

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. CHILDREN				PART 2. BENEFITS
Names of all children (First, Middle Initial, Last)	School	Student ID or Grade	Check if Foster Child	<i>Indicate which program the case belongs to:</i>
			<input type="checkbox"/>	SNAP (food stamps) Case # _____
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	FEP _____
			<input type="checkbox"/>	FDPIR _____

PART 3. If any child you are applying for is HOMELESS, MIGRANT, or a RUNAWAY, check the appropriate box.

McKinney-Vento Homeless
 Migrant
 Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME (List all other family members, including children with income)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income How often?

\$

Weekly Bi-Weekly 2x Month Monthly

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 Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?					Public Assistance/ Child Support/Aimony	How often?					Pensions/Retirement/ All Other Income	How often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual
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Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member
 X X X - X X - _ _ _ _
 Check if no SSN

PART 5. SIGNATURE (ADULT MUST SIGN) and LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

An adult household member must sign the application. **The adult signing the form also must list the last four digits of their Social Security Number or mark the "Check if no SSN" box in Part 4.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information my children may lose meal benefits and I may be prosecuted.

Sign here: _____ **Print name:** _____ **Date:** _____

Address: _____ **Phone number:** _____

City: _____ **State:** _____ **Zip code:** _____

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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APPLICATION CONTINUED ON NEXT PAGE ↔

DO NOT FILL OUT THIS PART. THIS SECTION IS FOR SCHOOL USE ONLY.

Annual income conversion: Weekly × 52 | Every 2 Weeks × 26 | Twice a Month × 24 | Monthly × 12 | Annual × 1

Household Size: _____ Total Income: _____ Per: Week, Every 2 Weeks, Twice a Month, Month, Annual

Categorical Eligibility: _____ Eligibility: Free, Reduced, Denied - Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- 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	- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	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	- Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Regular Income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

No! I DO NOT want information from my Free and Reduced Price School and Family Meals Application shared with the Department of Workforce Services and Utah State Board of Education to issue Summer EBT benefits. I understand if my information is not shared, I will need to apply with the Department of Workforce Services to determine Summer EBT eligibility.

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child; when 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; with auditors for program reviews; and with law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. To file a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or call toll free 866-632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339; or 800-845-6136 (Spanish). This institution is an equal opportunity provider."

Until your application is processed, you will need to provide your child(ren) with money to purchase school meals. If your child(ren) received free or reduced price meals last year in Jordan School District, they will continue to receive last year's eligibility for 30 days into the new school year.

Jordan School District participates in Direct Certification:

If you receive notification that your child has been directly certified to receive free meals for the school year, you DO NOT need to apply for meal benefits. If you do not receive information, you must apply for meal benefits by completing a meal application.