



TIGARD-TUALATIN SCHOOL DISTRICT

Nutrition Services Department
6960 SW Sandburg St. Tigard, OR, 97062
(503) 431-4103

July 1, 2023

Dear Parent/Guardian,

The Tigard Tualatin School District participates in the National School Lunch Program and the School Breakfast Program by offering healthy meals every school day. Your children may qualify for free meals by completing the application for Free and Reduced-Price Meals. We are encouraging online applications to promote sustainability and reduce waste.

YOU CAN APPLY ONLINE AT → <https://lincconnect.com/>

Your student will qualify for free meals if your family household income falls below these amounts. Example, a family of four with a combined household income of less than \$90,000 annually would qualify for free meals.

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

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

Reminders:

- You must complete a new application each year.
- Only one application per household (those under the same roof = household member).
- You can apply anytime during the year if your economic status changes.

If you have other questions or need assistance, please contact Nutrition Services at (503) 431-4060.

Sincerely,

Nutrition Services Team

Tigard-Tualatin School District

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

This document provides information for families with students attending a school in Oregon offering federal Child Nutrition Programs such as the National School Lunch Program and/or School Breakfast Program, as well as information about Oregon's Expanded Income Guidelines for public schools.

Dear Parent/Guardian:

Children need healthy meals to learn. **Tigard-Tualatin School District** offers healthy meals every school day. 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 FEDERAL FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **[State SNAP]**, **[the Food Distribution Program on Indian Reservations (FDPIR)]** or **[State TANF]**, 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 the chart below:

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	1,616
- 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 CAN GET OREGON EIG NO-COST MEALS?

- Children attending public schools in Oregon may receive no-cost meals if your household income is within the limits on the Oregon Expanded Income Guidelines. Your children may qualify for free meals if your household income falls at or below the limits on the chart below:

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

- 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 **Heidi Reang, TTSD homeless liaison, (503) 431-4144, hreang@ttsd.k12.or.us** or **Jenn Devlin, TTSD migrant coordinator, (503) 431-4131, jdevlin1@ttsd.k12.or.us**.

3. SOME SCHOOLS OFFER NO COST MEALS TO ALL STUDENTS WITHOUT FILLING OUT AN APPLICATION. HOW DO I KNOW WHICH SCHOOLS DO NOT REQUIRE AN APPLICATION? At this time there are no schools at TTSD eligible for participating in a provision that offers meals at no charge to all students.
4. HOW DO I KNOW IF A SCHOOL IS PARTICIPATING IN OREGON EIG? All TTSD brick and mortar schools are eligible to participate in Oregon EIG. Public schools, public charter schools and Education Service Districts are eligible.
5. 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: TTSD Nutrition Services, 6960 SW Sandburg St, OR 97223 or apply online through family.titank12.com.
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 follow the instructions. If any children in your household were missing from your eligibility notification, contact TTSD Nutrition Services, 6960 SW Sandburg St, OR 97223, (503) 431-4103, ttsdfoodservices@ttsd.k12.or.us immediately.
8. 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. Apply online at lingconnect.com. Contact TTSD Nutrition Services, 6960 SW Sandburg St, OR 97223, (503) 4314103, ttsdfoodservices@ttsd.k12.or.us if you have any questions about the online application.
9. 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 16, 2023**. 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.
10. I PARTICIPATE IN 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. You do not automatically receive free/reduced priced meals. You will need to apply!
11. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report. *(Not applicable to Oregon EIG eligible applications)*
12. 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.
13. 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: **Jarvis Gomes, TTSD Operations Administrator, 6960 SW Sandburg St, OR 97223, (503) 431-4173** *(Not applicable to Oregon EIG eligibility decisions)*
14. 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.

15. **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.
16. **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 zero (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.
17. **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.
18. **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 **TTSD Nutrition Services, 6960 SW Sandburg St, OR 97223, (503) 431-4103, ttsdfoodservices@ttsd.k12.or.us** to receive a second application.
19. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **[State SNAP]** or other assistance benefits, contact your local assistance office or call **2-1-1 or 1800-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) 431-4103**.

Sincerely,

TTSD Nutrition Services

2023-2024 TTSD CONFIDENTIAL APPLICATION FOR FREE & REDUCED MEALS

Return to: Nutrition Services Dept, Hibbard Administration Building, 6960 SW Sandburg St; Tigard, OR 97223

NOTICE:

- If you received an ELIGIBILITY NOTIFICATION – FREE MEALS letter from the school district, **do not** complete this application.
- See **Application Instructions** on back of form.
- * = Required for all applications; ** = Required for Income applications; *** = Required for SNAP/TANF

1 HOUSEHOLD INFORMATION*: Print name of person completing this application _____ Home Phone or Cell Phone or Work (Circle One) _____

Name Print (last name, first name) _____ Email address _____

Mailing Address – Apt # _____

City State Zip _____

→ Number living in this household _____
(Write names of **all** household members on part 2 and/or part 4 of this form)

2 STUDENT INFORMATION*

Child's Name (Legal Last name, First name)	School	Grade (optional)	Birth Date (optional)	Check if Foster Child
1. _____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	<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*** _____

TANF Case Number*** _____

Go to Part 5 below

Does this household receive FDIPIR (Food Distribution on Indian Reservations) Yes (Go Part 5 and complete)

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME ** – if not monthly, see back for conversions

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
List all household members, including children not attending school, and income. Do not include students listed in part 2, unless they receive regular income.	MONTHLY INCOME (total earnings & wages before deductions)	MONTHLY CHILD SUPPORT, WELFARE, ALIMONY	MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	OTHER MONTHLY INCOME- unemployment & 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 (correct) 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 give purposely false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member* _____ Date Signed* _____ Social Security Number** _____ I do not have a Social Security Number

X _____ Month/day/year XXX-XX - ____ - ____

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities: Asian American Indian & Alaskan Native Native Hawaiian or Other Pacific Islander Other Black or African American White, not of Hispanic origin

I prefer all written correspondence in Spanish Russian 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: _____

Free based on: Reduced based on: Denied – Reason:

SNAP/TANF/FDIPIR household income income too high

Foster child categorical household income incomplete application

Determining Official's Signature: _____ Date _____

Application Instructions

- If your household receives **SNAP, TANF or FDPIR**, complete parts 1, 2, 3 and 5; parts 6 and 7 are optional.
 - If you do not receive these benefits and your **income** is below the guidelines, complete parts 1, 2, 4, 5; parts 6 and 7 are optional.
 - If you are a household with a **FOSTER CHILD**, complete parts 1, 2, 4, and 5; parts 6 and 7 are optional.
- Any income fields left blank will be counted as zeros. Please be careful that you meant to leave income fields blank.*

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

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

Household members who are paid every week: 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.

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.

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.

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.

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.*

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS and OTHER INFORMATION

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 4 digits of the social security number of the adult household member who signs the application. The last 4 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. We may share the information on this form with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will only be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

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, audiotape, 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 [USDA Program Discrimination Complaint Form](#) which can be obtained online at: [Filing a Program Complaint as a USDA Customer webpage](#), 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 Complaint form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

2023-2024 Tigard Tualatin School District Permission to Share Confidential Meal Eligibility Status

Dear Parent or Guardian:

The district must have your written permission to share your student's name and meal eligibility status (i.e. approved for free or reduced-price meals).

Please fill out this form to give permission to the Nutrition Services Department to release your student's name and meal eligibility status for opportunities listed below by selecting opportunities under Option 1, entering your student's information, signing and dating the form.

If you do not want to share your student's information, select Option 2, you may STOP HERE and do NOT complete this form. Your student's eligibility status for free or reduced-price school meals will not be shared.

Sending in this form will not change whether your student(s) receive free or reduced priced meals. Signing this waiver is NOT A REQUIREMENT for participation in our school nutrition program.

Please note that there is NO GUARANTEE of additional benefits. Not all schools have funding to offer local program fee waivers or fee reductions to students. Please contact your school for specific fee reduction/waivers.

- Option 1: Yes! I consent to sharing my student's name and meal eligibility status for the opportunities I have selected below:
- Instrument rental reduction
 - Driver Education Program reduction

- Option 2: No! Do NOT share my meal eligibility status for any additional opportunities.

If you checked Yes, please complete the student information below, sign, date, and return this consent form charge of the opportunities you selected.

Student's Name(s): _____ School(s): _____

Student's Name(s): _____ School(s): _____

Student's Name(s): _____ School(s): _____

Student's Name(s): _____ School(s): _____

Signature of Parent/Guardian: _____ Date: _____

Signature and date are required.

Printed Name:

Return this form with your application for Free and Reduced-Price Meals to your student's school. For more information, please call the Nutrition Services Office at (503) 431-4103.

This institution is an equal opportunity provider.