2017-2018



7905 S. Redwood Road West Jordan, Utah 84088-4601 www.jordandistrict.org

Nutrition Services

Send applications to: Julie Dunn 801-567-8765 Office 801-567-8768 Fax julie.dunn@jordandistrict.org

Dear Parent/Guardian:

Children need healthy meals to learn. Jordan School District offers healthy meals every school day. All of our schools serve lunch and 35 of them also serve breakfast. Elementary breakfast costs \$.80; lunch costs \$1.75. Secondary breakfast costs \$1.00; lunch costs \$2.00. Your children may qualify for free meals or for reduced price meals. Reduced price meals at elementary and secondary schools cost \$.30 for breakfast and \$.40 for lunch. Students who quality for free or reduced price lunch automatically quality for free or reduced breakfast. If you prefer to apply online, you may go to *Skyward Family Access*, login to *Family Access* using the parent or guardian's login (not the student's). Click *Food Service*, then click on *Application* and follow the prompts. You must reapply for your students eligibility every year.

- 1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Julie Dunn, 7905 S. Redwood Rd., West Jordan, Utah 84088, phone 801-567-8765 or fax to 801-567-8768.
- 2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from Utah Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR), or Utah Family Employment Program (FEP) can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
- 3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children whose care and placement is the responsibility of the State or formally placed by a court are eligible for free meals
- 4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Please call or e-mail Julie Dunn at <u>julie.dunn@jordandistrict.org</u> or call at 801-567-8765 to see if your children qualify, if you have not been informed that they will receive free meals.
- 5. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
- 6. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please fill out an application.
- 7. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
- 8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year.
- 9. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling: Jana Cruz, 801-567-8765.
- 10. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child (ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
- 11. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people including yourself and children living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 13. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 14. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to basic pay because of deployment, and it wasn't received before deployment; combat pay is not counted as income. Contact your school for more information.
- 15. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** Call 2-1-1, (888) 826-9790 or visit http://www.uw.org/211/.

If you have other questions or need help, call Julie, 801-567-8765. *Si necesita ayuda, por favor llame al teléfono*: Julie, 801-567-8765. *Si vous voudriez d'aide, contactez nous au numero* Julie, 801-567-8765.

Sincerely, Jana Cruz Director of Nutrition Services

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 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 if s/he doesn't have one).



FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

2017-2018

PART 1. CHILDRE	N N	RICE SCHOOL	THETTED		1111		<u> </u>	Part 2. I	BENEFITS	2010
Names of <u>all</u> children (First, Middle Initial, Last)		School	ool		Student ID or Grade		Check if NO income	Please circle one: SNAP, FEP, or FDPIR and list case # next to student's name. Skip to Part 5 if you list a case #.		
								Part 5 If y	ou list a case	<u> </u>
person who receive		ny member of your h Skip to part 5 if you li	ist a case #.		, FEP, or	FDPIR, list	t the case	# next to	the name o	f the
NAME: PART 3 If any chil	ld vou are ar	oplying for is HOMEL		UMBER:	NAWAV	check the a	nnronriat	e hov		
HOMELESS A MIC			ESS, MIGRA	in i, or a no.	NAWAI	check the a	ppropriat	e box.		
PART 4. TOTAL HO	USEHOLD (GROSS INCOME (LIST	ALL OTHER	R FAMILY MI	EMBERS,	INCLUDING	G CHILDR	EN WITH	NCOME)	
A. Child Income							How of	ten?		
Sometimes children in the househ listed in STEP 1 here.	old earn income. F	Please include the TOTAL incom	e earned by all H	ousehold Members	S Chi	ld income	Weekly Bi-Weekly	2x Month Monthly		
B. All Adult Household Mei	mbers (includi:	na vourself)			•		00	0 0		
List all Household Members not lis whole dollars only. If they do not re	sted in STEP 1 (inc	luding yourself) even if they do	not receive inco	me. For each Hous	sehold Memb	er listed, if they do	o receive incon	ne, report total i	ncome for each s	source in
		How o	flen?	Public Assistance		How often?		nsions/Retirement/	How oft	en?
Name of Adult Household Members (First	t and Last) E	arnings from Work Weekly Bi-Weekly	2x Month Monthly		mony Weekly E	Bi-Weekly 2x Month Mo	onthly All	Other Income	Weekly Bi-Weekly 2	2x Month Monthly
				\$		000				$\frac{0}{2}$
	\$_		0 0	\$		000	<u> </u>		\bigcirc	\circ
	\$		\bigcirc	\$		000	\$		\bigcirc	\circ
	\$		\circ	\$		000	\$		00	$\overline{\bigcirc}$
	\$		00	\$		000	\$		00	$\overline{\bigcirc}$
	La Pr	ast Four Digits of Social Security imary Wage Earner or Other Ad	Number (SSN) of ult Household Me	mber X X	x x x		Check if	no SSN		
PART 5. SIGNATURE	E AND LAST	FOUR DIGITS OF SO	CIAL SECUI	RITY NUMBI	ER (ADU	LT MUST SI	GN)			
An adult household me	mber must sig	gn the application. If Pa	rt 4 is comple	eted, the adul	t signing	the form also	o must list	the last fou	ır digits of h	is or her
Social Security Number (promise) that all infor on the information I giv information, my childre	rmation on th ve. I understa	is application is true ar nd that school officials	nd that all ind may verify (d	come is report check) the inf	ted. I und	erstand that	the school	will get Fe	deral funds	
Sign here: _				_Print name	e:		_	Date:_		
Address:_ City:_				State:_			hone Num ip Code:	·		
Gity		:	-	state			np code			
PART 6. CHILDREN'S			-	NAL)						
Choose one ethnicity:		or more (regardless of e	• •							
☐ Hispanic/Latino☐ Not Hispanic/Latino	☐ Asian☐ White	☐ American India☐ Native Hawaiia	n or other Pa	acific Islande	r	ck or Africar		n 		
		DO NOT FILL OUT					LY.			
Annual Income Conver Household size: _ Categorical Eligibility: Determining Official's	Total Eligib Signature:	Income: ility: Free Reduced 	Per: 🗖 Wee Denied_ Date: _	k, 🗖 Every 2 Reason:	Weeks, Error I	☐ Twice A M Prone: ☐	Date W	Month, 🗖 Y		
Confirming Official's S	ıgnature:		Date: _	Veritying	g Official's	s Signature:			_Date:	

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

	E	INCOME ELIGIBILITY GUIDELINES Effective from July 1, 2017 to June 30, 2018					
HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY		
1	22,311	1,860	930	859	430		
2	30,044	2,504	1,252	1,156	578		
3	37,777	3,149	1,575	1,453	727		
4	45,510	3,793	1,897	1,751	876		
5	53,243	4,437	2,219	2,048	1,024		
6	60,976	5,082	2,541	2,346	1,173		
7	68,709	5,726	2,863	2,643	1,322		
8	76,442	6,371	3,186	2,941	1,471		
For each add'l family member, add	7,733	645	323	298	149		

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 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. "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, age, or disability. To file a complaint of discrimination, write 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 children with money to purchase school meals at the prices listed above If your children receive free or reduced price meals last year in JSD, they may continue to receive the same benefits until

Traditional Elementary Oct 4th

Traditional Elementary Oct 4th
Traditional Middle Oct 4th
Traditional High Oct 3rd
Track A Sept 6th
Track B Sept 26th
Track C Sept 26th
Track D Sept 27th

This 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