

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

FEDERAL INCOME CHART			
For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

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.

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 gets 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 the 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–Name: 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 got 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 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.

This section is Only for Those Applying for Free or Reduced-Price Meals

APPLICATIONS MUST BE RENEWED EVERY YEAR!

*When parents submit an application for free or reduced-price meal benefits, they are notified by mail when the student has qualified. **Please call ONLY if you DO NOT receive notification within 10 days.***

Please send payment with your student until you have received a letter of notification from the district office. Full price is charged until the application is processed.

- **The benefits do not start until the application has been approved.**
If a student goes through the cafeteria line before the application has been approved, he/she will be charged full price for their meal.
- **When a student qualifies for free meals, this includes breakfast and lunch.**
- **Use ONE Free and Reduced Price School Meals Application for all students in your household.** Applications are available at the school office; Food Service District Office; and on the Alpine District website. Applications can be turned in to the Food Services District office any time after July 1. **If possible, please turn the application in early to insure benefits are in place prior to the first day of school.** There is an extremely high volume of applications received once school begins which can cause up to a 10-day delay in processing your application. **Please remember that you are responsible for paying full price for your student's meal until the application is processed.** You **MUST** include all people living in your household, related or not and all income received. You or your children do not have to be a U.S. citizen to qualify for free or reduced price meals. You may be selected for verification where you will be required to send proof of information you provided on the application.
- **Attention recipients of Food Stamps, FEP (Family Employment Program) or FDPIR (Food Distribution Program on Indian Reservations): You should have received a direct certification letter which can be used to qualify your children for benefits. You MUST bring this letter to the school or the Food Service District Office. Benefits are NOT automatic.**
- **Children can receive free or reduced price meals if your household income is within the limits of the Federal Income Guidelines.** Homeless, runaway and migrant children can also qualify for free meals. Contact school, homeless liaison or migrant coordinator with questions. Households receiving WIC may be eligible for free or reduced price meals. Fill out an application to see if you qualify. Households with foster children can receive free meal benefits. Simply fill out an application.
- **You may apply at any time during the school year if your household size or income changes, or if you begin receiving Food Stamps, FEP or FDPIR or other benefits.**
- **If your income is not always the same list the amount that you normally get on a regular basis.**
- **If you currently have no income, you will be approved FREE temporarily for 45 days only.**
- **If you receive military housing as part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your income.**
- **If you have any questions, please call the Food Service Office at 801-717-4737. If you are outside the calling area, you may call collect to 801-717-4737. Return the completed application to your student's school, or Alpine School District, Food Services, 490 North State, Lindon, UT 84042 or fax it to 801-796-3103.**

Revised Apr 09

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

IMPORTANT INFORMATION ABOUT SCHOOL MEALS

All Parents! Please Read This!

Alpine School District Lunch and Breakfast Program 2009-10

Lunch			
Pricing subject to change			
	Elementary	Junior High	High School
Paid meals	\$1.50	\$1.75	\$1.75
Reduced-price	\$0.40	\$0.40	\$0.40
Deficit Lunch	\$0.75	N/A	N/A
Adult/Visitor	\$2.50	\$2.50	\$2.50

Breakfast			
Pricing subject to change			
	Elementary	Junior High	High School
Paid meals	\$0.85	\$1.00	\$1.00
Reduced-price	\$0.30	\$0.30	\$0.30
Deficit Breakfast	\$0.35	N/A	N/A
Adult/Visitor	\$1.50	\$1.50	\$1.50

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

Student Account balances are available online at MealpayPlus.com or by calling 866-800-8538. You will need your student's ID number to access the information.

Paying for school meals just got easier with MealpayPlus, a secure online payment processing system. Now, school meals can be paid at anytime, anywhere. Using MealpayPlus is easy. Register online at MealpayPlus.com. Payments may take up to 48 hours to process.

PLEASE KEEP THE FOLLOWING IN MIND!

- We do not give change from cash or checks.
- Money must be put in the student's account **before** the student goes through the cafeteria line. There must be sufficient money in the account to pay for that day's meal.
- We recommend that parents deposit at least one week's lunch and/or breakfast money in their student's account at a time. Checks are best, because parents can be sure that the money goes entirely for meals, not other things. We are happy to take payments for longer periods, such as by month, term or year.
 Weekly amounts for meals, elementary schools:
 Lunch: \$7.50 Breakfast: \$4.25
 Monthly amounts for meals, elementary schools:
 Lunch: \$30.00 Breakfast: \$17.00
 Weekly amounts for meals, secondary schools:
 Lunch: \$8.75 Breakfast: \$5.00
 Monthly amounts for meals, secondary schools:
 Lunch: \$35.00 Breakfast: \$20.00
- Menus are available each month on our website www.alpine.k12.ut.us under Departments, then Food Services.
- Junior high and high school students will absolutely NOT be able to charge meals. A student must have enough money in their account to cover the cost of a meal.
- Elementary students for emergency purposes will be allowed to charge up to \$6.00 total for Breakfast and Lunch. A student beyond \$6.00 will be offered a Deficit Breakfast (Graham crackers and white milk) for a cost of .35 cents or a Deficit Lunch (Cheese sandwich and white milk) for a cost of .75 cents. Students with negative balances greater than \$9.00 will be denied meals until payment is received.
- Deficit notices are sent to parents of students who have a negative account balance. **Please note the date on the notice. The amount listed will bring the student's account current only to that date.** If you have a question about your deficit notice, please check with the lunch manager.

Please see other side for important information concerning Free or Reduced-Price Meals

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 FDIPIR case # (if any). Skip to Part 5 if you list a Food Stamp, FEP or FDIPIR case #	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 <u>and</u> the income each earns <u>or</u> check the box at the right if they have no income	2. Gross income and how often it was received								3. Check if NO income	
	Earnings from Work before deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income (Self Employment)			
	Income	How often	Income	How often	Income	How often	Income	How often		
										<input type="checkbox"/>
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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 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: 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)

Mark one or more racial identities:

- Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American Other

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Don't 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

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

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).

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: _____

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