

Dear Parent/Guardian,

Children need healthy meals to learn. Jordan School District offers healthy breakfast and lunch meals every school day. Your children may qualify for free meals or for reduced-price meals. Reduced-price meals at elementary and secondary schools cost \$0.30 for breakfast and \$0.40 for lunch. Students who qualify for free or reduced-price lunch automatically qualify for free or reduced breakfast. If you prefer to apply online, you may go to *Skyward Family Access* and log in 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 student's eligibility every year.**

- 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.
- 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.
- CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children whose care and placement are the responsibility of the State or formally placed by a court are eligible for free meals.
- CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Please e-mail Julie Dunn at [julie.dunn@jordandistrict.org](mailto:julie.dunn@jordandistrict.org) or call 801-567-8765 to see if your children qualify, if you have not been informed that they will receive free meals.
- 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.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application with your income information.
- WILL THE INFORMATION I GIVE BE CHECKED?** Yes, and we may also ask you to send written proof.
- I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year if you have a change in your income.
- 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: Katie Bastian, 801-567-8765.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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 telefono:* Julie, 801-567-8765. *Si vous voudriez d'aide, contactez nous au numero:* Julie, 801-567-8765.

Sincerely,  
Katie Bastian  
Director of Nutrition Services

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# INSTRUCTIONS FOR APPLYING

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

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**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. 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, or write "zero" if you have no 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* write "zero."

**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

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

**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/Alimony	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)**

<p><i>Choose one ethnicity:</i></p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p>	<p><i>Choose one or more (regardless of ethnicity):</i></p> <p><input type="checkbox"/> Asian     <input type="checkbox"/> American Indian or Alaska Native     <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White     <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>
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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 - Net income from self-employment (farm or business)	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates
- 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	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	- Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
-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.