

Free and Reduce Priced Meal Application Download Instructions – July 2020

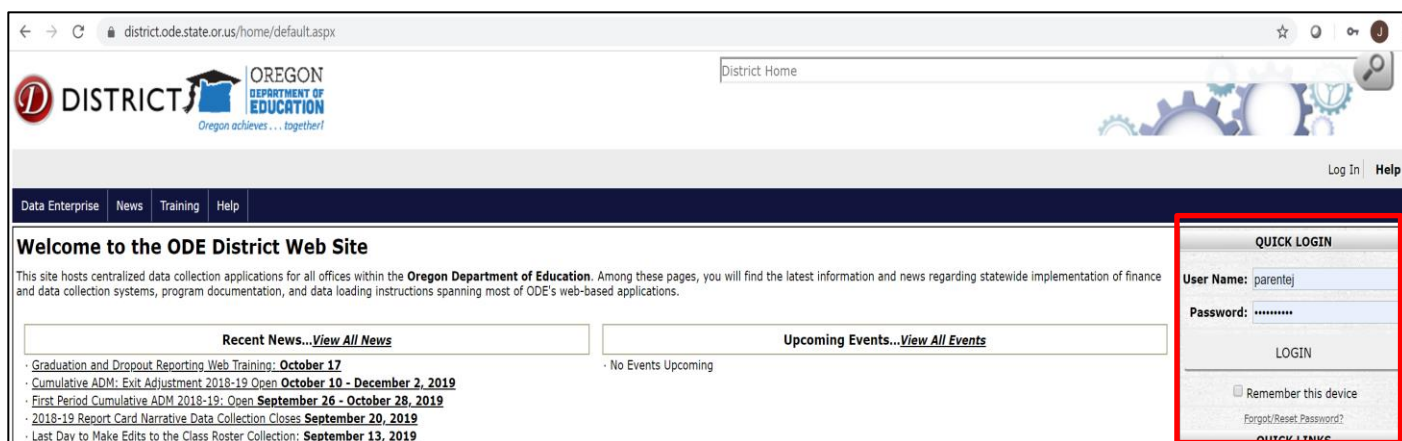
To download a file of Free and Reduced Priced Meal Applications submitted on-line by households in your District, go to ODE's secure file transfer website:

<https://district.ode.state.or.us>

Only authorized NSLP District staffs are allowed to access confidential Free and Reduced Price Meal Application information. National School Lunch Program (NSLP) administrators and District eligibility officials should contact their District Security Administrator for permission to access the ODE district secure website.

File Download Instructions:

1. Go to website: <https://district.ode.state.or.us/home/>
2. Enter your *User Name* and *Password* and click "login"



3. Click on "Consolidated Collections"

Applications

You have been granted access to the items displayed in this list. To access an application, select it from the list.

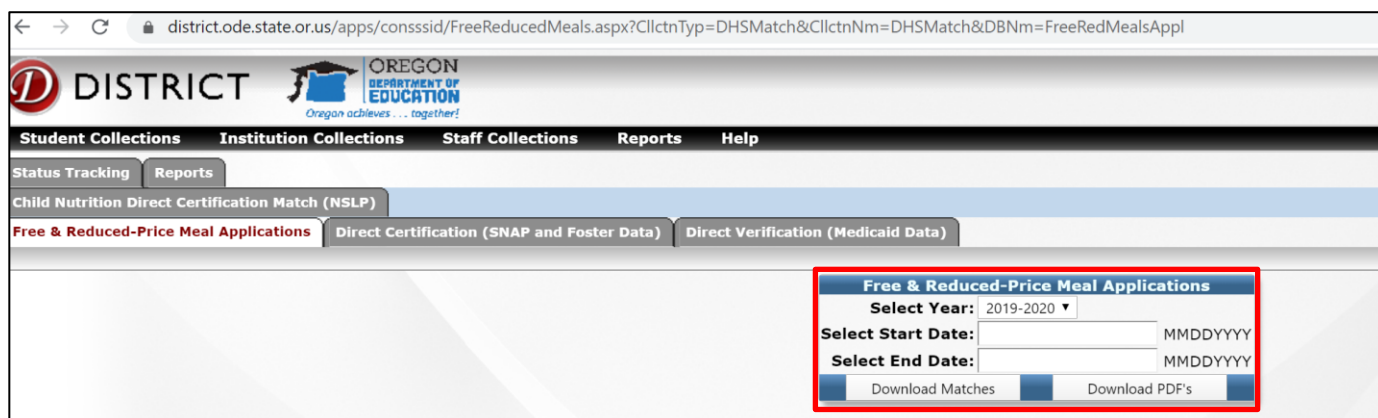
- [Consolidated Collections - Newberg_SD 291](#)

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4. Click on “Student Collections”
5. Hover over “Child Nutrition Direct Certification Match (NSLP)”
6. Click on “Free & Reduced Meal Applications”



7. Complete the following:
 - Select the School Year from the drop down box
 - Enter the Start Date. Use MMDDYYYY
 - Enter the End Date. Use MMDDYYYY



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8. After entering all of the required information, select “Download Matches” or “Download PDFs”.
 - a. “Download Matches” this option creates a CSV data batch file (application data in spreadsheet format).
 - b. “Download PDFs” this option creates the applications in the date range requested in a pdf file.

The screenshot shows the District ODE website interface. The top navigation bar includes links for Student Collections, Institution Collections, Staff Collections, Reports, and Help. Below this, there are tabs for Status Tracking and Reports. The main content area is titled 'Child Nutrition Direct Certification Match (NSLP)' and has sub-tabs for 'Free & Reduced-Price Meal Applications', 'Direct Certification (SNAP and Foster Data)', and 'Direct Verification (Medicaid Data)'. The 'Free & Reduced-Price Meal Applications' tab is active, displaying a form with fields for 'Select Year' (2019-2020), 'Select Start Date' (07012019), and 'Select End Date' (06302020). Below these fields are two buttons: 'Download Matches' and 'Download PDFs', both of which are highlighted with red rectangular boxes.

The next web page confirms your request.

The screenshot shows the confirmation page on the District ODE website. It features a message box stating 'The file you requested is being generated.' Below this, a paragraph explains that the user will receive an email notification when the file is ready and provides the email address jennifer.parenteau@state.or.us. A contact number 503.947. is also visible in the top right corner. The page has a light blue header with the 'Child Nutrition Direct Certification Match (NSLP)' title and sub-tabs for 'Free & Reduced-Price Meal Applications', 'Direct Certification (SNAP and Foster Data)', and 'Direct Verification (Medicaid Data)'. The 'Free & Reduced-Price Meal Applications' tab is active.

9. When the file is available, you will receive email notification from ODE helpdesk with subject line “File Transfer”. Click on the link. This file is only available for 7 days.

The screenshot shows an email notification from ODE Helpdesk. The email is addressed to jennifer.parenteau@state.or.us and has the subject line 'File Transfer'. The body of the email states: 'The file 02336FR-200507_165102_075.zip (size) is ready to be downloaded.' It then provides instructions on how to download the file, including a link to the download page: <https://district.ode.state.or.us/apps/xfers/send.aspx?ID=qAdOI%2F7yjA4%3D>. The link is highlighted with a red rectangular box. The email also mentions that the file will be available for the next seven (7) days and will be deleted after that time.

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10. Enter in your email address and click the “Submit Email Address” button

Secure File Transfer

File Retrieval

- The Oregon Department of Education (ODE) File Transfer Service provides secure file transfer over the internet using HTTPS.
- The file or files themselves are not necessarily secured unless both parties have agreed previously to encrypt the file before transfer of files.
- Files sent via this transfer service may not have originated with the ODE.
- Neither the ODE, nor the State of Oregon, can guarantee the nature or safety of files sent through this service. Data maintained and/or provided by the ODE are subject to change without notice.

Enter your email address:

Submit Email Address


The next web page shows the requested file as an icon

Click on the icon and download it.

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10 A) If you selected “Download Matches”, the file will start downloading. Click on the file to open it in Excel.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
SchYr	LNm	FNm	Addr	City	StCd	ZipCd	PrimPhn	PrimPhnTy	WrkPhn	AppTypCd	HHMbrCnt	FDPIRFg	Stdnt1LNnr	Stdnt1FNnr	Stdnt1Dist	Stdnt1ChkI	Stdnt1SchI	Stdnt1Enrl	Stdnt1BirtI	Stdnt1Gnd

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- 10 B) If you selected “Download PDF’s” the file will start downloading. The PDF’s come as compressed file.

Open the compressed file and click on” **_FRApp**” to open.

Downloads > 02254FR-200508_114502_362		
<input type="checkbox"/> Name	Type	Compressed size
[Content_Types]	XML Document	1 KB
_FRApp	Adobe Acrobat Document	826 KB

When you click on the PDF file it opens as a PDF document containing all the applications in the date range requested.

Each application will consist of two pages. The first page is the actual application and the second page is the Eligibility Status Sharing approval document.

You can save the PDF or print all applications in the file. Note the number of pages in the PDF file to decide if you should print out all the pages or save the file.
There will be 2 pages for each application.

Page 1 Application

2019/2020 Confidential Household Application for Free & Reduce-Priced Meals Submitted Format: English

1 HOUSEHOLD INFORMATION

Parenteau, JJP
 Name Print
 123 somewhere st
 Mailing Address - Apt#
 newberg, OR 97132
 City State Zip

Home Phone or Cell Phone (Circle one)

Number living in this household: 3

Does this household receive FDIPIR (Food Distribution on Indian Reservations) ☐ Yes (Complete parts 2 and 5)

2 STUDENT INFORMATION

Last Name, First Name	School Name	Grade	Birth Date	SNAP or TANF case #	Student ID	Foster Child
1. Parenteau, Lily	Antonia Crater Elementary	03	01022012			<input type="checkbox"/>
2. Parenteau, Katie	Chehalem Valley Middle School	08	01022008			<input type="checkbox"/>
3. _____						<input type="checkbox"/>
4. _____						<input type="checkbox"/>
5. _____						<input type="checkbox"/>
6. _____						<input type="checkbox"/>
7. _____						<input type="checkbox"/>
8. _____						<input type="checkbox"/>
9. _____						<input type="checkbox"/>
10. _____						<input type="checkbox"/>

3 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME -if not monthly, see back for conversions

Column 1 (Last Name, First Name)	Column 2 Monthly Income	Column 3 Monthly Child support, welfare, alimony received	Column 4 Monthly Pensions, Social Security	Column 5 Other monthly Income	Column 6 Check if No Income
1. Parenteau, JJP	0	0	0	0	<input checked="" type="checkbox"/>
2. _____					<input type="checkbox"/>
3. _____					<input type="checkbox"/>
4. _____					<input type="checkbox"/>
5. _____					<input type="checkbox"/>
6. _____					<input type="checkbox"/>

4 SIGNATURE, DATE & SOCIAL SECURITY NUMBER

Per agreed upon electronic signature terms when application was submitted.

Signature of Adult Household Member: X JJP Parenteau Date Signed: 05/07/2020 Social Security Number: ☒ I do not have a Social Security Number.

5 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
☐ Black or African American
☐ White, not of Hispanic origin
☒ Native Hawaiian or Other Pacific Islander
☒ Other

I prefer all written correspondence in: English

6 I do not want my information shared with State Children's Health Insurance Program Sign here:

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ number in Household: _____ Date Withdrawn: _____

☐ Free based on:
☐ SNAP/TANF
☐ FDIPIR
☐ Household income
☐ Foster child's income

☐ Reduced based on:
☐ Household income
☐ Foster child's income

☐ Income too high
☐ Incomplete application

Determining Officials Signature: _____ Date: _____

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Page 2 Eligibility Status Sharing Approval Document

<p style="text-align: center;">Oregon Department of Education SHARING FREE OR REDUCED-PRICE ELIGIBILITY STATUS WITH OTHER PROGRAMS</p> <hr/> <p>Dear Parent/Guardian:</p> <p>The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.</p> <p>Sending in this form will not change whether your student(s) get free or reduced meals.</p> <p>Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.</p> <hr/> <p><input type="checkbox"/> No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below.</p> <p><input checked="" type="checkbox"/> YES! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with: (Mark each program to which you want information released.)</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Educational/School related program fee waiver/reduction<input checked="" type="checkbox"/> Athletic Programs fee waiver/reduction<input checked="" type="checkbox"/> Administrative School Programs fee waiver/reduction<input checked="" type="checkbox"/> Other programs fee waiver/reduction - (Medical/Dental Program fees)<input type="checkbox"/> Do not share with State Children's Health Insurance Program.<input type="checkbox"/> Do not have any health insurance. <p>If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.</p> <p>Signature of Parent/Guardian: JJP Parenteau Date: 05/07/2020</p>
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Important notes:

- Remember to save the Excel or PDF files you have downloaded to a secure location with date (i.e. FreeReducedAppsOnline_09-10-2020.CSV or FreeReducedAppsOnline_09-10-2020.pdf).
- The data in the downloaded file (CSV or PDF) is confidential household information and must be saved in a secure manner. The electronic file can be secured by making it password protected and saving to your computer hard drive or by saving the file to a location on your district's computer system that is password protected.

For problems logging into the secure website, contact:

ODE Helpdesk: (503) 947-5715

Email: ODEHelpDesk@state.or.us.

For problems locating your files or downloading from the secure site contact:

Jennifer Parenteau (503) 947-5890

Email: jennifer.parenteau@state.or.us.