## 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:
<a href="https://www.alpineschools.org/nutrition">www.alpineschools.org/nutrition</a>
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)

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	ntly partici	MI	Child's Last Name	llowing as	sistance program		ne of School		Grade	Student? Yes No	Foster Child Migrant, Runaway  Add The property of the propert
	If NO > Go to STEP 3. If YE	:S > Write	a case	number here then go to	STEP 4 <u>(</u> De	o <u>not complete STE</u>	<u>P 3</u> )	Case Nur	nber:			
											Write only one	case number in this space.
STEP 3 Report Inc	ome for ALL Household Members (Skip thi	s step if you	ıanswe	ered 'Yes' to STEP 2)						How often?		
Are you unsure what income to include here?	A. Child Income     Sometimes children in the household earn or re     Household Members listed in STEP 1 here.     B. All Adult Household Members (included List all Household Members not listed in STEP for each source in whole dollars (no cents) only	uding your 1 (including	<b>self)</b> yourself	f) even if they do not recei	ve income. F	For each Household	\$ Member li				rt total gross inco	
Flip the page and review	, , ,	,		How often?		Public Assistance/		How often?		Pensions/F	Retirement/	How often?
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings fr	om vvork	Weekly Bi-Weekly 2x Month		Child Support/Alimony	Weekly Bi-	-Weekly 2x Month		All Other Ir	ncome Week	dy Bi-Weekly 2x Month Monthly
information.  The "Sources of Income		\$		0 0 0		•		0 0	0	\$		
for Children" chart will help you with the Child		\$		0 0 0	0 :	\$		0 0	0	\$	С	
Income section.		\$		0 0 0		\$	0	0 0	0	\$		
The "Sources of Income for Adults" chart will help you with the All Adult		\$		0 0 0	0	\$	0	0 0	0	\$	С	0 0 0
Household Members section.		\$		0 0 0	0	\$	0	0 0	0	\$	С	0 0 0
Total Household Members (Children and Adults)  Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member  X X X X  Check if no SSN  STEP 4 Contact information and adult signature. Mail Completed Form To: ASD NS 759 E. Pacific Dr. American Fork, UT 84003												
"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 school 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."								hat if I purposely give				
Street Address (if available)	Apt#	City			State	Zip		Daytime P	hone and	Email (optiona	al)	
Printed name of adult signing the	ne form	Signat	ure of a	dult				Todav's da	ate.			

Date

**Determining Official's Signature** 

Sources of Ir	ncome for Children	S	ources of Income for Ad	lults
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 - Worker's compensation	- Social Security (including railroad
Social Security     Disability Payments     Survivor's Benefits	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	Net income from self- employment (farm or business)      If you are in 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 household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	<ul><li>Alimony payments</li><li>Child support payments</li><li>Veteran's benefits</li></ul>	trusts or estates - Annuities - Investment income - Earned interest
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	Rental income     Regular cash payments from outside household
OPTIONAL Children's Racial and Et	hnic Identities			
Responding to this section is optional an	bout your children's race and ethnicity. This in does not affect your children's eligibility for atino   Not Hispanic or Latino		elps to make sure we are ful	ly serving our community.
	n Indian or Alaskan Native	Black or African American	☐ Native Hawaiian or O	ther Pacific Islander
not have to give the information, but if you do not, we meals. You must include the last four digits of the social signs the application. The last four digits of the social behalf of a foster child or you list a Supplemental Nu Assistance for Needy Families (TANF) Program or F (FDPIR) case number or other FDPIR identifier for y member signing the application does not have a social signing the application does not have a social signing the signing	utrition Assistance Program (SNAP), Temporary Food Distribution Program on Indian Reservations your child or when you indicate that the adult household cial security number. We will use your information to price meals, and for administration and enforcement of	large print, audiotape, Amer applied for benefits. Individu through the Federal Relay available in languages other <b>To file a program complain</b> Form, (AD-3027) found onlir office, or write a letter addres form. To request a copy of the supplied of the su	ican Sign Language, etc.), should co als who are deaf, hard of hearing or Service at (800) 877-8339. Additi- than English. It of discrimination, complete the US the at: http://www.ascr.usda.gov/complesed to USDA and provide in the lette	unication for program information (e.g. Braille, ontact the Agency (State or local) where they have speech disabilities may contact USDA onally, program information may be made SDA Program Discrimination Complaint aint_filing_cust.html, and at any USDA er all of the information requested in the 12. Submit your completed form or letter to
nutrition programs to help them evaluate, fund, or de program reviews, and law enforcement officials to he	etermine benefits for their programs, auditors for	USDA by:  Mail: U.S. Departmen	_	
In accordance with Federal civil rights law and U.S. D and policies, the USDA, its Agencies, offices, and en administering USDA programs are prohibited from di	Department of Agriculture (USDA) civil rights regulations		or usda.gov.	
Do not fill out For School Use Only				
Annual Income Conversion: Weekly x 52	R, Every 2 Weeks x 26, Twice a Month x 24 Mo	lonthly x 12	Eligibility:	
Total Income	//eekly Bi-Weekly 2x Month Monthly Household Size		Free Reduced Denied	
	0 0 0 0	Categorical Eligibility	0 0 0	

Date

Verifying Official's Signature

Date

Confirming Official's Signature