

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.
- * = 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 <u>Print</u>	Home Phone or Cell Phone or Work (Circle One)
Mailing Address – Apt #	Email address
City State Zip	Total number in household (Children + adults)

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 - ____

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 Oregon EIG

Determining Official's Signature : _____ Date _____

2022-2023
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 (examples: Electronic device insurance, field trips, educational workbooks, elective class lab and test fees, college tuition fees, night school fees, Outdoor School fees, PSAT/SAT/ACT test fees, AP test fees)
- Administrative BSD Programs: (examples: 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.

2022-2023 FREQUENTLY ASKED QUESTIONS: FEDERAL FREE AND REDUCED-PRICE SCHOOL MEALS & OREGON EXPANDED INCOME GUIDELINES (EIG)

Dear Parent/Guardian:

Children need healthy meals to learn. **Beaverton School District** offers healthy meals every school day. **Your children may qualify for free meals, reduced-price meals, or no-cost meals through Oregon's Expanded Income Guidelines for public schools.** Reduced-price meals are provided at no cost through extra funding from the state of Oregon. Below are some common questions and answers to help you with the application process.

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

- All children in households receiving benefits from [State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State TANF], are eligible for free meals.
- Foster children under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2022-23

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	25,142	2,096	1,048	967	484
- 2 -	33,874	2,823	1,412	1,303	652
- 3 -	42,606	3,551	1,776	1,639	820
- 4 -	51,338	4,279	2,140	1,975	988
- 5 -	60,070	5,006	2,503	2,311	1,156
- 6 -	68,802	5,734	2,867	2,647	1,324
- 7 -	77,534	6,462	3,231	2,983	1,492
- 8 -	86,266	7,189	3,595	3,318	1,659
Each add'l household member add	8,732	728	364	336	168

1A. WHO CAN GET OREGON EIG NO-COST MEALS?

Your children may receive no-cost meals if your household income is within the limits on the Oregon Expanded Income Guidelines.

OREGON EXPANDED INCOME GROUP INCOME CHART For School Year 2022-23

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	40,770	3,398	1,699	1,569	785
- 2 -	54,930	4,578	2,289	2,113	1,057
- 3 -	69,090	5,758	2,879	2,658	1,329
- 4 -	83,250	6,938	3,469	3,202	1,601
- 5 -	97,410	8,118	4,059	3,747	1,874
- 6 -	111,570	9,298	4,649	4,292	2,146
- 7 -	125,730	10,478	5,239	4,836	2,418
- 8 -	139,890	11,658	5,829	5,381	2,691
Each add'l household member add	14,160	1,180	590	545	273

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, please call (503)356-507 or e-mail helpcenter@beaverton.k12.or.us for Homeless referrals, or the Migrant office at (503)356-3764.

3. I HEARD SOME SCHOOLS GIVE FREE MEALS TO EVERY STUDENT. The following schools are participating in the Community Eligibility Provision program, offering free breakfast and lunch to all students enrolled at those schools. If your student attends one of these schools, you do not need to fill out a Meal Benefits application: Aloha Huber Park, Barnes, Beaver Acres, Chehalem, Fir Grove, Greenway, Hazeldale, Kinnaman, McKay, McKinley, Merlo Community School, Vose, William Walker. If you have students at non-CEP schools, please apply.

4. **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.* Your application must be complete AND SIGNED to be processed. Return the completed application to: Meal Benefits, 10740 NE Walker Road, Entrance D-1, Hillsboro, OR 97006 or apply online.
5. **CAN I APPLY ONLINE?** Yes! Applying online is faster and safer. Visit www.schoolcafe.com to begin or to learn more about the online application process. Contact Meal Benefits at (503)356-3957 or email NS-MealBenefits@beaverton.k12.or.us if you have any questions about the online application.
6. **DO I NEED TO FILL OUT A DIFFERENT APPLICATION TO QUALIFY FOR THE OREGON EIG NO-COST MEALS?** No, use one meal application for both federal and Oregon EIG benefits.
7. **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 received carefully and KEEP THE LETTER. If any children in your household were missing from your eligibility notification, contact: Meal Benefits at (503)356-3957 or email NS-MealBenefits@beaverton.k12.or.us immediately.
8. **DO I HAVE TO APPLY EVERY YEAR?** Yes. Your child's application is only good for the current school year (starting July 1st of each year). You must send in a new application unless the school told you that your child is eligible for the new 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.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report. *(Not applicable to Oregon EIG eligible applications)*
10. **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 if the household income drops below the income limit.
11. **WHAT IF I DISAGREE WITH THE DECISION ABOUT MY APPLICATION?** You may ask for a hearing by calling or writing to: **Charity Ralls, (503)356-356-3955, 10740 NE Walker Road, Entrance D-1, Hillsboro, OR 97006.** *(Not applicable to Oregon EIG eligibility decisions)*
12. **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. Your information is not reported to the government.
13. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. 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.
14. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Whenever this happens, please write a zero (0) in the field. If any income fields are left blank, those will also be counted as zeroes.
15. **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, it must also be included as income. If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any combat pay resulting from deployment is also excluded from income.
16. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper and attach it to your application.
17. **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 at 211.

If you have other questions or need help, contact Meal Benefits at (503)356-3957 or email NS-MealBenefits@beaverton.k12.or.us

Sincerely,

Laurie Bishop
Meal Benefits Program Specialist
Nutrition Services
10740 NE Walker Road, Entrance D-1
Hillsboro, OR 97006

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)

2022-2023 Meal Charging Policy

Although all BSD students have received free breakfast and lunch at school since March 2020, the 2022-2023 school year brings a return to the National School Lunch Program. This means that **all families must be approved to receive free meals or must pay full price for meals.**

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 three components from the five options, and one of the components must be at least 1/2 cup of fruit or vegetable.

All costs and accrued balances for received meals are the responsibility of the parent or guardian.

- Parents or guardians can request, in writing, that student meals be withheld to reduce or limit the amount of that student's debt. Submit written requests to NS-MealBenefits@beaverton.k12.or.us with the Subject Line: Restrict Charging. Include student's full name and student ID#.
- 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 ask.
- Students may not charge a la carte items (snack foods, separate entrees).
- Adults may not charge meals or a la carte items. Adult meals must be paid for in cash or with funds from the adult's cafeteria account.

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, review cafeteria purchases, apply for meal benefits, create low-balance alerts, and turn on auto-pay.
2. Negative Balance Notification:
 - a. Parents/guardians will receive text and email notifications via ParentSquare any time their student's cafeteria balance falls below \$0.

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov