# [Enter Sponsor Name]

**Return to:[Enter location to return completed applications]**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. * *\* = 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**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address – Apt #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip | | | | | | | | | | | | Home Phone or Cell Phone or Work (Circle One) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * 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)  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | School  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Grade  (optional)  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_ | | Birth Date  (optional)  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_ | | Check if Foster Child | |
| **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**  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*)  1. \_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_ | | | | **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 |
| 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\*** X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Date Signed\***  \_\_\_\_\_\_\_\_\_\_\_\_\_  Month/day/year | | | **Social Security Number\*\*** (See privacy statement on back)  XXX-XX -\_\_ \_\_ \_\_ \_\_ | | | | | | | | □ **I do not have a Social Security Number.\*\*** | | |
| **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: □ Denied – Reason:**  □ household income □ income too high  □ incomplete application    Determining Official’s Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |

Form 581-3514e-P (Rev. 3/23) Page 1 of 2  **SEE IMPORTANT INFORMATION ON REVERSE SIDE**

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| --- |
| **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.* |
| **FEDERAL INCOME GUIDELINES**  Your children may qualify at least for reduced price meals if your household income is at or below the limits of this chart.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | ***Reduced Price Meals*** | | | | | | 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 | | For each additional family member add | 9,509 | 793 | 397 | 366 | 183 | |
| **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 look into 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](http://mailto:program.intake@usda.gov/) This institution is an equal opportunity provider. |

Form 581-3514e-P (Rev. 3/23) Page 2 of 2