



Dear Parent/Guardian:

**Children need healthy meals to learn. Coquille School District offers healthy meals every school day. Breakfast cost at the Elementary is \$0. Breakfast cost at the Middle School is \$0. Breakfast cost at the High School is \$1.25. Lunch costs are as follows: \$1.75 Lincoln Elementary, \$1.75 grades 3-5, \$2.25 grades 6-8 and \$2.50 High School. Your children may qualify for free meals or for reduced price meals.**

**Reduced price is zero for breakfast and \$.40 for lunch.**

1. **Should I fill out an application if I got a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call Vicki Strader 541-396-2181 if you have questions.
2. **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: Coquille School District 1366 N. Gould Coquille, OR. 97423**
3. **Who can get free meals?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) benefits or TANF and most foster children can get free meals regardless of your income. Also, your children can get free 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 the Coquille School District to speak to the 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.
6. **If my child is eligible for free or reduced price meal benefits, when will the meal benefits begin?** Meal benefits for new applications cannot start until an application is approved. Please provide a lunch or money for a paid lunch until you receive notice that the application is approved.
7. **I get WIC. Can my child(ren) get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
8. **My children receive Oregon Health Plan benefits. Can they get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
9. **Will the information I give be checked?** Yes, we may ask you to send written proof.
10. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year.
11. **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: Coquille School District, Superintendent, Tim Sweeney, 1366 N. Gould, Coquille, Oregon 97423.
12. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
13. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
14. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
15. **We are in the military; do we include our housing allowance or combat pay as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Combat pay is excluded if it is: received in addition to the service member's basic pay; received as a result of the service member's deployment to or service in an area that has been designated as a combat zone; **and** not received by the service member prior to his/her deployment to or service in the designated combat zone. All other allowances must be included in your gross income.
16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for other assistance benefits, contact your local assistance office or call 1-800-723-3638.

**If you have other questions or need help, call 541-396-2181.**

Sincerely,  
Vicki Strader

## INSTRUCTIONS FOR APPLYING

**For Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) OR TANF Households, do the following:**

**Part 1:** Complete Household information

**Part 2:** List child(ren)'s name, school, grade, birthday and a Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) (A11-11-1111) or TANF (AA111 or AAA111) case number.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**Part 7:** Answer this question if you choose to.

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Use a separate application for each foster child**

**Part 1:** Complete Household information

**Part 2:** Skip this part.

**Part 3:** List the child's name, school, grade, birth date and child's pocket money, if any, (not state subsidy)

**Part 4:** Skip this part

**Part 5:** Sign the form. A Social Security Number is not necessary

**Part 6:** Answer this question if you choose to.

**Part 7:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** Complete Household information.

**Part 2:** List child(ren)'s name, school, grade, and birthday.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List 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 part 2 unless they receive regular income. Attach another sheet of paper if you need to.

**Column 2 –Gross Monthly Income.** Next to each person's name list each type of income received last month. For example, *Monthly 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 on the back of the application. **Column 3 -** List the amount each person got last month from welfare, child support, alimony

**Column 4 –** List the amount each person got last month from pensions, retirement, Social Security; **Column 5 –** List 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.

Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

**Part 7:** Answer this question if you choose to.