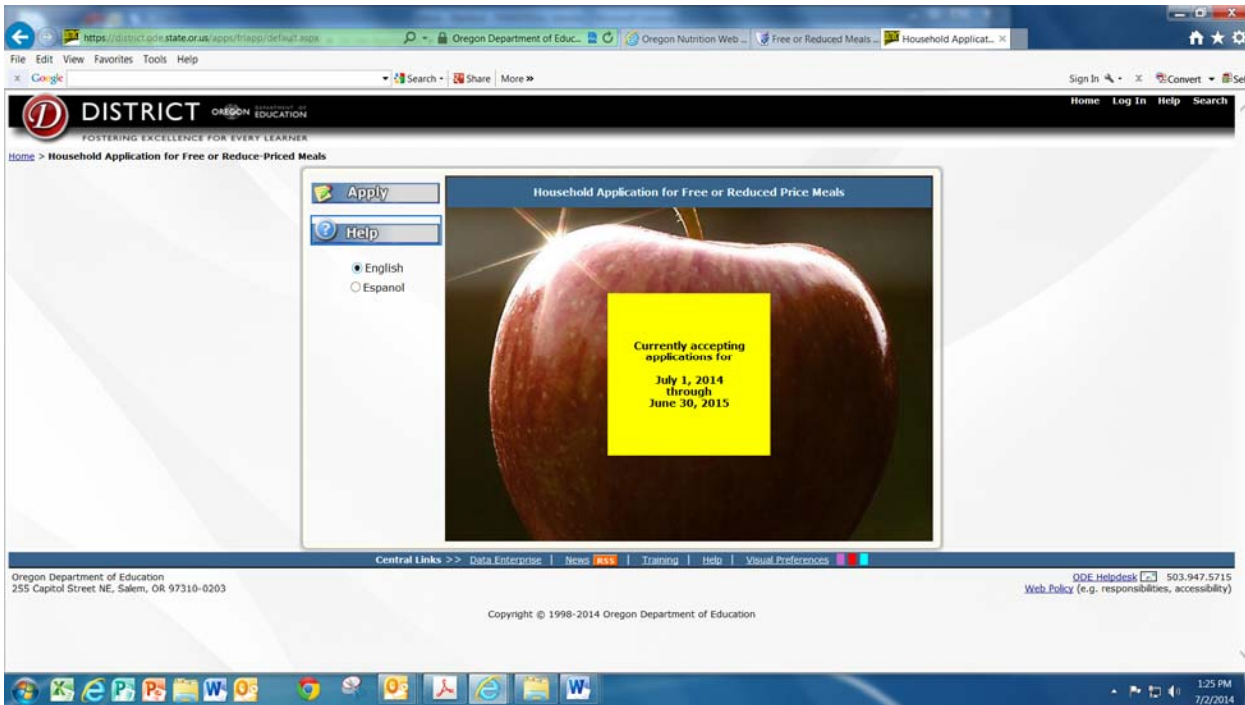


Online Free and Reduced Price Meal Application

The Oregon Department of Education Child Nutrition Programs has an on-line Free and Reduced Price Meal Application that parents/guardians may complete for their students.

Go to: <https://district.ode.state.or.us/apps/frlapp> and click on the Apply button to start an application.



Tips:

- Gather all your information before starting the application. The online system is not able to save incomplete applications.
- If you need to make changes after submitting the application, contact the student's school or school district.
- Required fields are shown with a red asterisk *
- Click the next button in the lower, right corner of each page to move to the next page.

How to Apply

- 1) **Terms of Use**: Click the "I accept" button to agree to the legal terms of the application.
- 2) **Parent/Guardian Letter**: Check the reduced price income guidelines (scroll down for the chart).

Click "next"

3) **Household:** Complete the page including all required fields with a red asterisk *

Application - ODE District Site - Microsoft Internet Explorer provided by Oregon Department of Education
https://district.state.or.us/apply/applyapp.aspx

ODE DISTRICT OREGON DEPARTMENT OF EDUCATION
FOSTERING EXCELLENCE FOR EVERY LEARNER

Home > Household Application for Free or Reduce-Priced Meals > Application

Household * = Required

Check here if you are also the student in this application.

* Household Adult First Name:

* Household Adult Last Name:

* Household Street Address:

* City:

* State: Oregon

* Zip Code:

Household Home Phone Number: Landline Mobile/Cellular

Household Work Phone Number:

* Number living in this household:

Food Distribution on Indian Reservations (FDPIR): Yes

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Oregon Department of Education
255 Capitol Street NE, Salem, OR 97310-0203

ODE Helpdesk 503.947.5715
Web Policy (e.g. responsibilities, accessibility)

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4) **Application Type:** Select the type of application you would like to complete:

- SNAP, TANF Household or FDPIR**
 - a) A valid SNAP case number *Example: F00-00-0000 OR 000-00-0000 OR T00-00-A000*
 - b) A valid TANF Case number *Example: AB1234 OR ABC123*
 - c) An indication the household is participating in FDPIR
- OR**
- All Other Households Qualifying Via Income (includes foster children)**

Click "next"

Application - ODE District Site - Microsoft Internet Explorer provided by Oregon Department of Education
https://district.state.or.us/apply/applyapp.aspx

ODE DISTRICT OREGON DEPARTMENT OF EDUCATION
FOSTERING EXCELLENCE FOR EVERY LEARNER

Home > Household Application for Free or Reduce-Priced Meals > Application

Application Type

Please select the type of application you would like to complete and click [Next].
Foster Children are eligible for free meal benefits regardless of the household circumstances where they live.

SNAP, TANF Household or FDPIR (Food Distribution Program to Indian Reservations).
Students in your household are receiving Supplement Nutrition Assistance Program - SNAP (formally known as Food Stamps) benefits, TANF (Temporary Assistance for Needy Families) benefits or FDPIR (Food Distribution Program to Indian Reservations) benefits currently.

All Other Households Qualifying Via Income.
Foster Children are eligible for free meal benefits regardless of the household circumstances where they live. They are now considered members of your household. If you have a foster child/children, be sure to check the foster child box on the student page. Other household information and income are not required for foster children.

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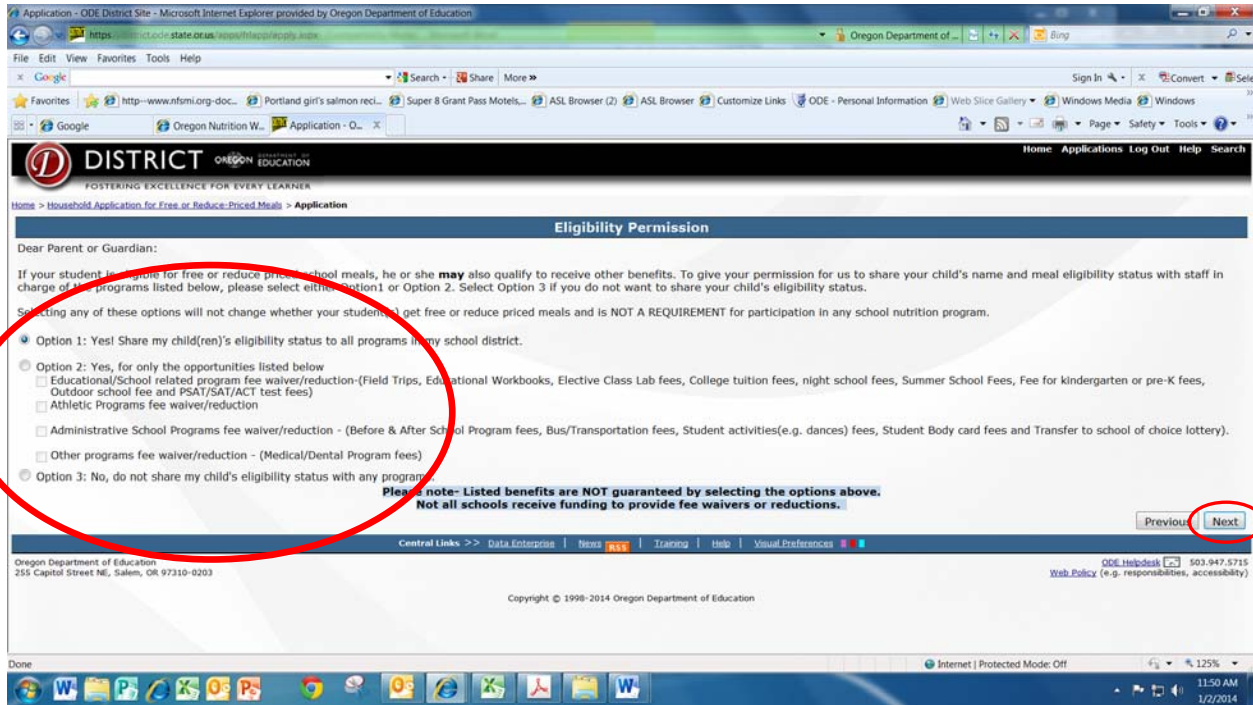
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5) **Eligibility Permission:** Provides an opportunity to share information from this confidential application with other programs/activities in your school district.

Select either Option 1 or Option 2, to give your permission to share your child's eligibility status
Select Option 3, if you do not want to share your child's eligibility status

Click "next"

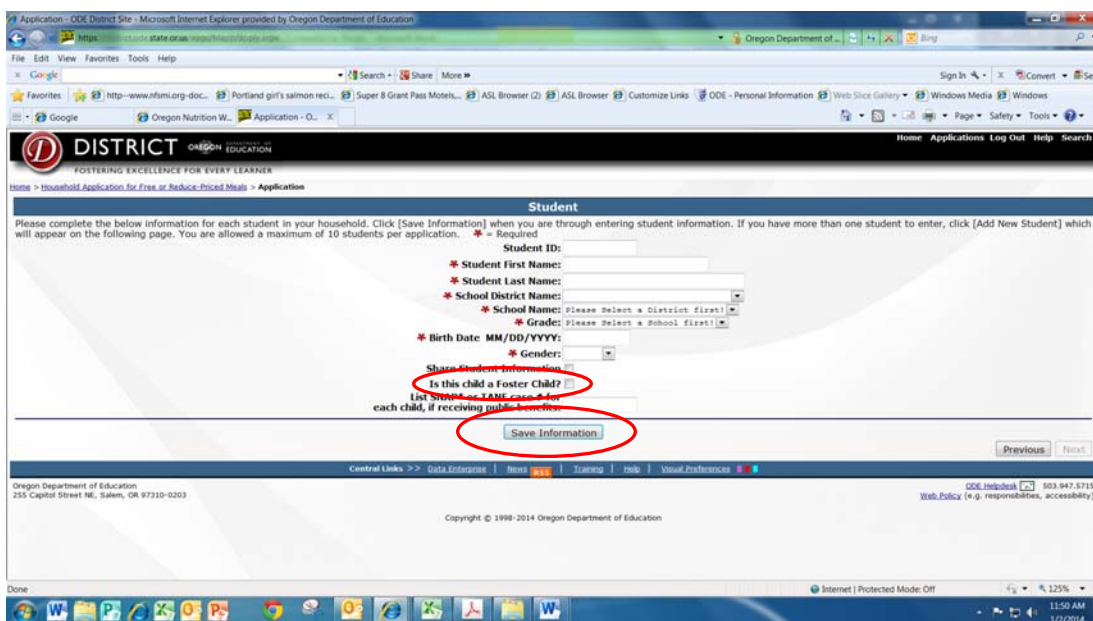


6) **Student:** enter the student's information.

Remember to enter each student in your household individually after saving the information.

If you are applying for a **foster child**, on the "Student" page complete the red asterisks * fields and check the box "Is this child a Foster Child?"

Click "Save information"



7) Household Income:

Complete one page for each household member with or without income.
If a household member has no income, check "No Income"

Click 'Save Informtion'

Please complete the information below for each member in your household. If you have more than one member to enter click [Add New Member]. Click [Save Information] when you are through entering member information. Gross Income is the amount earned before taxes and deductions. **NOTE: You are allowed a total of six entries.** * = Required

If this member is also a student on this application please check this box:

* Household Member First Name: jjp
* Household Member Last Name: parenteau
 No Income

Monthly Gross Income: _____
Monthly Child Support: _____
Monthly Pensions: _____
Other Monthly Income: _____
Total Monthly Income: _____

[Update Total] [Save Information]

Fix	First Name	Last Name	Monthly Gross Income	Monthly Child Support	Monthly Pensions	Other Monthly Income	Child
✓	jjp	parenteau					N

To edit a household member, please click on the check mark(✓).

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Click "Add New Member" to add another household member.

Please complete the information below for each member in your household. If you have more than one member to enter click [Add New Member]. Click [Save Information] when you are through entering member information. Gross Income is the amount earned before taxes and deductions. **NOTE: You are allowed a total of six entries.** * = Required

If this member is also a student on this application please check this box:

* Household Member First Name: jjp
* Household Member Last Name: parenteau
 No Income

Monthly Gross Income: _____
Monthly Child Support: _____
Monthly Pensions: _____
Other Monthly Income: _____
Total Monthly Income: _____

[Update Total] [Save Information]

Fix	First Name	Last Name	Monthly Gross Income	Monthly Child Support	Monthly Pensions	Other Monthly Income	Child
✓	jjp	parenteau					N

To edit a household member, please click on the check mark(✓).

Add New Member

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8) Ethnicity (Optional):

Completing the Ethnicity section of this page is optional.

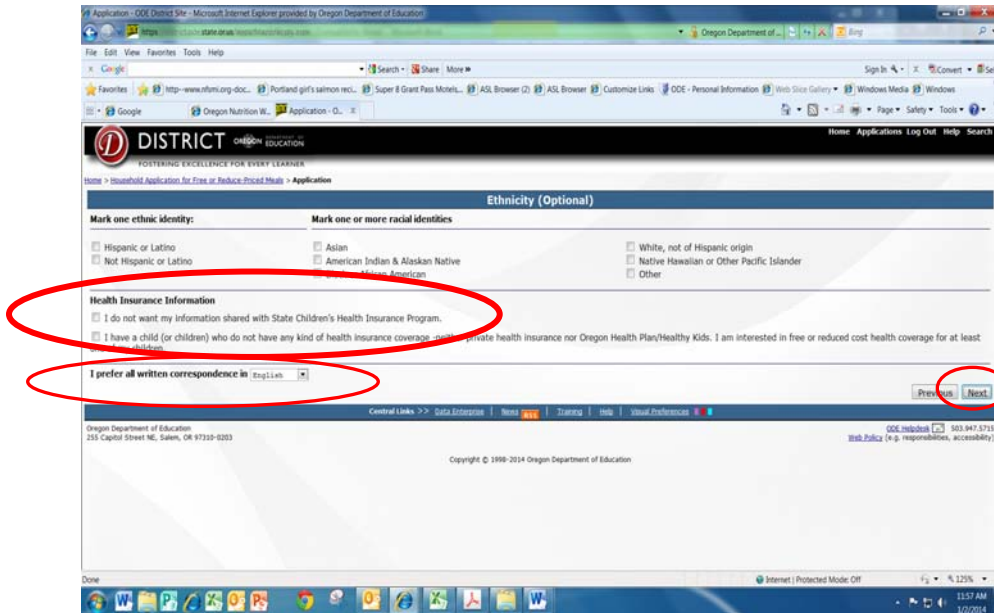
9) Health Insurance Information:

Check one of the next two boxes

- I do not want my information shared with the State Children’s Health Insurance Program
- I have a child (or children) who do not have any kind of insurance.... I am interested in free or reduced cost health coverage...

10) Select in the next dropdown box what language you prefer for written correspondence

Click “next”



11) Review: Review the information for accuracy.

12) Submit Application

Read the Privacy Statement

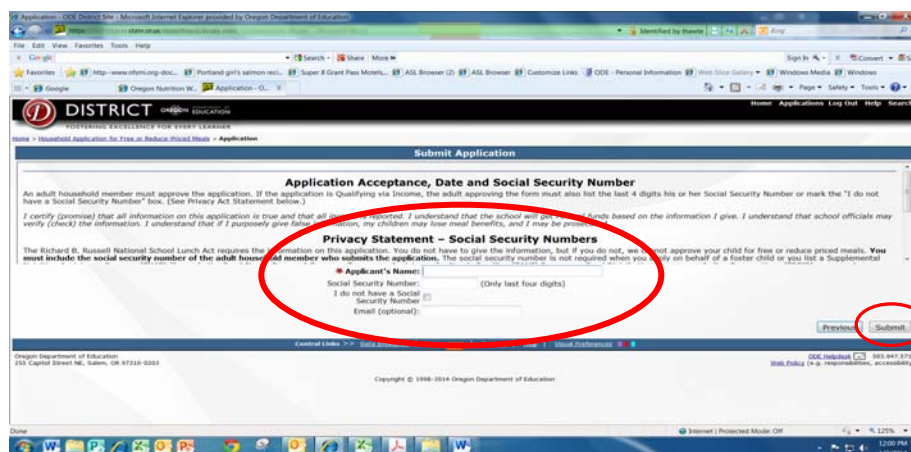
If applying by Income:

Enter the last 4 digits of your Social Security number

OR

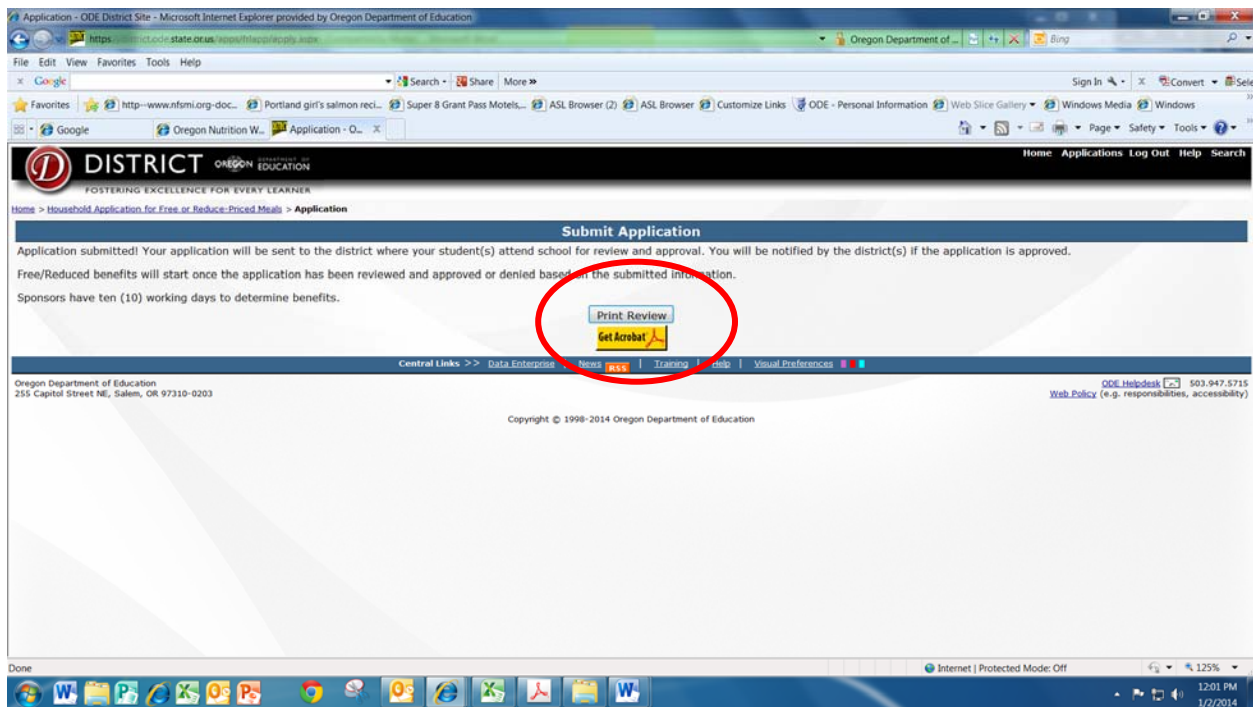
Check the box “I do not have a Social Security Number”

Click “Submit”



You will see a message “Application submitted”

To print out your application, click “Print Review”



School district nutrition services eligibility officials have 10 working days to determine meal benefits for students.

If you need to make changes or corrections to the application, contact your school district nutrition services.