## 2019-2020 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

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Definition of <b>Household Member</b> : "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last N	ame		Student Yes N	Name	e of School/Center	Grade		Head Foster M	omele digran Runaw
Children in State Foster care and children who meet the definition of Homeless, Migrant, Runaway or participate in Headstart programs are eligible for										Check all that apply		
free meals. Read How to Apply for Free and Reduced Price School Meals for more information.										9 9		
STEP 2 Do any He	ousehold Members (including you) curre	ently pa	articipate in one	or more of the followin	g eligible assi:	stance progran	ms: SNAP,	TANF, or FDPIR?		If NO	> Go to STE	<u>P3</u>
Do any Household Member eligible assistance progran	s currently participate in one of the following s? Check all that apply.	SNAP	TANF-I	FEP FDPIR	assistance	number of the sele program in this spa in Medicaid numbe	ace.					
STEP 3 Report In	come for ALL Household Members (Ski	p this	step if you answ	wered 'Yes' to STEP 2)								
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all CHILDREN Household Members listed in STEP 1 here.  B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Houtaxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you				\$	ild(ren) income	How often' Weekly Bi-Weekly 2x M					
Flip the page and review the charts titled "Sources	List all Household Members not listed in STEP taxes) for each source in <b>whole dollars</b> (no ce	1 (inclu	uding yourself) ever	ceive income from any source			e any fields b				re is no income	e
Flip the page and review the charts titled "Sources of Income" for more information.	List all Household Members not listed in STEP	2 1 (incluents) on	uding yourself) ever			u enter '0' or leave		olank, you are certifying		that the		
Flip the page and review the charts titled "Sources of Income" for more	List all Household Members not listed in STEP taxes) for each source in <b>whole dollars</b> (no ce to report.	P 1 (incluents) on Ear	uding yourself) ever	ceive income from any source How often?	Public Assista Child Support	u enter '0' or leave	e any fields by How often?	olank, you are certifying th Monthly \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	g (promising)	that the	re is no income How often?	
Flip the page and review the charts titled "Sources of Income" for more information.  The "Sources of Income for Children" chart will help you with the Child Income section.  The "Sources of Income for Adults" chart will help you with the All Adult	List all Household Members not listed in STEP taxes) for each source in <b>whole dollars</b> (no ce to report.	2 1 (incluents) on	uding yourself) ever	ceive income from any source How often?	Public Assista Child Support	u enter '0' or leave	e any fields by How often?	plank, you are certifying Pensior All Othe	g (promising)	that the	re is no income How often?	
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Flip the page and review the charts titled "Sources of Income" for more information.  The "Sources of Income for Children" chart will help you with the Child Income section.  The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.	List all Household Members not listed in STEP taxes) for each source in whole dollars (no ce to report.  Name of Adult Household Members (First and Last)  Total Household Members	\$ I (includents) only says and says are says as says a	uding yourself) everally. If they do not recomings from Work	Receive income from any source How often?  Weekly Bi-Weekly 2x Month Monthly  O O O  D  D  D  D  Last Four Digits of Social See Primary Wage Earner or Other	Public Assists Child Support  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	u enter '0' or leave ance/ Weekly Bi-1  Weekly Bi-1  O  SN) of d Member  X	e any fields be How often? Weekly 2x Mon	plank, you are certifying the Monthly S S S S S S S S S S S S S S S S S S S	g (promising)	that their Weekly O	re is no income How often?  Bi-Weekly 2x Month  O O O O O O K if no SSN	Mon C

Printed name of adult signing the form

Street Address (if available)

Signature of adult

City

Apt#

Today's date

Zip

State

Daytime Phone and Email (optional)

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				

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)	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local government	Social Security     (including railroad     retirement and black lung     benefits)     Private pensions or     disability benefits
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	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

OPTIONAL	Children's Racial and Ethnic Identities	
	I to ask for information about your children's race and ethnicity. This inforn his section is optional and does not affect your children's eligibility for free	nation is important and helps to make sure we are fully serving our community. or reduced price meals.
Ethnicity (check one	· — · — · — — · — — — — — — — — — — — —	lack or African American
have to give the info You must include the application. The last foster child or you Needy Families (TA	ssell National School Lunch Act requires the information on this application. You do not somation, but if you do not, we cannot approve your child for free or reduced price meals. It is a last four digits of the social security number of the adult household member who signs the strough the four digits of the social security number is not required when you apply on behalf of a list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for NF-FEP) Program or Food Distribution Program on Indian Reservations (FDPIR) are TDPIR identifier for your child or when you indicate that the adult household member	Persons with disabilities who require alternative means of communication for program information (e.g. Braille, 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 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. and at any USDA office.or

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.

enforcement officials to help them look into violations of program rules.

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

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:

U.S. Department of Agriculture Mail:

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

(202) 690-7442; or

Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For Official Use Of	nly				
Annual Income Conversion: Weekly	x 52, Every 2 Weeks How often?	x 26, Twice a Month x 24, I	Monthly x 12	Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month	Monthly Household size		Free Reduced Paid/Denied	
	0 0 0	0	Categorical Eligibility	0 0 0	Error Prone
Determining Official's Signature	Date	Confirming Official's Si	gnature Date	Verifying Official's Signature	Date