Utah Household Application for Free and Reduced-Price Meals

Complete one application per household. Please use a pen (not a pencil). Drop application off at a school or Mail completed form to: ASD NS 759 E. Pacific Dr. American Fork, UT 84003

Apply online at: www.alpineschools.org/nutrition
Click on the orange button to the left

Check if no SSN

Mail completed form to	. ADD NO 139 L. Facilie DI. Allie	ncan i	OIK, O I 04003						3				
STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)								f paper)					
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in State Foster care and children who meet the definition of Homeless, Migrant, Runaway or participate in Headstart programs are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	MI	Child's Last Name				Student? Yes No	Name of	School	Grade	Check all that apply	Head Start	Foster Child Migran Runaw
STEP 2 Do any H	ousehold Members (including you) curr	ently p	articipate in one or n	nore of the followin	g eligible as	ssistance p	programs: S	NAP, TANF, o	r FDPIR?		If NO) > <u>Go 1</u>	to STEP 3
a. Do any Household Members currently participate in one of the following eligible assistance programs? Check all that apply. SNAP TANF-FEP FDPIR b. Enter case number of the selected assistance program in this space. Do not put in Medicaid number.													
STEP 3 Report In	ncome for ALL Household Members (Sk	ip this	step if you answere	d 'Yes' to STEP 2)									
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn or I CHILDREN Household Members listed in STE B. All Adult Household Members (inc List all Household Members not listed in STEI	EP 1 her luding P 1 (inclu	e. yourself) uding yourself) even if th	ey do not receive inco	me. For each l			if they do receiv	e income, rep	onth Monthly ort total gro			
the charts titled "Sources of Income" for more information.	taxes) for each source in whole dollars (no c to report.	•		income from any sour How often?	Public As	ssistance/	•	fields blank, you often?	Pension	s/Retirement/	that the	ere is no How o	
The "Sources of Income for Children" chart will help you with the Child	Name of Adult Household Members (First and Last)	\$	nings from Work Weekly	Bi-Weekly 2x Month Monthly	Child Sup	oport/Alimony	Weekly Bi-Weekly	2x Month Monthly	\$ All Othe	r Income	Weekly	Bi-Weekly	2x Month Mont
Income section. The "Sources of Income		\$	0	0 0 0	\$		0 0	0 0	\$		0	0	0 0
for Adults" chart will help you with the All Adult Household Members		\$	0	0 0 0	\$		0 0	0 0	\$		0	0	O C

STEP 4 Contact information and adult signature.

Total Household Members

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that program officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Last Four Digits of Social Security Number (SSN) of

Primary Wage Earner or Other Adult Household Member

Street Address (if available)	Apt #	City	State	Zip	Day	ytime Phone and Email (optional)

Printed name of adult signing the form

section.

Signature of adult

Today's date

 $X \mid X \mid X$

Sources of Income for Children					
Sources of Child Income	Example(s)				
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages				
Social Security Disability Payments Survivor's Benefits	 - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 				
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust				

Date

Determining Official's Signature

Sources of Income for Adults					
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Salary, wages, cash bonuses - Net income from self- employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Regular cash payments from outside household			

Verifying Official's Signature

Error Prone

Date

	5,500
OPTIONAL Children's Racial and Ethnic Identities	
Responding to this section is optional and does not affect your children's eligib Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian The Richard B. Russell National School Lunch Act requires the information on this application. You have to give the information, but if you do not, we cannot approve your child for free or reduced price You must include the last four digits of the social security number of the adult household member who application. The last four digits of the social security number is not required when you apply on be	Black or African American Native Hawaiian or Other Pacific Islander White Du do not be meals. Signs the shalf of a Native Hawaiian or Other Pacific Islander White Native Hawaiian or Other Pacific Islander White Du do not large print, audiotape, 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
foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assist Needy Families (TANF-FEP) Program or Food Distribution Program on Indian Reservations case number or other FDPIR identifier for your child or when you indicate that the adult household signing the application does not have a social security number. We will use your information to det your child is eligible for free or reduced price meals, and for administration and enforcement of the lubreakfast programs. We MAY share your eligibility information with education, health, and nutrition properties to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, enforcement officials to help them look into violations of program rules.	(FDPIR) To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or ermine if 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: Mail: U.S. Department of Agriculture
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating administering USDA programs are prohibited from discriminating based on race, color, national origing disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conductioned by USDA.	g in or Fax: (202) 690-7442; or n, sex, Fmail: program intake@usda.gov
Do not fill out For Official Use Only	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month How often? Total Income Weekly Bi-Weekly 2x Month Monthly Household size	Eligibility:
Total Income Weekly Bi-Weekly 2x Month Monthly Household size	1.00 Todatoo Falaronida

Confirming Official's Signature

Categorical Eligibility

Date