

## INSTRUCTIONS FOR PROVIDING VERIFICATION DOCUMENTATION

### Households receiving Free Meals based on SNAP (Supplemental Nutrition Assistance Program) / TANF (Temporary Assistance for Needy Families) / FDPIR (Food Distribution Program on Indian Reservations):

Send papers that show your household received benefits for any point in time between the month prior to applying for meal benefits and the time you are required to provide documentation.

This documentation can be:

- Letter from the Oregon Department of Human Services (DHS) SNAP and/or TANF confirming benefits
- Letter from the Tribal Council confirming FDPIR benefits

### Households receiving Free or Reduced Price Meals based on INCOME:

The papers you send in must show your household's current income.

*Current income is the amount of money your household received for any point in time between the month prior to applying for meal benefits and the time you are required to provide income documentation.*

Papers must include:

- (1) the amount of income received;
- (2) the name of the person who received it;
- (3) the date the income was received; and
- (4) how often the income is received (daily, weekly, bi-weekly, twice a month, or monthly)

If this amount is unusual, contact your child's food/nutrition department for assistance in determining acceptable documentation.

Examples of the papers you may send to show your current household income:

#### EARNINGS/WAGES/SALARY FOR EACH JOB:

- Current paycheck stub with pay period specified. Example: 8/1/2018 – 8/15/2018
- Letter from employer stating gross wages paid
- Business or farming papers, such as ledger or tax records

Sample of an acceptable paycheck stub:

Sample Company Name, Sample Company Address, 95220			EARNINGS STATEMENT			
EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK No.	PAY PERIOD	PAY DATE	
James Robert	XXX-XX-6565	454545	259248	01/23/14-01/29/14	01/31/14	
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES			1,000.00	FICA MED TAX	14.50	72.50
				FICA SS TAX	62.00	310.00
				FED TAX	159.50	797.48
				CA ST TAX	44.26	221.31
				SDI	10.00	50.00
YTD GROSS	YTD DEDUCTIONS	YTD NET PAY	TOTAL	DEDUCTIONS	NET PAY	
5,000.00	1,451.28	3,548.72	1,000.00	290.26	709.74	

#### SOCIAL SECURITY/PENSIONS/RETIREMENT:

- Social Security retirement benefit letter
- Supplemental Security Income (SSI) benefit letter
- Statement of benefits received
- Pension award notice

#### UNEMPLOYMENT COMPENSATION/DISABILITY OR WORKER'S COMPENSATION:

- Notice of eligibility from State Employment Security Office
- Check stub
- Letter from Workman's Compensation

CHILD SUPPORT/ALIMONY:

- Court decree, agreement, or copies of checks received

ALL OTHER INCOME: If you have other forms of income (such as rental income), send information or papers that shows the amount received, how often it is received, and the date received.

**NO INCOME:** If your household has no income, send a brief note explaining how you provide food, clothing, and housing for your household and when you expect an income. You may be asked for a collateral contact (a person outside of the household) that knows about your household's circumstances and can confirm them.

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced priced 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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](mailto:program.intake@usda.gov).

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