2020-2021 Utah Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)																		
Definition of Househol	ld \	Child's First Name			MI Child's Last Name						Grad	Grade Stu Yes		tudent? Homeless, s No Child Runaway				
Member: "Anyone who living with you and sha	res																	
income and expenses, if not related."	even															apply		
Children in Foster care children who meet the																all that		
definition of Homeless Migrant or Runaway a eligible for free meals.	are															Check		
How to Apply for Free Reduced Price School	e and ol																	
Meals for more information																		
STEP 2 Do a	any Ho	busehold Members (including y	ou) currently particip	oate in	n one or mor	e of the foll	owing assis	stance pro	grams: S	SNAP,	TANF, or	FDPIR [®]	?					
		NO > Go to STEP 3	If YES > Write	a case	e number her	e then go to S	TEP 4 <u>(</u> Do <u>)</u>	not complet	e STEP 3)	Case Nu	imber:						
	orting		ro (Chin this stop if you		uarad (Vaalt	о СТГР 2)								Write on	ly one cas	e numbe	r in this :	space.
STEP 3 Rep		come for ALL Household Membe	rs (skiptnisstepil you	Jansw	verea Yes' t	03TEP2)							Llow offe	2				
		A. Child Income Sometimes children in the househ	ald earn or receive incom	o Ploa	aso includo the		no received h	w all		Child i	ncome	Week	How ofte y Bi-Weekly 2x	Month Monthly				
		Household Members listed in STE		IC. F ICO				y an	\$	5		C	\circ					
Are you unsure what		B. All Adult Household Mem List all Household Members not lis			olf) even if they	, do not receiv	income Fo	r each Hous	ehold Mer	nher list	ed if they	do receiv	e income r	eport total arc	es incom	e (hefor	e taxes')
income to include here	1	for each source in whole dollars (n			eive income fr					ny field							to repor	
Flip the page and review the charts titled "Sources of Income" for more information.		Name of Adult Household Members (First and Last) Earnings fro		om Work		Weekly 2x Month N		Public Assistan Child Support/A			eekly 2x Mont	h Monthly		ons/Retirement/ her Income	Weekly	Bi-Weekly		Monthly
			\$		\bigcirc	0 0	\$		() (0 0	\bigcirc	\$		0	\bigcirc	0	\bigcirc
The "Sources of Income for Children" chart will help you with the Child Income section.			\$		\bigcirc	0 0	\$) (0 0	\bigcirc	\$		0	0	0	\bigcirc
			\$		0	0 0	\$) (0 0	\bigcirc	\$		0	\bigcirc	\bigcirc	\bigcirc
The "Sources of Incom for Adults" chart will he you with the All Adult			\$		0	0 0	\$) С	0 0	0	\$		0	0	0	0
Household Members section.			\$		0	0 0	\$) (0 0	0	\$		0	0	0	0
		Total Household Members			f Social Securit			x x x	X	x			Check if n	o SSN				
		(Children and Adults)		age Ear	mer or Other Ad	uut nousenold	wemper											
STEP 4 Cor	ntact ir	nformation and adult signatur	e. MAIL COMPLETED FC	ORM TO	O YOUR SCHO	OL AT: Georg	e Washingto	n Academy:	2277 Sout	h 3000 l	East , St. G	eorge, U	T 84790					
"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in c give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."																		
										-								
Street Address (if available) Apt # City							effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding											
														gency p				
Printed name of adult s	sianina t	the form	Signat	ure of	adult	L					i uuay s u	aic						

INSTRUCTIONS Sources of Income

Sources of Inc	come 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	 Unemployment benefits Worker's compensation 	- Social Security (including railroad		
 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 	 Net income from self- employment (farm or business) If you are in the U.S. Military: 	Supplemental Security Income (SSI) Cash assistance from State or local government	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from		
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing	 Alimony payments Child support payments Veteran's benefits 	trusts or estates - Annuities - Investment income - Earned interest		
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	 Rental income Regular cash payments from outside household 		

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): 🗌 Hispanic or Latino 🔲 Not Hispanic or Latino		
Race (check one or more): 🗌 American Indian or Alaskan Native 🗌 Asian	Black or African American	□ Native Hawaiian or Other Pacific Islander □ White

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 last four digits of 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 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 program sto 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

*Only use this address if you are filing a complaint of discrimination

fax: (202) 690-7442; or

email: program.intake@usda.gov. This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x	52, Every 2 Weeks x 2 How often?	6, Twice a Month x 24 Monthly x 12		Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Mont	Household Size		Free Reduced Denied	
	0000	Categorical E	Eligibility	$\circ \circ \circ$	
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date