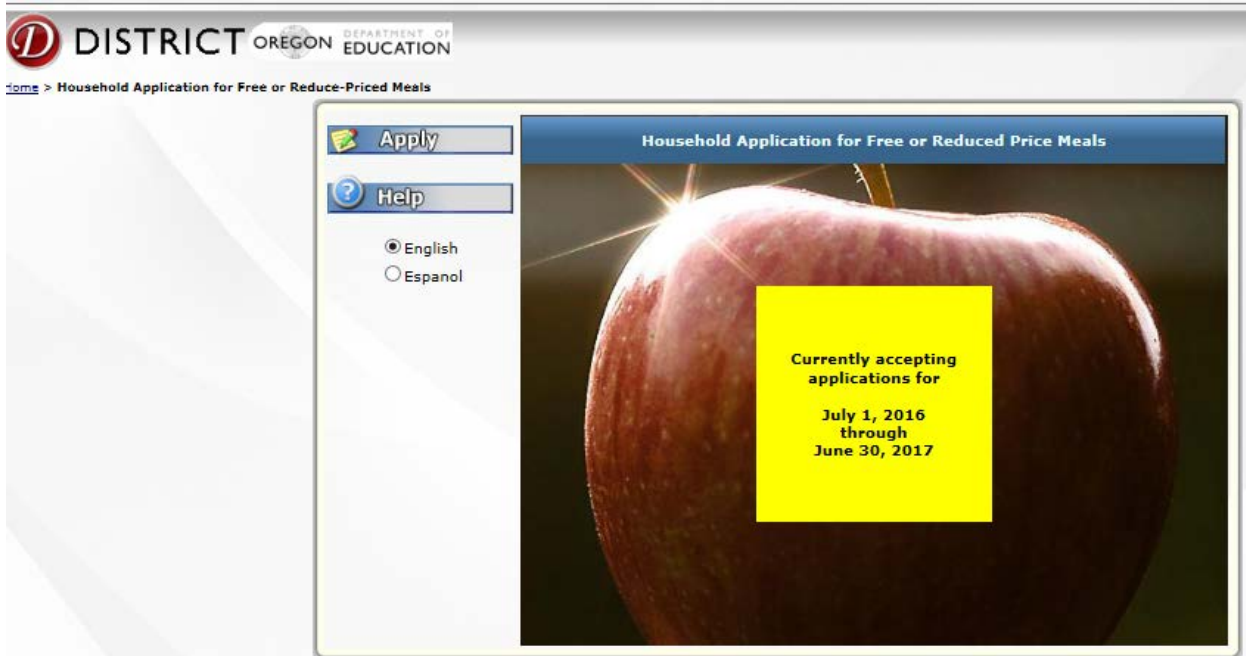


On-line Meal Application Tips

The Oregon Department of Education Child Nutrition Programs has an on-line Free and Reduced Price Meal Application that parents/guardians may complete for their students enrolled in public schools participating in the National School Lunch/School Breakfast Programs.

Go to: <https://district.ode.state.or.us/apps/frlapp> and click on the Apply button to start an application.



Tips:

- The on-line application will not work on an Apple computer, iPad or cell phone.
- The application cannot be started and saved to finish another time.
- Required fields are shown with a red asterisk *
- Click the next button in the lower, right corner of each page to move to the next page.

Information required completing this on line application.

- If your household receives benefits from Department of Human Services (DHS)
 - SNAP case number, which is not the Oregon Trail Card number.
 - TANF case number (DHS issued case #)
 - If you do not know your case # call DHS. [Salem (503) 945-5600]
 - Other household member names are not required for SNAP or TANF applications
- If you are applying using income and household members
 - You will need 'gross income' for one month for each adult working.
 - If you are self-employed use the 'net income' for one month along with monthly gross for other adults working who are not self-employed.
 - Put '0' for those adults who are not earning income.
 - Names of all household members (this goes in the Household Members section).

If you need a hard copy application it is available to download and print from:

<http://www.ode.state.or.us/search/page/?id=3316>

If you need to make changes after submitting either the on-line or hard copy application, please contact the student's school or school district.

2016-2017 Confidential Family Application for Free & Reduced Meals

- English ([MS-Word](#)) ([PDF](#))
- Spanish ([MS-Word](#)) ([PDF](#))
- Chinese ([MS-Word](#)) ([PDF](#))
- Russian ([MS-Word](#)) ([PDF](#))
- Vietnamese ([MS-Word](#)) ([PDF](#))

- If you complete a printed application, please submit it to your student's school or school district's nutrition service office.

How to Apply

- 1) **Terms of Use:** Click the "I accept" button to agree to the legal terms of the application.

Terms of Use

Terms of Use

You are accessing this site from a computer with an IP address of 10.31.17.173, which will be saved along with any information you enter. Before entering your application, you must agree to the following Terms of Use.

Oregon Department of Education
Web Site Terms and Conditions of Use
For www.ode.state.or.us

Any access to and use of the ode.state.or.us site and its pages ("Site") is subject to the terms and conditions of use (the "Terms") as set forth in this document as they are amended from time to time by ODE (this "Agreement"). In this Agreement, "You" or "Your" refers to any person or entity using the Site. By checking the "I AGREE" box below, accessing, or otherwise using the Site, You agree to be bound by this Agreement. ODE may change the Terms from time to time in its sole discretion. Your access and use of the Site after such changes shall constitute Your agreement to abide by and be legally bound by the Terms as they appear at the time of the access and use. If You do not agree to the Terms, You may not access or use the Site.

1. SITE USE GENERALLY.
 - 1.1. User Information. You represent, warrant, and covenant that all information You provide to ODE is and will be complete

I Agree

I Do Not Agree

- 2) **Parent/Guardian Letter:** Check the reduced price income guidelines (scroll down for the chart).

Click "next"

Parent/Guardian Letter

Dear Parent/Guardian:

Children need healthy meals to learn. Your school offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals.

1. **Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school if you have questions.
2. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. [Submit 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.
3. **Who can get free meals?** Children in households getting SNAP (formally known as Food Stamps) or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
4. **Can homeless, runaway and migrant children get free meals?** Please call [school, homeless liaison or migrant coordinator] to see if your child(ren) qualify, if you have not been informed that they will get free meals.
5. **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, shown below.

Next

3) **Household:** Complete the page including all required fields with a red asterisk *

Click "next"

4) **Application Type:** Select the type of application you would like to complete:

- ☐ **SNAP, TANF Household, or FDPIR**
 - a) A valid SNAP case number *Example: F00-00-0000 OR 000-00-0000 OR T00-00-A000*
 - b) A valid TANF Case number *Example: AB1234 OR ABC123*
 - c) An indication the household is participating in FDPIR
- OR
- ☐ **All Other Households Qualifying Via Income** (includes foster children)

Click "next"

5) **Eligibility Permission:** Provides an opportunity to share information from this confidential application with other programs/activities in your school district.

Select Option 1 OR

Select Option 2, to give your permission to share your child's eligibility status OR

Select Option 3, if you do not want to share your child's eligibility status

Click "next"

DISTRICT OREGON DEPARTMENT OF EDUCATION

Home Applications Log Out Help Search

Home > Household Application for Free or Reduce-Priced Meals > Application

Eligibility Permission

Dear Parent or Guardian:

If your student is eligible for free or reduce priced school meals, he or she **may** also qualify to receive other benefits. To give your permission for us to share your child's name and meal eligibility status with staff in charge of the programs listed below, please select either Option 1 or Option 2. Select Option 3 if you do not want to share your child's eligibility status.

Selecting any of these options will not change whether your student(s) get free or reduce priced meals and is NOT A REQUIREMENT for participation in any school nutrition program.

☒ **Option 1:** Yes! Share my child(ren)'s eligibility status to all programs in my school district.

☐ **Option 2:** Yes, for only the opportunities listed below

- ☐ Educational/School related program fee waiver/reduction-(Field Trips, Educational Workbooks, Elective Class Lab fees, College tuition fees, night school fees, Summer School Fees, Fee for kindergarten or pre-K fees, Outdoor school fee and PSAT/SAT/ACT test fees)
- ☐ Athletic Programs fee waiver/reduction
- ☐ Administrative School Programs fee waiver/reduction - (Before & After School Program fees, Bus/Transportation fees, Student activities(e.g. dances) fees, Student Body card fees and Transfer to school of choice lottery).
- ☐ Other programs fee waiver/reduction - (Medical/Dental Program fees)

☐ **Option 3:** No, do not share my child's eligibility status with any programs.

**Please note- Listed benefits are NOT guaranteed by selecting the options above.
Not all schools receive funding to provide fee waivers or reductions.**

Previous **Next**

6) **Student:** enter the student's information.

Remember to enter each student in your household individually after saving the information.

If you are applying for a **foster child**, on the "Student" page complete the red asterisks * fields and check the box "Is this child a Foster Child?"

Click "Save information"

Click "next"

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Student

Please complete the below information for each student in your household. Click [Save Information] when you are through entering student information. If you have more than one student to enter, click [Add New Student] which will appear on the following page. You are allowed a maximum of 10 students per application. * = Required

Student ID:

*** Student First Name:**

*** Student Last Name:**

*** School District Name:**

*** School Name:** Please Select a District first!

*** Grade:** Please Select a School first!

*** Birth Date MM/DD/YYYY:**

*** Gender:**

Share Student Information ☐

Is this child a Foster Child? ☐

List SNAP* or TANF case # for each child, if receiving public benefits:

Save Information

Previous **Next**

To add more students click "Add New Student"

Click "next"

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Student

Fix	Last Name	First Name	Student ID	District	School	Grade	Gender	Birth Date	Case #	Foster Child	Delete
✓	parenteau	lily		Newberg SD 29J	Newberg Senior High School	12	F	06/26/1998		N	X

To edit a student, please click on the check mark(✓).

Add New Student

Previous Next

7) Household Income:

Complete one page for each household member with or without income.

If a household member has no income, check "No Income"

Click "Save Information"

Click "next"

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DISTRICT OREGON DEPARTMENT OF EDUCATION

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Household Members

Please complete the information below for each member in your household. If you have more than one member to enter click [Add New Member]. Click [Save Information] when you are through entering member information. Gross Income is the amount earned before taxes and deductions. **NOTE: You are allowed a total of six entries.** * = Required

If this member is also a student on this application please check this box. ☐

* Household Member First Name: JJ

* Household Member Last Name: Parenteau

No Income ☒

Monthly Gross Income:

Monthly Child Support:

Monthly Pensions:

Other Monthly Income:

Total Monthly Income:

Update Total

Save Information

Fix	First Name	Last Name	Monthly Gross Income	Monthly Child Support	Monthly Pensions	Other Monthly Income	Child
✓	JJ	Parenteau					N

To edit a household member, please click on the check mark(✓).

Previous Next

Click "Add New Member" to add another household member.

Click "next"

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Household Members

Fix	First Name	Last Name	Monthly Gross Income	Monthly Child Support	Monthly Pensions	Other Monthly Income	Child
✓	JJ	Parenteau					N

To edit a household member, please click on the check mark(✓).

Add New Member

Previous Next

8) Ethnicity (Optional):

Completing the Ethnicity section of this page is optional.

9) Health Insurance Information:

Check one of the next two boxes

- ☐ I do not want my information shared with the State Children's Health Insurance Program
- ☐ I have a child (or children) who do not have any kind of insurance.... I am interested in free or reduced cost health coverage...

10) Select in the next dropdown box what language you prefer for written correspondence.

Click "next"

The screenshot shows the 'Ethnicity (Optional)' section with two columns of checkboxes for ethnic and racial identities. Below this is the 'Health Insurance Information' section with two checkboxes. A red circle highlights the first checkbox in the Health Insurance section. Below that, a yellow box highlights the text 'I prefer all written correspondence in' followed by a dropdown menu showing 'English'. A red circle highlights the 'Next' button in the bottom right corner.

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Ethnicity (Optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Mark one or more racial identities

- ☐ Asian
- ☐ American Indian & Alaskan Native
- ☐ Black or African American
- ☐ White, not of Hispanic origin
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other

Health Insurance Information

- ☐ I do not want my information shared with State Children's Health Insurance Program.
- ☐ I have a child (or children) who do not have any kind of health insurance 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.

I prefer all written correspondence in English

Previous **Next**

11) Review: Review the information for accuracy. If there is a difference in household member information, this is important if you are submitting an application based on income only.

Click "next"

The screenshot shows the 'Review' section with a title 'Review For 5/6/2016 Application for All Other Households Qualifying Via Income, with or without Foster children.' Below this is a table with three sections: Applicant Information, Student Information, and Household Information. A red circle highlights the 'Next' button in the bottom right corner.

DISTRICT OREGON DEPARTMENT OF EDUCATION

Home > Household Application for Free or Reduce-Priced Meals > Application

Review

Review For 5/6/2016

Application for All Other Households Qualifying Via Income, with or without Foster children.

Please review the following information for accuracy. To edit any of the entries, please click on the check mark (✓).

Applicant Information

Fix	First Name	Last Name	Street Address	City	State	Zip Code	Home Phone	Work Phone	FDPIR
✓	JJ	Parenteau	123 somewhere street	newberg	OR	97132			N

Student Information

Fix	First Name	Last Name	Student ID	District	School	Grade	Birth Date	Gender	Case #	Foster Child
✓	lily	parenteau		Newberg SD 29J	Newberg Senior High School	12	06/26/1998	F		N

HouseHold Information

Fix	First Name	Last Name	Monthly Gross Income	Monthly Child Support	Monthly Pensions	Other Monthly Income	Student
✓	JJ	Parenteau					N

Household Members Computed House Hold Count

Notice: Your household member count is different from our calculated household member count.
If you are applying via SNAP/TANF/FDPIR, other households members are not needed to determine benefits.
If you are applying via Income, be sure to include all household members and students in this application. Household members and students are entered in different sections.
Thank you!

Previous **Next**

12) Submit Application

Read the Privacy Statement

If applying by Income:

Enter the last 4 digits of your Social Security number

OR

Check the box "I do not have a Social Security Number"

Click "Submit"

Submit Application

Application Acceptance, Date and Social Security Number

An adult household member must approve the application. If the application is Qualifying via Income, the adult approving the form must also list the last 4 digits his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement below.)

I certify (promise) that all information on this application is true 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 purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Privacy Statement - Social Security Numbers

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

* **Applicant's Name:** JJ Parenteau

Social Security Number: (Only last four digits)

I do not have a Social Security Number ☐

Email (optional):

Previous Submit

You will see a message "Application submitted"

To print out your application, click "Print Review"

DISTRICT OREGON DEPARTMENT OF EDUCATION

Home > Household Application for Free or Reduce-Priced Meals > Application

Submit Application

Application submitted! Your application will be sent to the district where your student(s) attend school for review and approval. You will be notified by the district(s) if the application is approved.

Free/Reduced benefits will start once the application has been reviewed and approved or denied based on the submitted information.

Sponsors have ten (10) working days to determine benefits.

Print Review

Get Acrobat

School district nutrition services eligibility officials have 10 working days to determine meal benefits for students.

If you want to check the status of your on-line application or need to make changes or corrections to the application, please contact your school district nutrition services office.