Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2014-15			
Household size	Yearly	Monthly	Weekly
1	21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
Each additional person:	7,511	626	145

Use of Information 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 or 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, auditors for program reviews, and 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.* The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **UTAH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), OR UTAH FAMILY EMPLOYMENT PROGRAM (FEP) OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)**, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.
Part 2: List the case number for any household member (including adults) receiving SNAP, FEP or FDPIR benefits.
Part 3 & 4: Skip these parts.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR FEP BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS **HOMELESS, A MIGRANT OR RUNAWAY**, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the homeless coordinator. Their name and number are listed on the cover letter sent with this application.
Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to fill in Part 4.

IF YOU ARE APPLYING FOR A **FOSTER CHILD**, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:
Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.
Part 2, 3, & 4: Skip these parts.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

If some of the children in the household are foster children:
Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and the homeless coordinator. Their name and number are listed on the cover letter sent with this application**.** If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income,** the amount earned *before* taxes and other deductions. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the ***self-employed***, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the **Military Privatized Housing** Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box indicating "none" if s/he doesn't have one).

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List children and the name of school for each child. For any person, including children, with no income, you *must* check the "No Income" box.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the homeless coordinator. Their number is listed on the cover letter sent with this application. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all other household members. Check the "No Income" box if they receive no income.
- **Box 2 –Gross Income and How Often It Was Received:** See Part 4, box 2 above for more information.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box indicating "none" if s/he doesn't have one).

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**	Check if **NO** income	List **SNAP, FEP, or FDPIR case #** for child household member (if any). Skip to Part 5 if you list a case #.
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	

PART 2. BENEFITS If any member of your household receives **SNAP, FEP,** or **FDPIR** other than those listed above provide the name and case # for the person who receives benefits and skip to part 5. If no one receives these benefits, skip to Part 3.

NAME:_____ CASE NUMBER:_____

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

PART 4. TOTAL HOUSEHOLD GROSS INCOME (LIST ALL OTHER FAMILY MEMBERS, INCLUDING CHILDREN WITH INCOME)

1. NAME		2. HOW MUCH AND HOW OFTEN IT WAS RECEIVED							
	Check if **NO** income	Earnings From Work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		All Other Income	
		Income	How Often	Income	How Often	Income	How Often	Income	How Often
	☐	$		$		$		$	
	☐	$		$		$		$	
	☐	$		$		$		$	
	☐	$		$		$		$	
	☐	$		$		$		$	

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

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number** or mark the **"I do not have a Social Security Number"** box. (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 under State and Federal statutes.*

Sign here: _____Print name:_____ Date:_____
Address:_____ Phone Number:_____
City:_____ State:_____ Zip Code:_____
Last four digits of Social Security Number: * * * - * * - ____ ____ ____ ____ ❑ **I do not have a Social Security Number**

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

Choose one ethnicity:	*Choose one or more (regardless of ethnicity):*		
❑ Hispanic/Latino	❑ Asian	❑ American Indian or Alaska Native	❑ Black or African American
❑ Not Hispanic/Latino	❑ White	❑ Native Hawaiian or other Pacific Islander	

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

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
Household size: _____ Total Income: _____ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year*
Categorical Eligibility: ____ Eligibility: Free___ Reduced___ Denied___ Reason: _____
Determining Official's Signature: _____ Date: _____ Error Prone: ❑ Date Withdrawn: _____
Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____Date: _____

SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

- ❑ Check here if your children have health insurance (including CHIP or Medicaid).

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals,* ***unless you tell us not to.*** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in (sending in this form will not change whether your children get free or reduced price meals).

❑ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

Signature of Parent/Guardian: _____Date: _____

Printed Name: _____

CHIP

Children's Health Insurance Program

CHIP is a state health insurance plan for uninsured Utah children.
Families who do not have other insurance may qualify.

For more information or to apply, call or visit:

1-877-KIDS-NOW

www.health.utah.gov/chip