2020-2021 Oregon Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

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Do any Household Members (Including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDP NO > Go to STEP 3	Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.		
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Sources of Inc	Sources of Income for Children			-
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance /	Pensions / Retirement /
- Earnings from work	 A child has a regular full or part-time job where they earn a salary or wages 	 Salary, wages, cash bonuses 	 Unemployment benefits Worker's compensation 	Social Security (including railroad)
Social SecurityDisability PaymentsSurvivor'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 	 Net income from self- employment (farm or business) If you are in the U.S. Military: 	- Supplemental Security Income (SSI) - Cash assistance from State or local	retirement and black lung benefits) - Private pensions or disability benefits
-Income from person outside the household	 A friend or extended family member regularly gives a child spending money 	 Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing 	 Alimony payments Child support payments Veteran's benefits 	trusts or estates - Annuities - Investment income
-Income from any other source	 A child receives regular income from a private pension fund, annuity, or trust 	allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	 Remed interest Rental income Regular cash payments from outside household
OPTIONAL Children's Racial and Ethnic	Children's Racial and Ethnic Identities / Health Coverage			
We are required to ask for information about to this section is optional and does not affe	We are required to ask for information about your children's race and ethnicity. This information is important and to this section is optional and does not affect your children's eligibility for free or reduced price meals.	formation is important and helps ed price meals.	to make sure we are fully s	helps to make sure we are fully serving our community. Responding
Ethnicity (check one): Hispanic or Latino Race (check one or more): American India	☐ Not Hispanic or Latinon or Alaskan Native☐ Asian☐	Black or African American	Native Hawaiian or Other Pacific Islander	· Pacific Islander 🏻 White
I do not want my information shared with State children's I have a child (or children) who does not have any kind o coverage for at least one of my children. Yes No	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	e:	lan/Healthy Kids. I am intere	sted in free or reduced cost health
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 does not have a social security number.	quires the information on this application. You do not tapprove your child for free or reduced price meals. umber of the adult household member who signs the ber is not required when you apply on behalf of a ce Program (SNAP), Temporary Assistance for ogram on Indian Reservations child or when you indicate that the adult household ecurity number. We will use your information to	Persons with disabilities who require alternative means of commu audiotape, American Sign Language, etc.), should contact the A Individuals who are deaf, hard of hearing or have speech disab Service at (800) 877-8339. Additionally, program information in To file a program complaint of discrimination, complete the USI found online at: http://www.ascr.usda.gov/complaint_filing_cust.htm USDA and provide in the letter all of the information requested in the (866) 632-9992. Submit your completed form or letter to USDA by:	mative means of communication fo (c.), should contact the Agency (St g or have speech disabilities may program information may be m nation, complete the USDA Program formation requested in the form. To orm or letter to USDA by:	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:
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 retailation for prior civil rights activity in any program or activity conducted or funded by USDA.	sligibility information with education, health, and nine benefits for their programs, auditors for program into violations of program rules. Introduced the following statement of Agriculture (USDA) civil rights regulations yees, and institutions participating in or administering of on race, color, national origin, sex, disability, age, or regulations are color, notional origin, sex, disability, age, or constant or activity conducted or funded by USDA.	mail: 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 email: program.intake@usda.gov. This institution is an equal opportunity provider.	r Civil Rights	*Only use this address if you are filing a complaint of discrimination
Do not fill out FOR SCHOOL USE ONLY				

Determining Official's Signature

Confirming Official's Signature

Categorical Eligibility

Eligibility:

Oregon Expanded Income Group:

Date

Verifying Official's Signature

Date

Total Income

How often?

Weekly Bi-Weekly 2x Month Monthly

Household Size

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

time you are not sure what to do next, please contact Tammy Pryce, Food Service Director, t.pryce@lvcs.k12.or.us, 503-623-4837 free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any even if your children attend more than one school in Luckiamute Valley Charter Schools. The application must be filled out completely to certify your children for Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household,

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth,
- Students attending Luckiamute Valley Charter Schools regardless of age

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional school children.

B) Is t Luckie Luckie

B) Is the child a student at
Luckiamute Valley Charter
Schools? Mark 'Yes' or 'No' under
the column titled "Student" to tell
us which children attend
Luckiamute Valley Charter
Schools. If you marked 'Yes,' write
the grade level of the student in
the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).
- The Food Distribution Program on Indian Reservations (FDPIR)

A) If no one in your household participates in any of the above listed programs:

Leave STEP 2 blank and go to STEP 3.

- 8) If anyone in your household participates in any of the above listed programs:
- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Oregon Dept. of Human Services.
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents
- Gross income is the total income received before taxes.
- 0 Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field

3.A. REPORT INCOME EARNED BY CHILDREN

count foster children's income if you are applying for them together with the rest of your household. A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:

names. Print the name of each

(First and Last)." Do not list any

- B) List adult household members' 0 0 Infants, Children and students already listed in STEP 1. People who live with you but are not supported by your household's income AND do not contribute income to your household C) Report earnings from work. Report all income from work in the
- "Names of Adult Household Members household member in the boxes marked follow the instructions in STEP 3, part A. If a child listed in STEP 1 has income, household members you listed in STEP 1. money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income What if I am self-employed? Report income from that work as a net "Earnings from Work" field on the application. This is usually the
- expenses of your business from its gross receipts or revenue amount. This is calculated by subtracting the total operating

E) Report income from

Income" field on the application.

"Pensions/Retirement/ All Other

Report all income that applies in the pensions/retirement/all other income.

- the size of your household affects your eligibility for free and and add them. It is very important to list all household members, as your household that you have not listed on the application, go back members listed in STEP 1 and STEP 3. If there are any members of Adults)." This number MUST be equal to the number of household members in the field "Total Household Members (Children and F) Report total household size. Enter the total number of household reduced price meals
 - alimony, only report court-ordered payments. Informal but support/alimony. Report all income that applies in the "Public regular payments should be reported as "other" income in the Assistance/Child Support/Alimony" field on the application. Do D) Report income from public assistance/child next part. <u>not report the cash value of any public assistance benefits NOT</u> isted on the chart. If income is received from child support or
- Security Number, leave this space blank and mark the box to the Security Number. If no adult household members have a Social right labeled "Check if no SSN." eligible to apply for benefits even if you do not have a Social their Social Security Number in the space provided. You are An adult household member must enter the last four digits of G) Provide the last four digits of your Social Security Number

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully

- but helps us reach you quickly if we need to contact you. address in the fields provided if this information is available. A) Provide your contact information. Write your current Sharing a phone number, email address, or both is optional, children ineligible for free or reduced price school meals. If you have no permanent address, this does not make your
 - B) Print and sign your name and write today's date. Print the name of the adult signing the application "Signature of adult." and that person signs in the box
- D) Share children's racial and ethnic identities ethnicity. This field is optional and does not affect your to share information about your children's race and children's eligibility for free or reduced price school (optional). On the back of the application, we ask you

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Luckiamute Valley Charter Schools offers healthy meals every school day. Breakfast costs \$2.00; lunch costs \$3.75. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.00 for breakfast and \$0.00 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) benefits, TANF or FDPIR, are eligible for free meals.
- Foster children that are 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. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Federal Reduced Price Meals

	Participants may qualify	articipants may qualify for reduced price meals if the household income falls a the limits on this chart			
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	23,606	1,968	984	908	454
-2-	31,894	2,658	1,329	1,227	614
-3-	40,182	3,349	1,675	1,546	773
-4-	48,470	4,040	2,020	1,865	933
-5-	56,758	4,730	2,365	2,183	1,092
-6-	65,046	5,421	2,711	2,502	1,251
Each additional household					
member adds	8,288	691	346	319	160

- 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 and haven't been told your children will get free meals, please call or e-mail Tammy Pryce, 503-623-4837: t.pryce@lvcs.k12.or.us.
- 3. 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: LVCS, 17475 Bridgeport Rd, Dallas, OR, 503-623-4837.

- 4. 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 got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Tammy Pryce, 503-623-4837 or t.pryce@lvcs.k12.or.us immediately.
- 5. CAN I APPLY ONLINE? Not at this time.
- 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through October 19, 2020. 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 the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 9. 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 for free and reduced price meals if the household income drops below the income limit.
- 10. 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 or writing to: LVCS, 17475 Bridgeport Rd., Dallas, OR 97338 or c.wilkins@lvcs.k12.or.us.
- 11. 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 for free or reduced price meals.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. 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.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 14. 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. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. 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.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 2-1-1- or 1-800-SAFENET (723-3638). For food assistance call 1-866-348-6479 (1-866-3-HUNGRY). In the summer time, Text "FOOD" to 877877 or visit www.Summerfoodoregon.org for free summer meal options in your area.

If you have other questions or need help, call 503-623-4837.

Sincerely,

Tammy Pryce



Oregon Child Nutrition Programs Federal & Oregon Expanded Income Guidelines

Effective SY 2020-21: July 1, 2020 – June 30, 2021

	Federal R	Reduced Price I	Meals					
Participants may qu	Participants may qualify for reduced price meals if the household income falls at or below the limits on this chart.							
Annual	Monthly	Twice Per	Every Two	Weekly				

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	23,606	1,968	984	908	454
-2-	31,894	2,658	1,329	1,227	614
-3-	40,182	3,349	1,675	1,546	773
-4-	48,470	4,040	2,020	1,865	933
-5-	56,758	4,730	2,365	2,183	1,092
-6-	65,046	5,421	2,711	2,502	1,251
Each additional household					
member adds	8,288	691	346	319	160

	Participants may quon this chart.	Fed equalify for free meals	eral Free Mea if the household in		elow the limit
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	16,588	1,383	692	638	319
-2-	22,412	1,868	934	862	431
-3-	28,236	2,353	1,177	1,086	543
-4-	34,060	2,839	1,420	1,310	655
-5-	39,884	3,324	1,662	1,534	767
-6-	45,708	3,809	1,905	1,758	879
Each additional household member adds	5.824	486	243	224	112

OREGON'S EXPANDED INCOME GUIDELINES (Federal Paid/Denied)

Available through SSA funding. CNPweb must document the selection to participate in EIG.	Oregon students m	ay qualify for EIG n	ded Income Guneals at no charge ve the limits on the	if the household i	ncome falls at or
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	38,280	3,190	1,595	1,472	736
-2-	51,720	4,310	2,155	1,989	995
-3-	65,160	5,430	2,715	2,506	1,253
-4-	78,600	6,550	3,275	3,023	1,512
-5-	92,040	7,670	3,835	3,540	1,770
-6-	105,480	8,790	4,395	4,057	2,028
Each additional household member adds	13,440	1,120	560	517	258