2017-2018 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). 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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List ALL Household Members who are infants, children, and students up to grade 12 (if more spaces are required for additional names, attach another sheet of paper)

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Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	nfly partici			Last Nam		1 assista	Proce program			School	DPIR?	Grade	Stu Yes	No No		Foster M	omeless, ligrant, tunaway
Joan, 1			•					complete STI			se Numb			Write only	y one ca	se numb	er in this	space.
STEP 3 Report In	come for ALL Household Members (Skip thi	is step if you	u answer	ed 'Yes'	to STEP 2													
	A. Child Income Sometimes children in the household earn or re Household Members listed in STEP 1 here. B. All Adult Household Members (included)			include t	he TOTAL ii	ncome rece	ived by a	ıll	\$ [hild incom	e	Weekly B	How often? i-Weekly 2x Month	Monthly				
Are you unsure what income to include here?	List all Household Members not listed in STEP for each source in whole dollars (no cents) only	1 (including	yourself)		from any so					ields bla	nk, you ar					income	to repor	
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings fr	rom Work	Weekly	How often? Bi-Weekly 2x Mo	nth Monthly		lic Assistance/ d Support/Alimony	Weekly	How o	ften? 2x Month Mo	onthly	Pensions/R All Other In		Weekly	_	often? 2x Month	Monthly
of Income" for more information.		\$		0	0 0	0	\$		0	0	0 (\supset	\$		0	0	0	0
The "Sources of Income for Children" chart will		\$		0	0 0	0	\$		0	0	0 (\$		0	0	0	0
help you with the Child Income section.		\$		0	0 0	0	\$		0	0	0 (\$		0	0	0	0
The "Sources of Income for Adults" chart will help		\$		0	0 0	0	\$		0	0	0 (\$		0	0	0	0
you with the All Adult Household Members section.		\$		0	0 0	0	\$		0	0			\$		0	0	0	0
	Total Household Members (Children and Adults)		-		rity Number Adult House		er X	(x x	хх			c	heck if no SS	SN				
STEP 4 Contact i	nformation and adult signature. Mail Co	mple <u>ted F</u>	orm <u>To:</u>	ASD N	S 7 <u>59 E.</u>	Pacific D	r. Ame	rican F <u>ork, U</u>	T 8 <u>40</u> 0	3								
	tion on this application is true and that all income is reporte		nd that this i	information							fficials may	verify (che	eck) the informa	ation. I am a	aware tha	at if I purp	osely give	9
false information, my children may	/ lose meal benefits, and I may be prosecuted under applic	cable State and	i Federal la															
false information, my children may		cable State and	i Federal la															
false information, my children may Street Address (if available)		City	i Federal la			State		Zip		Day	time Phor	ne and E	mail (optiona	I)				

Determining Official's Signature

Date

Sources of	Income for Children			Sources of Income for Adults						
Sources of Child Income	Example	e(s)	Earn	ings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income				
- Earnings from work	- A child has a regul where they earn a sa	ar full or part-time job alary or wages	- Salary, wa		- Unemployment benefits - Worker's compensation	Social Security (including railroad				
Social Security Disability Payments Survivor's Benefits	Security benefits	sabled and receives So , retired, or deceased, ocial Security benefits	employmen business)	the U.S. Military:	Supplemental Security Income (SSI) Cash assistance from State or local government	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from				
-Income from person outside the househol	d - A friend or extende regularly gives a chi	•	- Basic pay a (do NOT indu	nd cash bonuses ide combat pay,	Alimony paymentsChild support paymentsVeteran's benefits	trusts or estates - Annuities - Investment income - Earned interest				
-Income from any other source	- A child receives re private pension fund	gular income from a d, annuity, or trust	allowances) - Allowances housing, food		- Strike benefits	Rental income Regular cash payments from outside household				
OPTIONAL Children's Racial and I	Ethnic Identities									
We are required to ask for information Responding to this section is optional at Ethnicity (check one): Hispanic of Race (check one or more): The Richard B. Russell National School Lunch not have to give the information, but if you do not, meals. You must include the last four digits of the so signs the application. The last four digits of the sociobehalf of a foster child or you list a Supplemental Assistance for Needy Families (TANF) Program of (FDPIR) case number or other FDPIR identifier for member signing the application does not have a soldetermine if your child is eligible for free or reduce the lunch and breakfast programs. We MAY share nutrition programs to help them evaluate, fund, or program reviews, and law enforcement officials to In accordance with Federal civil rights law and U.S and policies, the USDA, its Agencies, offices, and administering USDA programs are prohibited from	Act requires the information of we cannot approve your child cotal security number of the adual security number is not requivalent of the security number of the adual security number is not requivalent of the security number. We will deprice meals, and for administry our eligibility information wit determine benefits for their probable them look into violations. Department of Agriculture (Usemployees, and institutions pages.)	children's eligibility panic or Latino panic or Latino panic or Latino panic or Latino panic pan	Black or A Persor large p applied throug availab To file Form, office, of form. T USDA Mail:	ded price meals. Ifrican American Is with disabilities who In the Federal Relay In t	Native Hawaiian or Office or require alternative means of communican Sign Language, etc.), should conals who are deaf, hard of hearing or Service at (800) 877-8339. Additional than English. In of discrimination, complete the US are at: http://www.ascr.usda.gov/complesed to USDA and provide in the lette the complaint form, call (866) 632-9999 to f Agriculture sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sistant Secretary for Civil Rights and Provide in the lette sist	_				
disability, age, or reprisal or retaliation for prior civifunded by USDA.	il rights activity in any prograr	n or activity conducted c	r Email:	program.intake@ stitution is an equal o	usda.gov.					
Do not fill out For School Use Only										
Annual Income Conversion: Weekly x 5	2, Every 2 Weeks x 26	, Twice a Month x 2	4 Monthly x 12		Eligibility:					
Total Income	Weekly Bi-Weekly 2x Month Monthly	Household Size			Free Reduced Denied					
	0 0 0 0		Categorical	Eligibility	0 0 0					

Date

Verifying Official's Signature

Confirming Official's Signature

Date