

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS – 2020-2021

### Dear Parent/Guardian:

Children need healthy meals to learn. **Newberg Public Schools** offers healthy meals every school day. Breakfast costs **\$1.75 Elementary, \$2.00 Middle and High School**; lunch costs **\$3.00 Elementary, \$3.25 Middle and \$3.50 High School**. Your children may qualify for free meals or for reduced price meals. Reduced price: Reduced price breakfast and lunch, no cost. 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?

member adds

- 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.
- Children may receive free meals if your household income qualifies within the Oregon Expanded income guidelines. These limits are above the federal free/reduced chart. However Oregon is picking up the difference to provide more meals to families in oregon.

**Federal Free Meals**Participants may qualify for free meals if the household income falls at or below the limits

243

	on this chart.				
Household Size	Annual	Monthly	Twice Per	Every Two	Weekly
			Month	Weeks	
-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					

486

5,824

224

112

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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-	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

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

*Available through SSA funding. CNPweb must document the selection to participate in EIG.	Oregon Expanded Income Guideline (EIG)  Oregon students may qualify for EIG meals at no charge* 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-	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

- 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 **Special Programs at 503-554-5007.**
- 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: **Nutrition Services, 714 E 6<sup>th</sup> ST, Newberg, OR 97132**.

- 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 Nutrition Services at 503-554-5016 immediately.
- 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit the Newberg School District website and go to Newberg.k12.or.us/Departments/Nutrition/Free and Reduced price meals/Free and reduced-price meal application/Apply to begin the application process. Contact **Nutrition Services at 503-554-4725** if you have any questions about the online application.
- 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 Oct 15, 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 <u>may</u> 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: Nikki Fowler, 714 E 6th ST, Newberg, OR 97132, 503-554-5000, fowlern@newberg.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 normally 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. Contact **Nutrition Services**, **714** E **6**<sup>th</sup> **ST**, **Newberg**, **OR 97132**, **503-554-5016** to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Supplemental Nutrition Assistance Program (SNAP) benefits 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 **503-554-5016**.

Sincerely,

**Shiloh Ficek Nutrition Services Supervisor** 

#### INSTRUCTIONS FOR APPLYING

# For Supplemental Nutrition Assistance Program (SNAP) benefits <u>OR</u> Temporary Assistance for Needy Families (TANF) Households, do the following:

- Part 1: Complete Household information
- **Part 2:** List child(ren)'s name, school, grade, birthday and mark the checkbox, if they are a formally place foster child in the family.
- Part 3: Give the name of the person in the household with benefits and their case number, (SNAP) benefits (A11-11-1111) or TANF (AA111 or AAA111)
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6:. Answer this question if you choose to.
- Part 7: Answer this question if you choose to.

### If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Complete Household information
- Part 2: List child(ren)'s name, school, grade, birthday and mark the checkbox, if they are a formally place foster child in the family
- Part 3: Skip this part
- Part 4:. Skip this part
- Part 5: Sign the form. A Social Security Number is not necessary
- Part 6: Answer this question if you choose to.
- **Part 7:** Answer this question if you choose to.
- <u>OR</u> Complete a household application for the entire household including the foster child following instructions for "All Other Households"

## ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: Complete Household information.
- Part 2: List child(ren)'s name, school, grade, birthday and mark if child is foster.
- Part 3: Skip this part.
- Part 4: Follow these instructions to report total household income from last month.
  - **Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself, those children living with you but not attending school and children in school receiving regular income. Do not repeat children listed in part 2 unless they receive regular income. Attach another sheet of paper if you need to.
  - **Column 2 Gross Monthly Income**. Next to each person's name, list each type of income received last month. For example, *Monthly Income*: List the **gross income** each person earned from work. This is not the same as takehome pay. **Gross income** is **the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If your income is paid weekly, every 2 weeks or twice a month, follow the instructions on the back of the application.
  - **Column 3** List the amount each person got last month from welfare, child support, alimony.
  - **Column 4** List the amount each person got last month from pensions, retirement, Social Security.
  - **Column 5** List the amount each person got last month from Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
  - Report net income for self-owned business, farm, or rental income. <u>Next to the amount, write how often the person got it</u>. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- **Part 5:** An adult household member must sign the form and list the last four (4) numbers of his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6: Answer this question if you choose to.
- Part 7: Answer this question if you choose to.