

2020 - 2021 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION for OAK RIDGE SCHOOLS
ONE APPLICATION MUST BE SUBMITTED PER FAMILY

PART 1. LIST ALL HOUSEHOLD MEMBERS AND INCOME					Income Information for all household members. (Income not necessary if any household members receive SNAP. If so, give names of all household members and skip to Part 2.)										
Name of ALL household members. (First, Middle Initial, Last) List all children in school first. List all children even if in schools where all children eat at no charge	Check if no income (√)	Name of school your child is attending. Indicate N/A if child is not in school.	GRADE	Check if a foster child * if all children are foster children, check boxes and skip to Part 4. to sign this form	Income from Work before deductions	You must check one box per income				Child Support, Social Security Retirement Benefits Etc...	You must check one box per income				Describe Income Source
					\$ Amount	Monthly	Twice per month	Every 2 weeks	Weekly	\$ Amount (All other income) each check	Monthly	Twice per month	Every 2 weeks	Weekly	
1.				<input type="checkbox"/>	\$										
2.				<input type="checkbox"/>	\$										
3.				<input type="checkbox"/>	\$										
4.				<input type="checkbox"/>	\$										
5.				<input type="checkbox"/>	\$										
6.				<input type="checkbox"/>	\$										
7.				<input type="checkbox"/>	\$										
8.				<input type="checkbox"/>	\$										

Part 2: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP OR Families First BENEFITS, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES THE BENEFITS AND SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3
 NAME of Case Holder _____ CASE NUMBER (10 DIGITS STARTS WITH TWO ZEROS) 00 _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CIRCLE THE APPROPRIATE SELECTION AND CALL ORS AT 865.425-9009 FOR SERVICES AND ASSISTANCE (CIRCLE ONE) HOMELESS _____ MIGRANT _____ RUNAWAY _____

PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN) 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.

SIGN HERE: _____ PRINT NAME: _____ DATE: _____
 ADDRESS: _____ CITY _____ ZIP CODE _____
 PHONE NO. _____ EMAIL _____
 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: ***-**-____ OR I do not have a Social Security Number.

PLEASE SEND MONEY TO PAY FOR MEALS UNTIL YOU RECEIVE WRITTEN NOTIFICATION ABOUT FREE AND REDUCED MEALS. If your child was free or reduced in the Oak Ridge School System on the last day of school, the status will carry over for 30 days or until your new application is approved, whichever occurs first.

ALL APPLICATIONS MUST BE SIGNED and INCLUDE LAST FOUR DIGITS OF Social Security Number

PUPIL SERVICES OFFICE USE ONLY -- PLEASE DO NOT COMPLETE THIS PART--- Total Income: _____ Per Yr Mo 2 wks wk 2x mo Household size: _____
 Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason _____ Initials _____ Date _____

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 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.

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2020 - 2021					
Household size	Yearly	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
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Each additional person:	8,228	691	346	319	160

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal civil rights law and the U.S. Department of Agriculture 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 retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 the USDA by:

- (1) Mail; US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 2025-9410
- (2) Fax (202) 690-7442; or
- (3) Email: program_intake@usda.gov

This institution is and equal opportunity provider."

~~OPTIONAL: Children's Racial And Ethnic Identities~~

We are required to ask for information about your child's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- Hispanic/Latino
- Not Hispanic/Latino

Race: (check one or more):

- Asian
- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or other Pacific Islander