

# ALPINE SCHOOL DISTRICT

## LUNCH AND BREAKFAST PAYMENT OPTIONS

Payments for meals can be made to your school lunch manager, or at the Food Service Office, 490 North State, Lindon, Utah 84042

Payments may also be made at [MealpayPlus.com](https://MealpayPlus.com) or toll free at (866) 800-8538. You can also call this number to get your student's lunch account balance.

[MealpayPlus.com](https://MealpayPlus.com) is your portal to convenient, secure meal account management. It is easy to apply funds to your account, check your student's account balance, and schedule future meal account prepayments. No more worrying about having cash for lunch. No more lost or stolen lunch money. Convenient, easy and secure... prepaying with [MealpayPlus.com](https://MealpayPlus.com) makes your life easier.

## MEAL CHARGE PROCEDURES

### HIGH SCHOOLS / JUNIOR HIGH SCHOOLS / MIDDLE SCHOOLS

Charges are not allowed in these schools.

If students do not have money to eat lunch, they will be given the opportunity to work in the school cafeteria or kitchen to earn their lunch for the day.

### ELEMENTARY SCHOOLS

When meal charges reach \$4.50, an automated phone call is made to the parents notifying them of the charges.

Charge letters are mailed home each week for all students who did not receive the automated call. The letters will include the charge procedures, information on applying for free or reduced meal benefits and paying through the [MealpayPlus.com](https://MealpayPlus.com) system. The parent may also call the Food Service Office to request an extension of charges for special circumstances.

When meal charges reach \$7.50, students will receive a roll or fruit and a carton of milk at a cost of .50 cents per day.

For questions, call the Food Service Office at 801-717-4737

## ALPINE SCHOOL DISTRICT

Dear Parent/Guardian:

*Children need healthy meals to learn. Alpine School District offers healthy meals every school day. Breakfast costs \$.85 for elementary and \$1.00 for secondary; lunch costs \$1.50 for elementary and \$1.75 for secondary. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.*

**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: Your child(ren)'s school OR Alpine School District Food Services, 490 North State, Lindon, UT 84042. You may also fax it to the Food Services Department at 801-796-3103.**

**2. Who can get free meals?** Children in households getting Food Stamps, FEP or FDPIR and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.

**3. Can homeless, runaway and migrant children get free meals?** Yes. Please call Amelia Schwartz at 801-756-8523 to see if your child(ren) qualify, if you have not been informed that they will get free meals.

**4. 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 Income Chart, shown on this application.

**5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. In most cases, all we need is a copy of this letter. Call the Food Services Department at 801-717-4737 if you have questions.

**6. 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. Fill out an application to see if you qualify.

**7. Will the information I give be checked?** Yes, we may 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 district's decision about my application?** You should talk to Food Services officials. You also may ask for a hearing by calling or writing to: Jodi Vlam, Food Services Director, 490 North State, Lindon, UT 84042, 801-717-4731.

**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 a U.S. citizen to qualify for free or reduced price meals.

**11. Who should I include as members of my household?** You must include *everyone* living in your household, related or not (such as grandparents, other relatives, or friends) and *all* income earned.

**12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you get overtime on a regular basis, include it. Do not include overtime that is paid out only occasionally.

**13. We currently do not have any income, do I qualify?** Yes. You will be approved for Free temporarily for 60 days. After that time, you will be put on full pay. You must call us and inform us of income to be set up for the program again.

**14. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call the Food Services Department at 801-717-4737.

Sincerely,  
Alpine School District  
Food Services Department

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

<b>FEDERAL INCOME CHART</b> For School Year 2008-2009			
Household size	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Each additional person	6,660	555	129

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**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 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 Food Stamp Program, Family Employment (FEP) 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.

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**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 discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 800-795-3272 (voice) or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

## INSTRUCTIONS FOR APPLYING

### **If your household receives FOOD STAMPS, FEP or FDPIR follow these instructions:**

**Part 1:** List child(ren)'s name, school, grade, and a Food Stamp, FEP or FDPIR case number.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

### **Check the appropriate box.**

### **Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

### **If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1:** Use a separate application for each foster child. List child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

### **ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1** – List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2** – Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, earnings from work: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly). All other income: List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other Income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3**–Check if no income: If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**Part 1. Children in School (Use a separate application for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp, FEP or FDPIR case # (if any). <b>Skip to Part 5 if you list a Food Stamp, FEP or FDPIR case #</b>	Student ID

**Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box.**  
 Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/ weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ / /	\$ / /	\$ / /	\$ / /	
	\$ / /	\$ / /	\$ / /	\$ / /	
	\$ / /	\$ / /	\$ / /	\$ / /	
	\$ / /	\$ / /	\$ / /	\$ / /	
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	\$ / /	\$ / /	\$ / /	\$ / /	
	\$ / /	\$ / /	\$ / /	\$ / /	

**Part 5. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 3.)

*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: X \_\_\_\_\_ Print name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's racial and ethnic identities (optional)**

<b>Mark one or more racial identities:</b>	<b>Mark one ethnic identity:</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other
<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

**Do not fill out this part. This is for school district use only.**

*Annual Income Conversion Chart: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12*

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Error prone:

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SHARING INFORMATION WITH MEDICAID/SCHIP

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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 State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP 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 SCHIP, fill out the form below and send in (sending in this form will not change whether your children get free or reduced price meals).

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**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.

**If you checked no, fill out the form below.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ARE YOUR KIDS COVERED?

The Children's Health Insurance Program (CHIP) is a state program for uninsured Utah children. Many children who qualify for CHIP come from working families. ***If your family qualifies for free and reduced price meals, your child may also qualify for CHIP.*** For example, a family of four earning up to \$42,400 a year may be eligible. In addition to qualify, children must be under age 19, U.S. citizens or legal residents, and not currently covered by other health insurance.

#### CHIP covers:

- Well-child exams
- Immunizations
- Prescriptions
- Hearing and eye exams
- Hospital and emergency care
- Doctor visits
- Mental health services
- Dental care

*The Utah Department of Health also offers insurance options for adults.*

**For more information or to apply, call or visit:**

**1-877-KIDS-NOW**

**[www.health.utah.gov/chip](http://www.health.utah.gov/chip)**