# Instructions for the Online Free and Reduced Price Meal Application



# Introduction and Overview for Households receiving SNAP/ TANF/ FDPIR



Welcome to the new online application for Free and Reduced Price Meal Application Program.

This is the first screen you will see when you enter our website.

Click on the **Apply** button to start an application.

Click on the **Help** button to open the application help documents.

You can use the English or Spanish option to select the language you would like to use to complete the application.

# Instructions for Applying for SNAP/ TANF/ FDPIR

- Step 1: Answer the Household information questions
- Step 2: Answer the Eligibility Status Sharing questions
- **Step 3:** Enter the child(ren)'s name, district, school, grade, birth date and a SNAP case number (F11111111), a Social Security # used to apply for benefits (111111111) or TANF (AA1111 or AAA111) case number.

# Check the FDPIR box if your household is receiving Food Distribution to Indian Reservations Program (FDPIR). FDPIR does not have case numbers.

Check the box for a Foster Child if there is one in your household.\*\*

Step 4: Answer the Ethnic/Racial Identity questions if you choose to.

Step 5: Review the information

**Step 6:** Submit the form. A Social Security Number is **not** required. A SNAP/TANF case number is required.

Please Note – Other household members (like husband, wife or baby) are not counted for Households applying using SNAP, TANF or FDPIR application type.

#### \*\*NOTE:

- A Foster Child is now considered a member of the household they reside in.
- Foster Children are categorically eligible for Free benefits regardless of the household circumstances.
- Foster Child(s) monthly subsidy is NOT considered income for the household.
- Be certain to check the Foster Child box on the individual student screen.

#### Household Income

For Households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or FDPIR (Food Distribution for Indian Reservations) benefits income is not required.

## Step by Step Instructions to complete a SNAP/ TANF/ FDPIR application

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#### Terms of Use

Terms of Use screen displays the legal agreement between the Oregon Department of Education and the applicant (you).

Click on the "I Agree" button to proceed and continue completing the application or click on the "I Do Not Agree" button to go back to the first screen.

If a paper application is needed, please contact your local school office for information.

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If you clicked on 'I Do Not Agree' the following pop-up menu will be displayed directing you to contact your local school officials on how to complete a paper application.



#### Parent/Guardian Letter

This is the Parent/Guardian Letter distributed with the paper applications. It answers many of the questions that parents/guardians have concerning the Free and Reduced Price Meal application.

Included in the Parent/Guardian Letter are the Federal Income Guidelines to qualify for Reduced Price benefits.

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	Check here if you are also the student in this application.
* Household Adult First Name:	Walt
* Household Adult Last Name:	Disney
Household Street Address:	123 Magic Kingdom
* City:	Newberg
* State:	Oregon 🗸
✗ Zip Code:	97132
Household Home Phone Number:	<ul> <li>Standline</li> <li>O Mobile/Cellular</li> </ul>
Household Work Phone Number:	
* Number living in this household:	3
Food Distribution on Indian	
Reservations (FDPIR):	Yes
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#### **Household Information**

This is the screen where you enter your name, household address and contact phone numbers.

The fields with a **Red** \* before them are required fields that must have information entered in them before the application can be completed.

Entering in a contact phone number is not required, but can assist school officials in case they need to contact you concerning the application.

Click on the "Next" button to proceed with the application or the "Previous" button to go back.



#### **Application Type**

On this screen you select the type of application you need to complete.

For households receiving SNAP/ TANF/ FDPIR benefits select the first option.

Foster children are now considered a member of the household they reside in. The monthly subsidy is NOT income to the household.

Click on the "Next" button to proceed or the "Previous" button to go back.

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Dear Parent or Guardian:		
If your student is eligible for free or reduce priced school n To give your permission for us to share your child's name a programs listed below, please select either Option1 or Opt child's eligibility status.	meals, he or she <b>may</b> also qualify to receive other and meal eligibility status with staff in charge of tion 2. Select Option 3 if you do not want to share	r benefits. the e your
Selecting any of these options will not change whether your stude for participation in any school nutrition program.	ent(s) get free or reduce priced meals and is NOT A RE	QUIREMENT
Option 1: Yes! Share my child(ren)'s eligibility status to all pro	grams in my school district.	
Option 2: Yes, for only the opportunities listed below		
<ul> <li>Educational/School related program fee waiver/reduction-( College tuition fees, night school fees, Summer School Fee PSAT/SAT/ACT test fees)</li> </ul>	(Field Trips, Educational Workbooks, Elective Class Lab s, Fee for kindergarten or pre-K fees, Outdoor school f	fees, ee and
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#### **Eligibility Permission**

On this screen you can select the option to share your child(ren)'s eligibility status with other school programs or not.

You can choose to share the eligibility status with all programs, or selected areas and programs, or none at all.

Click on the 'Next' button to proceed.

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Student	school, grade, birth date, gender
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. Student ID: * Student First Name: Micky	and a SNAP benefits (F1111111), TANF (AA1111 or AAA111) case number or the Social Security # (11111111).
* Student Last Name: Mouse	, , , , , , , , , , , , , , , , , , ,
* School District Name: Newberg SD 29J	Check the box if the student is
* School Name: Newberg Senior High School	a foster child.
<b>¥ Grade:</b> Twelfth Grade12 ▼	
* Birth Date MM/DD/YYYY: 01/02/1995	-L-
* Gender: Male V	The fields with a <b>Red</b> <sup>^</sup> before
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#### **Review Student Information**

This is the review student information screen. After each student is entered, this screen will be displayed.

To add another student click on the "Add New Student" button.

To change information for a student already entered, click on

the green checkmark (<sup>1</sup>) to the left of the student.

Click on the "Next" button to proceed with the application or click on the "Previous" button to go back to the application type.

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#### **Ethnicity**

The Household Ethnicity information and district written communication options can be entered on this screen.

This information is optional.

#### Health Insurance

If you do not want the Health Insurance Information shared you <u>must</u> check the box "I do not want my information....."

Click on the "Next" button to proceed with the application or the "Previous" button to go back to the prior screen.

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#### **Application Review**

This is the application review screen. The Household applicant and student information for this application is displayed.

Clicking on the "Print Review" button will create a PDF version of the application, which can be saved or printed by the applicant.

Note the household count warning. This is where you can correct the math count.

To change information for the applicant or a student already entered, click on the green

checkmark () to the left of the entry you need to change.

Click on the "Next" button to proceed with the application or the "Previous" button to go back to the prior screen.



#### **Print Review**

If the Print Review is selected, the file download pop-up menu will be displayed directing you to Open or Save.

#### Household Application Print Review Report

This is a sample of the Print Review Report.

You can save or print this document for your records.

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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 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.  * Applicant's Name: Walt Disney Social Security Number: (optional): (Only last four digits)	, /
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#### Privacy Statement and application submission

This is the Privacy Statement and application submission screen.

The user can scroll down to view the rest of the statement by using the scroll tool on the right side.

Click on the "Submit" button to submit the application or click on the "Previous" button to go back to the prior screen.

The last four digits of your social security number are optional for a SNAP / TANF / FDPIR application type.



#### **Application Received**

This is the Application Received screen.

The application has been accepted by ODE and is available for download to the school district where the students attend.

All applications are reviewed and approved by the school district where the students attend school.

To start a new application click on the menu option, Family Application for Free or Reduced Price Meals next to "Home".

### Step by Step Instructions - how to complete an 'All other Households Qualifying via Income' application



## Introduction and Overview for Households applying via Income/Other





#### Terms of Use

The Terms of Use screen displays the legal agreement between the Oregon Department of Education and the applicant (you).

Click on the "I Agree" button to proceed and continue completing the application or click on the "I Do Not Agree" button to go back to the first screen.

If a paper application is needed, please contact your local school office for information.

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If you choose to not apply online, then a paper application form is available. Please contact your local school officials for more information.	
OK Cancel	
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	
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If you clicked on 'I Do Not Agree' the following pop-up menu will be displayed directing you to contact your local school officials on how to complete a paper application.



#### **Parent/Guardian Letter**

This is the Parent/Guardian Letter distributed with the paper applications. It answers many of the questions that parents/guardians have concerning the Free and Reduced Price Meal application.

Included in the Parent/Guardian Letter are the Federal Income Guidelines to qualify for Reduced Price meals.

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	Household
HOUSEHOLD INFORMATION - Please complete the Required	ne below information about you and your household and click [Next]. $*$ =
	Check here if you are also the student in this application.
* Household Adult First Name:	Walt
* Household Adult Last Name:	Disney
Household Street Address:	1234 Disneyland St
* City:	Newberg
* State:	Oregon 💌
¥ Zip Code:	97132
Household Home Phone Number:	O Landline ○ Mobile/Cellular
Household Work Phone Number:	
* Number living in this household:	3
Food Distribution on Indian	
Reservations (FDPIR):	Yes
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#### **Household Information**

This is the screen where you enter your name, household address and contact phone numbers.

The fields with a **Red** \*before them are required that must have information entered in them before the application can be completed.

Entering in a contact phone number is not required, but can assist school officials in case they need to contact you concerning the application.

Click on the "Next" button to proceed with the application or the "Previous" button to go back.

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Home > Household Application for Free or Reduce-Priced Meals > Application	ation	
Appl	ication Type	
Please select the type of application you would like to compl Foster Children are eligible for free meal benefits regardless of	lete and click [Next]. of the household circumstances where they live.	-
SNAP, TANF Household or FDPIR (Food Distribution Progr	ram to Indian Reservations) and you have a Foster Child	-
Students in your household are receiving Supplement Nutritic benefits, TANF (Temporary Assistance for Needy Families) b benefits currently.	on Assistance Program – SNAP (formally know as Food Stamps) enefits or FDPIR (Food Distribution Program to Indian Reservations)	
Ill Other Households Qualifying Via Income.		-
Foster Children are eligible for free meal benefits regardless of considered members of your household.	of the household circumstances where they live. They are now	
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#### Application Type

On this screen select the 'All Other Households Qualifying Via Income" choice.

Click on the "Next" button to proceed or "Previous" button to go back.



the option to share your child(ren)'s eligibility status with other school programs or not.

You can choose to share the eligibility status with all programs, selected areas and programs, or none at all.

Click on the 'Next' button to

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	Student
Please complete the below information for each student in y entering student information. If you have more than one stu following page. You are allowed a maximum of 10 students	our household. Click [Save Information] when you are through dent to enter, click [Add New Student] which will appear on the per application.
S	tudent ID:
* Student Fi	rst Name: Minnie
* Student L	ast Name: Mouse
* School Dist	ict Name: Newberg SD 29J
× Sch	OOI Name: Chehalem Valley Middle School
◆ Birth Date MM/	
Share Student Ir	
Is this child a For	ster Child?
List SNAP* or TANF each child, if receiving publi	case # for : benefits:
Sa	ve Information
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#### **Student Information**

On this screen you will enter your student's information.

Enter the child's name, district, school, grade, birth date and gender.

Note: Foster Children are now part of the household they reside in and are categorically eligible for FREE benefits regardless of the household circumstances. Foster children's monthly subsidy DOES NOT COUNT AS INCOME.

The fields with a **Red** \* before them are required fields that must have information entered in them before the application can be completed.

Click on the "Save Information" button to proceed.

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Fix <mark>Last</mark> Name	First Name	Student ID	District	School	Grade Ge	nder Birth Date	Case #	Foster Child	Delete
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#### **Review Student Information**

This is the review student information screen. After each student is entered, this screen will be displayed.

To add another student click on the "Add New Student" button.

To change information for a student already entered, click

on the green checkmark (**\*** to the left of the student.

Click on the "Next" button to proceed with the application or click on the "Previous" button to go back to the application type.

#### To add another student click on "Add New Student" button.

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Student	
Please complete the below information for each student in your housely entering student information. If you have more than one student to en following page. You are allowed a maximum of 10 students per applica	<pre>iold. Click [Save Information] when you are through ter, click [Add New Student] which will appear on the tion.  # = Required</pre>
Student ID:	
* Student First Name:	Daffy
* Student Last Name:	Duck
* School District Name:	Newberg SD 29J
* School Name:	Joan Austin Elementary School 💌
* Grade:	Fourth Grade04 💌
★ Birth Date MM/DD/YYYY:	: 03/23/2001
* Gender:	
Share Student Information	
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Additional Student Information

Add as many students, one by one, as you have in your household.

The on line application can accept 10 different students' information.

If your household has more than 10 students, please submit a paper application.

Paper applications are available by contacting your local school office for information.

k Save Information – then Print

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#### **Review Student Information**

This is the review student information screen. After each student is entered, this screen will be displayed.

To add another student click on the "Add New Student" button.

To change information for a student already entered, click

on the green checkmark (

Click on the "Next" button to proceed with the application or click on the "Previous" button to go back to the application type.

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Hou	sehold Members
Please complete the information below for each membe [Add New Member]. Click [Save Information] when you earned before taxes and deductions. <b>NOTE: You are all</b>	r in your household. If you have more than one member to enter click are through entering member information. Gross Income is the amount <b>owed a total of six entries. *</b> = Required
If this member is also a student on this a	Household Member First Name
	Household Member Last Name: Disport
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	Monthly Gross Income: 1500
	Monthly Child Support:
	Monthly Pensions:
	Other Monthly Income:
	Total Monthly Income: 1500
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#### Household Members Entry

This is the Household Members entry screen. The Applicant is the first Household member.

Information for each non-student household member and/or students that earn regular income is entered using this screen. If the household member is a student, please remember to check the student checkbox at the top of the form.

Up to 6 household members can be entered per application. If there are more than 6 household members, please submit a paper application. Paper applications are available by contacting your local school office for information.

# If a Household member has no income, then the No-Income checkbox must be checked.

Click on "Save Information" button to save the Household member's information.

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#### Add Other Household Members Information

Click on the "Add New Member" button to add other Household Members. Up to 6 household members can be entered per application.

Click on the checkmark (<sup>22</sup>) to edit information about a household member.

Click on the "Next" button to proceed, click on the "Previous" button to go back.

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Please complete the information below for each member in your [Add New Member]. Click [Save Information] when you are thro earned before taxes and deductions. <b>NOTE: You are allowed a</b>	household. If you have more than one member to e ugh entering member information. Gross Income is t total of six entries. <b>*</b> = Required	enter click the amount
If this member is also a student on this applicatio	n please check this box.	
* Househ	old Member First Name: Davey	
* Househ	old Member Last Name: Crockett	
	No Income 🗹	
	Monthly Gross Income:	
	Monthly Child Support:	
	Monthly Pensions:	
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#### Household Members Income Calculating Monthly Income

Household members who are <u>not</u> paid monthly should change earnings into monthly income by doing the following:

Household members paid every week: Multiply total earning and wages for 1 pay period, before deductions, by 52. Then divide by 12.

Household members paid every 2 weeks. Multiply total earnings and wages for 1 pay period, before deductions by 26. Then divide by 12.

Household members paid twice a month. Multiply total earnings and wages for 1 pay period, before deductions by 24. Then divide by 12.

#### Seasonal workers or work less than 12 months. Project annual income. Then divide by 12.

Enter monthly amount into correct income box.

- 1. Answer the Household information questions
- 2. Answer the Eligibility Status sharing questions
- 3. List the child(ren)'s name, district, school, grade, birth date.
- 4. Enter 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 step 3 unless they receive regular income. If more than six people earn income in your household you will need to submit a paper application.

For each person enter the type of income received last month. If this person did not earn any income, check the No Income checkbox.

**Monthly Gross Income:** List the **gross income** each person earned from work. This is not the same as take-home 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 for determining monthly income listed to the right--- $\rightarrow$ .

**Child Support Income**: Enter the amount each person got last month from welfare, child support, alimony

**Pension Income**: Enter the amount each person got last month from pensions, retirement, Social Security

**Any Other Monthly Income**: Enter 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, this may include:

Net rental income, annuities, net royalties:

Interest, dividend income;

Cash withdrawn from savings; income from estates, trusts and/or investments; Regular contributions from persons not living in the household.

#### \*\*Self-employed qualify on "net income."

- 5. Answer the Ethnic/Racial Identity questions if you choose to.
- 6. Review the information
- 7. Submit the application. An adult household member must list the last 4 digits of his/her Social Security Number, or mark the box if he or she doesn't have one.

#### \*\*Note for Self-Employed:

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. Personal and household expenses may not be deducted. If Net Income is negative report it as '0'.

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#### Review Other Household Members Information

To add other household members, such as children not in school or other people living with you as one economic unit, click "Add New Member".

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<ul> <li>Hispanic or Latino</li> <li>Not Hispanic or Latino</li> </ul>	<ul> <li>Asian</li> <li>American Indian &amp; Alaskan Native</li> <li>Black or African American</li> </ul>	slander	
Health Insurance Information	on		
🔲 I do not want my informati	on shared with State Children's Health Insu	rance Program.	
☑ I have a child (or children) Health Plan/Healthy Kids. I am	who do not have any kind of health insurand interested in free or reduced cost health co	ce coverage -neither private health insurar verage for at least one of my children.	ice nor Oregon
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#### **Ethnicity**

The Household Ethnicity information and district written communication options can be entered on this screen.

This information is optional.

#### **Health Insurance**

If you do not want Health Insurance Information shared you <u>must</u> check the box "I do not want my information....."

Click on the "Next" button to proceed with the application or the "Previous" button to go back to the prior screen.

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	Student Information													
	Fix	First Name	Last Name	Student ID	District	Scho	ool	Grade	Birth Date	Gender	Case I #	Foster Child		
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# Review Application

This is the review screen for the Households Qualifying Via Income application.

Clicking on the "Print Review" button will create a PDF version of the application, which can be saved or printed by the applicant.

To change information for the applicant or a student already entered, click on the green

checkmark ( $\stackrel{\checkmark}{\sim}$ ) to the left.

Click on the "Next" button to proceed with the application or the "Previous" button to go back to the prior screen.

Note the household count warning. This is where you can correct the math count.



#### **Print Review**

If the Print Review is selected, the file download pop-up screen will be displayed direction you to Open or Save.

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#### Household Application Print Review Report

This is a sample review report for an Application for All Other Households Qualifying Via Income.

You can save or print this report for your records.

Clicking on the "Print Review" button will create a PDF version of the application, which can be saved or printed by the applicant.

To change information for the applicant or a student already entered, click on the green

checkmark ( $\stackrel{\checkmark}{}$ ) to the left.

Click on the "Next" button to proceed with the application or the "Previous" button to go back to the prior screen.

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Home > Household Application for Free or Reduce-Priced Meals > Application	
Submit Application	
	<u> </u>
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.	
* Applicant's Name: W	alt Disney
Social Security Number: 1	(Only last four digits)
I do not have a Social Security Number	
Email (optional):	
Previous Submit	
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#### **Application Acceptance**

This is the application acceptance screen where the applicant can submit the application.

The last 4 digits of the applicant's social security number are **required** on applications that Qualify Via Income.

#### OR

If you do not have a social security # check the box "I do not have a Social Security Number."

Click on "Submit" button to submit the application or click on "Previous" to go back to the prior screen.



#### **Application Received**

This is the Application Received screen.

The application has been accepted by ODE and is available for download to the school district where the students attend.

All applications are reviewed and approved by the school district where the students attend school.

To start a new application click on the menu option, Family Application for Free or Reduced Price Meals next to "Home".