

Hermiston School District 8R
305 SW 11th St., Hermiston, OR 97838
541-667-6026

Parent/Guardian Letter for Free and Reduced Price Meals

Date: August 2017-18

Dear Parent or Guardian:

How to apply for free or reduced-price meals:

Fill out the enclosed *2017-2018 Confidential Application for Free & Reduced Price Meals* and return to the school. Instructions for completing the application can be found on the following pages. The school may verify information on the application at any time during the school year.

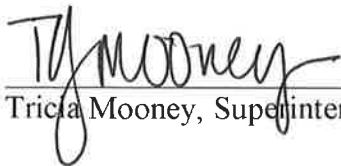
NOTE: If you received an *Eligibility Notification Free Meal Benefits* letter from the school district, you do not need to complete a meal application. Please make sure all school age children in your household are listed on your notification letter. If not, call 541-667-6026 to add them.

The information on your application is used only to determine whether or not your child is eligible for free or reduced-price meals. Student's names and eligibility status can be released to other Federal child nutrition or education programs, and State health or education programs. Any other information on your application can only be released with your written approval.

You will be notified if your application is approved or denied. If you need help with this application, please call: the District Office, Phone #: 541-667-6026.

You may apply for free or reduced price meals at any time during the school year. If you are not eligible now but have a later change, such as a decrease in household income, an increase in household size, become unemployed, or get Food Stamps, TANF, or FDPIR benefits, complete an application at that time.

Sincerely,



Tricia Mooney, Superintendent

Dear Parent/Guardian:

*Children need healthy meals to learn. Hermiston School District offers healthy meals every school day. Breakfast costs \$1.30; lunch costs \$2.35 Elementary Schools, \$2.60 Middle Schools, and \$2.85 High School. Your children may qualify for free meals or for reduced price meals. Reduced price is **No Charge** for breakfast and **No charge** for lunch.*

1. **Should I fill out an application if I got a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call **541-667-6026** if you have questions.
2. **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. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: any of your children's schools or the District Office.**
3. **Who can get free meals?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) benefits, TANF or FDPIR can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
4. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court can get free meals. Any foster child in the household can get free meal regardless of income.
5. **Can homeless, runaway and migrant children get free meals?** Please call **the District Office** to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
6. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart.
7. **If my child is eligible for free or reduced price meal benefits, when will the meal benefits begin?** Meal benefits for new applications cannot start until an application is approved. Please provide a lunch or money for a paid lunch until you receive notice that the application is approved.
8. **I get WIC. Can my child(ren) get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
9. **My children receive Oregon Health Plan benefits. Can they get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
10. **Will the information I give be checked?** Yes, we may ask you to send written proof.
11. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year.
12. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling the **District Office**.
13. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
14. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you. Foster children may be included as household members. If you live with other people who are economically independent (for example, people you do not support, who do not share income with you or your children and who pay a pro-rated share of expenses), do not include them.
15. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
16. **We are in the military; do we include our housing allowance? If you get an off-base housing allowance, it must be counted as income. However,** if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
17. **My spouse is deployed to a combat zone. Is combat pay counted as income?** Combat pay is excluded if it is received in addition to the service member's basic pay; because of the deployment; and not received before being deployed.
18. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for **State SNAP** or other assistance benefits, contact your local assistance office or Text "FOOD" to 877877 or call 1-866-348-6479 (1-866-3-HUNGRY) or visit www.Summerfoodoregon.org

If you have other questions or need help, call **541-667-6026**.

Application # _____

2017-2018 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

NOTICE:

- If you received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district **do not** complete this application.
- See **Application Instructions** on back of form.

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 #

➔ Number living in this household _____
(Write names of all household members on part 2 and/or part 4 of this form)

City State Zip

2 STUDENT INFORMATION

Child's Name (Legal Last name, First name)

School

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
 TANF

Case Number

Go to Part 5 below

Does this household receive FDPIR (Food Distribution on Indian Reservations) Yes (Go Part 5 and complete)

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

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

(See privacy statement on back)
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

I prefer all written correspondence in Spanish Russian Other _____

7 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

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 _____

Hermiston School District 8R
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 Meal is only 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.**

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is **NOT A REQUIREMENT** for participation in any school nutrition program.

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 school officials to share information from my Free and Reduced Price School Meals Application with: (Mark each program to which you want information released.)

Athletics/Activities Program Fee Waiver/Reduction

Dual Credit/Eastern Promise College Tuition

Test Registration Fee Waiver/Reduction

If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. 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: _____

Address: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

For more information, call 541-667-6026.

Return this form with your Free and Reduced Lunch Application to any of our schools.

This institution is an equal opportunity provider.