

Beaverton School District

**Return to: Meal Benefits, 10740 NE Walker Rd, Entrance D1, Hillsboro, OR 97006
Or any BSD School Office**

- If you received a 2023-2024 ELIGIBILITY LETTER – 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 Print	Daytime Phone
Mailing Address – Apt #	Email address
City, State, Zip	Total number of people n household

2 STUDENT INFORMATION*

Child's Name (Legal Last name, First name)	Student ID #	Grade (optional)	Birth Date	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 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 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 _____

2023-2024
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 district 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 - Hillsboro, OR 97006
or Your School Office

This institution is an equal opportunity provider.

**2023-2024 FREQUENTLY ASKED QUESTIONS
FEDERAL FREE AND REDUCED-PRICE SCHOOL MEALS &
OREGON EXPANDED INCOME GUIDELINES (EIG)**

Dear Beaverton School District 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 **Oregon SNAP, Oregon TANF, or the Food Distribution Program on Indian Reservations (FDPIR)** 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 who attend Community Eligibility Provision (CEP) schools are eligible for free meals.
2. Children may receive free or reduced-price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines.

Federal Reduced Price Meals

Participants may qualify for reduced price meals if the household income falls at or below the limits on this chart.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	26,973	2,248	1,124	1,038	519
- 2 -	36,482	3,041	1,521	1,404	702
- 3 -	45,991	3,833	1,917	1,769	885
- 4 -	55,500	4,625	2,313	2,135	1,068
- 5 -	65,009	5,418	2,709	2,501	1,251
- 6 -	74,518	6,210	3,105	2,867	1,434
- 7 -	84,027	7,003	3,502	3,232	1,616
- 8 -	93,536	7,795	3,898	3,598	1,799
Each add'l household member add	9,509	793	397	366	183

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 (EIG).

Oregon Expanded Income Guidelines (EIG)

Oregon students may qualify for EIG meals at no charge² if the household income falls at or below the limits on this chart and above the limits on the Federal Reduced Price Meal chart.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	43,740	3,645	1,823	1,683	842
- 2 -	59,160	4,930	2,465	2,276	1,138
- 3 -	74,580	6,215	3,108	2,869	1,435
- 4 -	90,000	7,500	3,750	3,462	1,731
- 5 -	105,420	8,785	4,393	4,055	2,028
- 6 -	120,840	10,070	5,035	4,648	2,324
- 7 -	136,260	11,355	5,678	5,241	2,621
- 8 -	151,680	12,640	6,320	5,834	2,917
Each add'l household member	15,420	1,285	643	594	297

3. **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? Are any children living with you who have chosen to leave their prior family or household? Does your family relocate on a seasonal basis? If you believe children in your household meet any of these descriptions, please call (503)356-5073 or e-mail mvp@beaverton.k12.or.us for Homeless referrals, or the Migrant office at (503)356-3764.

4. **WHY DO SOME SCHOOLS GET FREE MEALS?** The following schools are participating in the Community Eligibility Provision program, based on demographics, offering free breakfast and lunch to all students enrolled at those schools. If you only have students enrolled at one of these schools, please do not fill out a Meal Benefits application: Aloha-Huber Park, Barnes, Beaver Acres, Chehalem, Fir Grove, Greenway, Hazeldale, Kinnaman, McKay, McKinley, Meadow Park, Mountain View, Merlo Community School, Vose, and William Walker. If you also have students at non-CEP schools, please apply for Meal Benefits for them.
5. **HOW DO I APPLY FOR MEAL BENEFITS?** Download the School Café app on your phone or visit www.schoolcafe.com/beavertonsd to create an account and apply for free meals for your students. Applying online is the preferred way to request benefits as it is simple, secure, and confidential.
6. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Include every student and every adult in your household on one application. If you do not have access to the internet at home, visit your local library and apply at www.schoolcafe.com/beavertonsd. If you are unable to apply online, request a paper application at your student's school office or by contacting Nutrition Services at (503)356-3955.
7. **DO I NEED TO FILL OUT A DIFFERENT APPLICATION TO QUALIFY FOR OREGON EIG NO-COST MEALS?** No, use one meal application for both federal and Oregon EIG benefits.
8. **I ALREADY RECEIVED AN APPROVAL LETTER FOR THE 2023-2024 SCHOOL YEAR. DO I STILL NEED TO APPLY?** No, but keep the approval letter for the entire school year. If any children in your household were missing from your approval letter, contact Meal Benefits at (503)356-3957 or email NS-MealBenefits@beaverton.k12.or.us. Only CEP students and/or those listed on the letter are approved for meal benefits and all others will be charged for meals.
9. **DO I HAVE TO APPLY EVERY YEAR?** Yes. Your child's application is only good for the current school year. You must send in a new application after July 1, 2023, unless you have received a letter confirming that your child is eligible for the 2023-2024 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. If you only have students at CEP schools, do not apply (see #3)
10. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
11. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply multiple times during the school year if your income decreases or household size increases.
12. **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)*
13. **DO WE HAVE TO BE U.S. CITIZENS TO RECEIVE MEAL BENEFITS?** No. 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.
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. Use the income you are earning at the time you complete the application.
15. **DO I INCLUDE PEOPLE WHO LIVE WITH ME BUT DON'T HAVE JOBS?** Yes. Include every person in your household, including babies and grandparents.
16. **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. 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 excluded from income.
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.

Sincerely,

Meal Benefits Team - Nutrition Services
10740 NE Walker Road, Entrance D-1
Hillsboro, OR 97006
(503)356-3957

2023-2024 Meal Charging Policy

- Oregon Law specifies that all students who request a full breakfast or lunch must receive that meal, regardless of their account balance. If your student receives a meal but does not qualify for Meal Benefits or have funds in their account, the parent or guardian is responsible for the cost of the meals.
- Students are not allowed to charge a la carte menu items (including a carton of milk). A la carte items must be paid for in cash or with funds from a student's cafeteria account.
- **We are an opt-out program.** If you do not want your student to receive food in the cafeteria, please provide a written statement to NS-MealBenefits@beaverton.k12.or.us.
- Our full meal charging policy can be found here: <https://www.beaverton.k12.or.us/departments/nutrition-services/meal-charging-policy>

Parent Notifications about Negative Balances

- Parents/guardians will receive texts and email notifications via ParentSquare any time their student's cafeteria balance falls below **(-\$10)**.
- Use SchoolCafe (www.schoolcafe.com/beavertonsd) to create an account, see a student's balance, review cafeteria purchases, apply for meal benefits, create low-balance alerts, and turn on auto-pay.

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

If you need interpretation services, please call the
Multilingual Department at 503-356-3755.

(English)

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Multilingual Department at 503-356-3780.

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Multilingual Department 503-356-3779
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(Russian)

Si necesita interpretaci6n en espanol, por favor !lame al
Departamento MultilingOe al 503-356-3755
(Spanish)

Haddii aad u baahan tahay adeegyada turjubaanka, fadlan wac
Waaxda Luqadaha 503-356-3776
(Somali)

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