2020-21 Village School Household Application for Free and Reduced Price School Meals

Apply online at: https://www.ode.state.or.us/apps/frlapp

Today's date

Complete one application per household. Please use a pen (not a pencil).

Printed name of adult signing the form

STEP 1 List AL	L Household Members who are infants	children, and stu	dents up to and inclu	ıdına arade 12	(if more space	es are required for addition	nal names, attach another sheet of paper)
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	MI	Child's Last Name				Grade Student? Yes No Adde to the property of the property o
STEP 3 Report In	NO > Go to STEP 3 If Y		e number here then go to	o STEP 4 <u>(</u> Do <u>no</u>	t complete STE	Case Number:	Write only one case number in this space
Are you unsure what income to include here? Flip the page and review the charts titled "Sources		luding yourself) 2 1 (including yoursel	f) even if they do not rece	eive income. For ecce, write '0'. If yo	each Household	\$ O	How often? Bi-Weekly 2x Month Monthly income, report total gross income (before taxes) ying (promising) that there is no income to report. Pensions/Retirement/ All Other Income Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly
of Income" for more information. The "Sources of Income	Ivalile of Addit Flousehold Wellibers (Flist and East)	\$		\$		O O O O	\$ 0000
for Children" chart will help you with the Child Income section.		\$	0 0 0	S		0 0 0 0	\$ 0 0 0 0 \$ 0 0 0 0
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.		\$	0 0 0	\$		0 0 0 0	\$ 0 0 0 0 \$ 0 0 0 0
STEP 4 Contact i	Total Household Members (Children and Adults) Information and adult signature. MAIL Co	Primary Wage Earn	Social Security Number (S ner or Other Adult Household SCHOOL AT:			X X	Check if no SSN
	tion on this application is true and that all income is repor / lose meal benefits, and I may be prosecuted under appl Apt #			State	pt of Federal funds	, and that school officials may verify (c	

Signature of adult

Sources of Inc	come for Children			
Sources of Child Income	Example(s)			
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages			
- Social Security - Disability Payments - Survivor's Benefits	A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

Sc	ources of Income for Ad	lults
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities / Health Coverage

We are required to ask for information about your children's race and ethnicity. This	s information is important and helps to make sure we are fully serving our com	munity. Responding				
to this section is optional and does not affect your children's eligibility for free or reduced price meals.						
	·					
Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino						
Race (check one or more): American Indian or Alaskan Native Asian	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islande	er 🗌 White				

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

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 four digits of the social security number of the adult household member who signs the application. The last four 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.

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, (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:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or program.intake@usda.gov.

*Only use this address if you are filing a complaint of discrimination

This institution is an equal opportunity provider.

Do not fill out	FOR SCHOOL USE ONLY								
Total Income	Г	Weekly Bi-	How o		Monthly	Household Size	Eligibility:	Oregon Expanded Income Group:	
		Weekly Bi-Weekly 2x Month Mon			Monthly	Categorical Eligibility		O O O	
Determining Official's	s Signature	Dat	te			Confirming Official's Signature	Date	Verifying Official's Sign	ature Date