)356-3957

If you need this document interpreted please call (503) 356-3755

(Arabic) 503-356-3780 إذا كنت بحاجة إلى تفسير هذا المستند يرجى الاتصال على

如果您需要翻译服务，请致电学区多语种部。(503) 356-3779 (Chinese)

日本語で説明が必要な方は、(503) 356- 3781 までご連絡下さい。(Japanese)

한국어로 설명이 필요하시면 (503) 356-3778 로 연락주시기 바랍니다 (Korean)

Если Вам нужен перевод этого документа, позвоните по телефону (503) 356-3770 (Russian)

Hadii aad u baahan tahay in lagu turjumo ducumeentigaan fadlan soo wac (503) 356-3776 (Somali)

Si usted necesita la interpretación de este documento, por favor, llame al (503) 356-3755 (Spanish)

Xin liên hệ (503) 356-3777 nếu cần nghe phiên dịch văn kiện này (Vietnamese)

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.*

2020-2021 Meal Charging Policy

Oregon House Bill 3454 specifies that when a student requests a reimbursable meal during meal service, they shall receive a meal regardless of the ability to pay. A reimbursable meal consists of at least three (3) components from the five (5) following food groups; Meat/Meat Alternate, Grain, Vegetable, Fruit and Fluid Milk. A student must take a minimum of 3 components from the 5 options, and one of the components must be at least 1/2 cup of fruit or vegetable. **The costs of all received meals are the responsibility of the parent or guardian**, including meals charged before a student becomes eligible for meal benefits.

- Due to provisions in Oregon law, the school district is unable to establish a charging limit for all accounts.
- Students who are without funds will be allowed to charge meals, unless the student's parent or guardian has provided written permission to withhold a meal from the student to reduce the amount of that student's debt.
- Beaverton School District will not publicly identify a student who cannot pay for a meal because of a negative balance. We will provide a student their balance only if they inquire.
- No students will be allowed to charge a la carte menu items (including a carton of milk).
- Adults cannot charge meals or a la carte items.

PARENT NOTIFICATIONS ABOUT CAFETERIA BALANCES

1. Balance Notification:
 - a. Parents/guardians/students can inquire directly with cafeteria staff.
 - b. Parents/guardians/students can use SchoolCafe (www.schoolcafe.com) to see a student's balance, apply for meal benefits, create alerts, and turn on auto-pay.
2. Negative Balance Notification:
 - a. Parents/guardians may sign up for School Messenger to receive automated phone calls and emails about a student's negative cafeteria balance. To sign up, go to <https://www.beaverton.k12.or.us/departments/public-safety/schoolmessenger>.
 - b. Nutrition Services staff may send home a note to parent/guardian.
 - c. Phone calls/emails may be made by Nutrition Services staff to parents/guardians.

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 investigate 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, audiotope, 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.
- (3) email: program.intake@usda.gov