

2023-2024 FREQUENTLY ASKED QUESTIONS: FEDERAL FREE AND REDUCED-PRICE SCHOOL MEALS & OREGON EXPANDED INCOME GUIDELINES (EIG)

Dear Parent/Guardian:

Hillsboro School District serves healthy meal options every school day and studies show our kids need healthy meals for their best learning. Student prices for Breakfast are \$2.00 (elementary), \$2.25 (middle and high) and lunch prices are \$3.00 (elementary), \$3.50 (middle and high). Purchases of only milk are \$0.75. Your children may qualify for Free, Reduced-Price or Oregon Extended (EIG) no-cost meals. This packet includes an application for meal benefits, instructions and answers to frequently asked questions.

1. WHO IS ELIGIBLE TO RECEIVE FREE MEALS THROUGH THE FEDERAL FREE & REDUCED-PRICE MEALS PROGRAM?

- All children in households receiving benefits from **SNAP**, the **Food Distribution Program on Indian Reservations (FDPIR)** or **TANF**, are eligible for free meals.
- Foster children 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 whose household's income falls within the limits on the Federal Income Eligibility Guidelines.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2023-24

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	1,618
- 8 -	93,536	7,795	3,898	3,598	1,799
Each add'l household member add	9,509	793	397	366	183

1A. WHO IS ELIGIBLE TO RECEIVE NO COST MEALS THROUGH OREGON'S EXPANDED INCOME GUIDELINES (EIG)?

Your children may also be eligible to receive meals at no cost if your household income is within the limits of the Oregon Expanded Income Guidelines.

OREGON EXPANDED INCOME GROUP INCOME CHART For School Year 2023-24

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
- 1 -	43,740	3,645	1,823	1,683	842
- 2 -	59,160	4,930	2,465	2,276	1,138
- 3 -	74,580	6,215	3,108	2,869	1,435
- 4 -	90,000	7,500	3,750	3,462	1,731
- 5 -	105,420	8,785	4,393	4,055	2,028
- 6 -	120,840	10,070	5,035	4,648	2,324
- 7 -	136,260	11,355	5,678	5,241	2,621
- 8 -	151,680	12,640	6,320	5,834	2,917
Each add'l household member add	15,420	1,285	643	594	297

- 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, please call or email Courtney Gibb (503)844-1753; gibbc@hsd.k12.or.us or Abel Garcia Gomez (503)844-1556, garciaga@hsd.k12.or.us for Homeless referrals. For the Migrant office call or email Jessica Servin (503)844-1563; servinj@hsd.k12.or.us or Salo Acosta (503)844-1795; acostacg@hsd.k12.or.us
- WHICH SCHOOLS OFFER FREE MEALS TO EVERY STUDENT?** Schools that participate in the Community Eligibility Provision (CEP) offer free breakfast and lunch to all students enrolled at those schools. If your student attends one of these schools, it is not necessary to complete a Confidential Application for Free or Reduced-Price

Meals: Brookwood, Eastwood, Free Orchards, Lincoln Street, McKinney, Minter Bridge, Mooberry, Reedville, West Union, Witch Hazel, WL Henry, South Meadows, Hilhi, Oak Street. If you have students at non-CEP schools, please complete the enclosed application.

4. **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.* Your application must be complete AND SIGNED to be processed. Return the completed application to: HSD Nutrition Services; 3083 NE 49th PI #208; Hillsboro OR 97124
5. **CAN I APPLY ONLINE?** Yes! Visit LinqConnect.com to apply online. Contact Lizzy Petitt, (503)844-1462, petitte@hsd.k12.or.us if you have any questions about the online application.
6. **DO I NEED TO FILL OUT A DIFFERENT APPLICATION TO QUALIFY FOR THE OREGON EIG NO-COST MEALS?** No, use one meal application for both federal and Oregon EIG benefits.
7. **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 received carefully and KEEP THE LETTER. If any children in your household were missing from your eligibility notification, contact: Lizzy Petitt (503)844-1462; petitte@hsd.k12.or.us immediately.
8. **DO I HAVE TO APPLY EVERY YEAR?** Yes. The application is specific to the current school year (starting July 1st of each year through October 13, 2023). A new application must be submitted unless you received a letter or email from HSD Nutrition Services that your child is eligible for the new school year. If you do not send in a new application that is approved by Meal Benefits or you have not been notified that your child is eligible for free, reduced-price or Oregon EIG meals, your child will be charged the full price for meals.
9. **I RECEIVE WIC. ARE MY CHILDREN ELIGIBLE TO RECEIVE FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit an application for Free or Reduced-Price meals.
10. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
11. **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 if the household income drops below the income limit.
12. **WHAT IF I DISAGREE WITH THE DECISION ABOUT MY APPLICATION?** You may ask for a hearing by writing to: **Nathan Roedel, Nutrition Services Director, 3083 NE 49th PI #208; Hillsboro OR 97124.**
13. **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. Your information is not reported to the government.
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. 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.
15. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Whenever this happens, please write a zero (0) in the field. If any income fields are left blank, those will also be counted as zeroes.
16. **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. If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any combat pay resulting from deployment is also excluded from income.
17. **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.
18. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **Oregon SNAP** or other assistance benefits, contact your local assistance office at 211.

If you have other questions, need assistance with this form, or would like general information about school meals, call (503)844-1462

CONVERSION CHART: DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Part 4 of the 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:

Paid weekly: 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.

(Gross weekly pay X 52 weeks in a year = annual pay; annual pay ÷ 12 months = 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.

(2 week earning X 26 = annual pay; annual pay ÷ 12 = 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.

(Twice monthly X 24 = annual pay; annual pay ÷ 12 = 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.

(Annual income ÷ 12 = 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.*

2023-2024 Meal Charging Policy

Current Oregon laws specify that when a student requests a meal during meal service, they shall receive a meal regardless of the ability to pay for meals. For clarification purposes, **the cost of received meals and resulting balances owed are the responsibility of the parent or guardian.**

- Charging limits - Due to provisions in current laws, the district is unable to establish a charging limit for all accounts. Charging limits can be set by parents or guardians only. Charging limits can be submitted, in writing, to the school or to the Nutrition Services Office.
 - NOTE: The Nutrition Services Division does not provide meal alternatives to students that have a charging limit imposed by the parent or guardian.

Account Management and Collection of Delinquent Debt

The district allows for the prepayment of meals directly at the school or online using the service Titan School Solutions.

- Payments at school – Cafeteria staff or the school office (ELEMENTARY SCHOOLS) are able to receive cash or check payments for student meal accounts. Meal prices are posted on the district website, online menu, and Titan School Solutions mobile application.
- LingConnect.com – The online account management service Titan School Solutions enables management of student accounts online. Features include transaction history, online payments, auto-payments, payment reminders, low balance warnings and more. Payments are not required to use this tool, however, a service charge is applied for online payment processing.
- Handling of Delinquent Debt – When payment is overdue or when funds are not present to cover the cost of a meal that has been served, the monetary credit extended is considered delinquent debt. HSD will pursue efforts to collect unpaid meal charges or delinquent debts.
 - Negative Balance Notifications – Wednesdays of each week the district initiates an automated phone call, and email to households notifying of balances owed in the cafeteria.
 - When an account breaches -\$50.00, additional efforts are made in the form of a telephone call and notices mailed to the primary mailing address on record. Mailed notices include information about application for free meal benefits and requests for a repayment plan (including pre-payment for additional meals)

USE OF INFORMATION STATEMENT

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 submit all needed information, 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 primary wage earner or other adult 75 household member who signs the application. 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

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, audiotope, 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax: (833) 256-1665 or (202) 690-7442; or
email: program.intake@usda.gov

Hillsboro School District
Return to: 3083 NE 49th PI #208; Hillsboro OR 97124

- Complete one application per household. Please use a pen (not a pencil)
- * = 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

Home Phone or Cell Phone or Work (Circle One)

Mailing Address – Apt # _____

Email address _____

City State Zip _____

Total number in household (Children + adults) _____

2 STUDENT INFORMATION*

Child's Name (Legal Last name, First name)

School

Birth Date
(optional)Check if
Migrant,
Homeless,
RunawayCheck if
Foster
Child

List ALL children in your household including infants, and children not in school.

1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

Case Number (Not EBT #)***

☐ TANF

Go to Part 5 below

Does this household receive FDPIR (Food Distribution on Indian Reservations) ☐ Yes (Go to Part 5 and complete)**4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME ** – if not monthly, use conversion chart in this packet**

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
List all household members and income. Do not include students listed in part 2, unless they receive regular income. (Last name, first name)	MONTHLY INCOME (Total earnings & wages before deductions)	MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	OTHER MONTHLY INCOME -Including unemployment and workers comp.	Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

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 and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and 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 under applicable State and Federal laws.

Signature of Adult Household Member*

Date Signed*

Social Security Number**

☐ I do not have a Social Security Number.**

X _____

XXX-XX - ____

Month/day/year

6 Children's Racial and Ethnic Identities (OPTIONAL)

Ethnicity (check one):

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check one or more):

- ☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White, not of Hispanic origin
☐ 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: _____
<input type="checkbox"/> Free based on: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Foster child categorical <input type="checkbox"/> Household income	<input type="checkbox"/> Reduced based on: <input type="checkbox"/> Household income	<input type="checkbox"/> Denied – Reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application
Determining Official's Signature : _____		Date _____

Oregon EIG ☐

2023-2024
Hillsboro School District
CONSENT TO SHARE FREE OR REDUCED-PRICE ELIGIBILITY INFORMATION
WITH OTHER PROGRAMS

Dear Parent/Guardian:

The information submitted on the Confidential Application for Free or Reduced-Price Meals is used to determine your student(s) eligibility for Free or Reduced-Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs, we must have your permission to share your information.**

Completing this form will not change whether your student(s) get free or reduced meals, and it is NOT A REQUIREMENT.

☐ **No! I DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of the programs listed below.

If you checked "No," stop here. You do not have to complete or send in this form. Your information will not be shared.

☐ **Yes! I DO** want HSD school officials to share information from my Free and Reduced-Price School Meals Application with the following HSD programs.

- HSD Educational/School-related program fees (examples: AP test fees, PSAT/SAT/ACT test fees, Senior inquiry class fees (Liberty), IB program fees (Hilhi), summer school)
- HSD Athletic Participation fees
- HSD Activity Participation fees
- Any other available school fee waivers/reductions

By marking YES, I understand that I am releasing information (student's name, F/R status, and/or contact information) to the programs listed above. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Student Name	Birthdate MM/DD/YYYY	Student ID Number	School
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

Return this form to:
3083 NE 49th PI #208; Hillsboro OR 97124
Fax: 503-844-1466

For more information, contact Lizzy Petitt, 503-844-1462; petitte@hsd.k12.or.us

This institution is an equal opportunity provider.