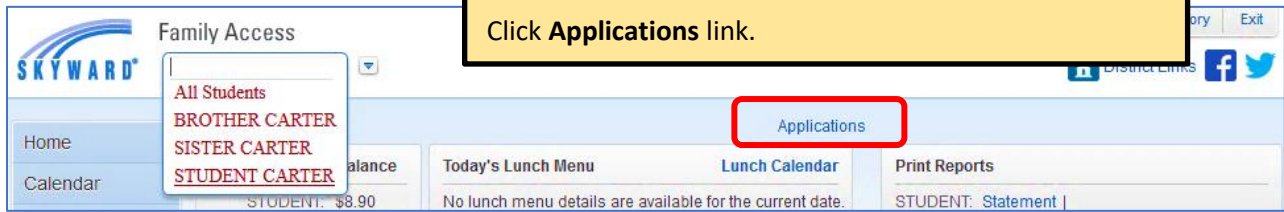
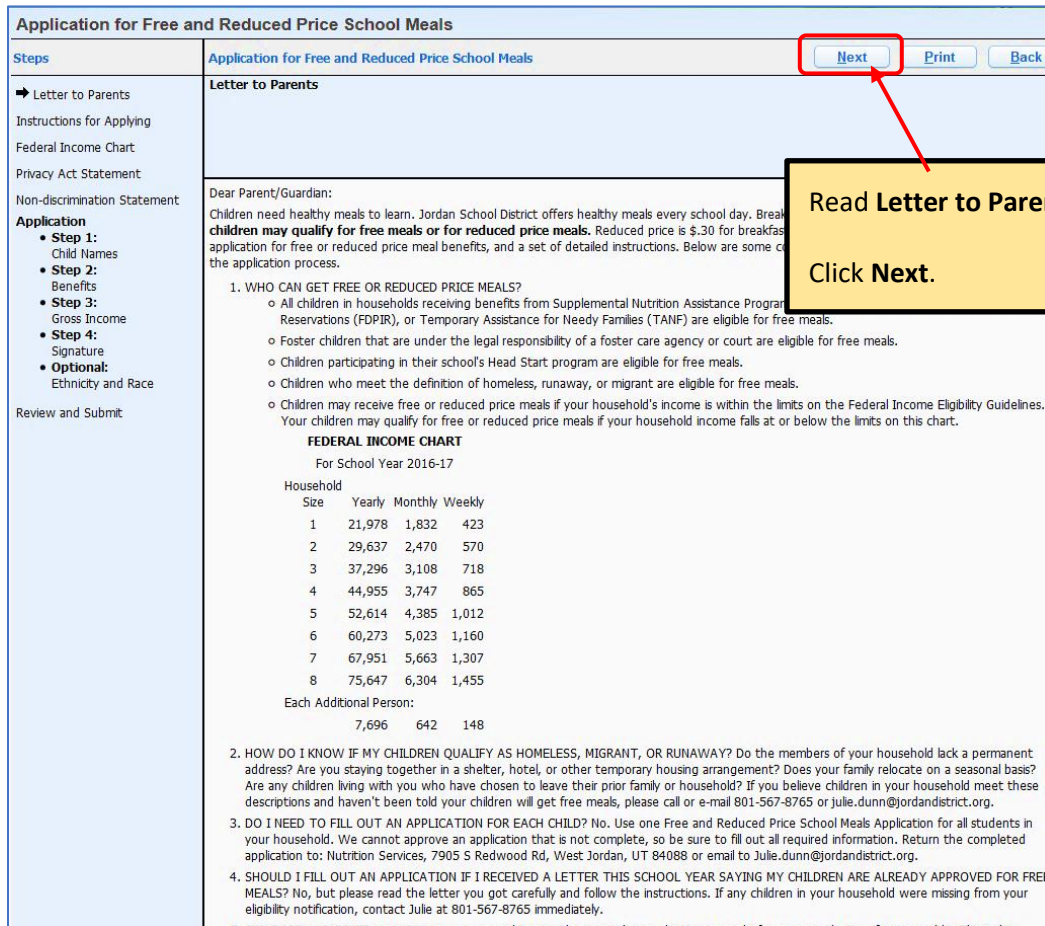
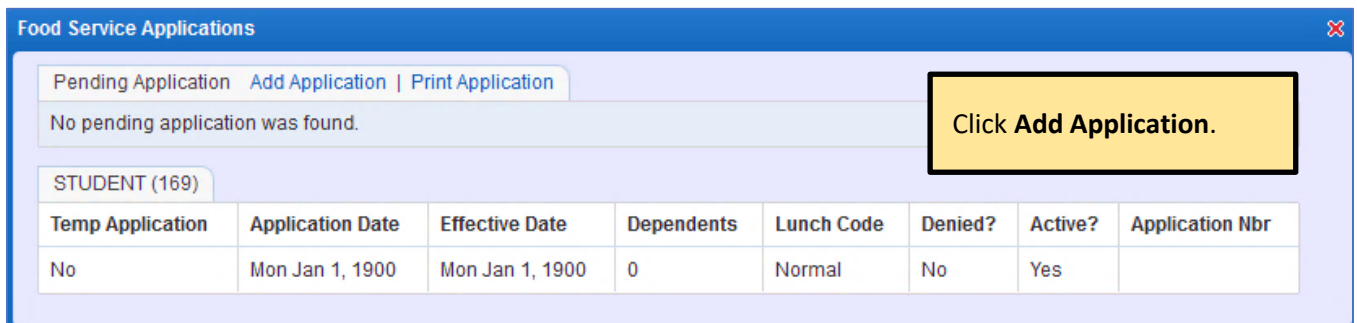


# APPLY FOR FREE/ REDUCED MEALS ONLINE

Parents log in to Skyward Family Access with your parent login and password. Select "Food Service" from the left menu.



Only 1 application needs to be filled out per household. Please include all of your students and household members on that application.



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- **Step 1:** Child Names
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- **Step 3:** Gross Income
- **Step 4:** Signature
- **Optional:** Ethnicity and Race

Review and Submit

**Instructions for Applying.** Please select the option below after reviewing all information. Questions can be directed to contact information supplied in the Letter to Parents.

I have read the Instructions for Applying and would like to continue the application

Please use these instructions to help you fill out the application for your household, even if your children attend more than one school. If you are not sure, please contact Julie at 801-567-8765 or Julie@schools.utah.gov.

Please follow these instructions in order! Each step of the instructions tells you what to do next, please contact Julie at 801-567-8765 or Julie@schools.utah.gov if you have any questions.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THIS APPLICATION.**

**STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12**

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?**  
 When filling out this section, please include **all** members in your household who are:

- Children age 18 or under **and** are supported with the household's income;

**Read Instructions for Applying.** Select option "I have read the instructions for applying and would like to continue the application. Click Next.

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- **Optional:** Ethnicity and Race

Review and Submit

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.** If you do not qualify for benefits or do not wish to complete an application, check the option below.

I do not qualify for benefits or do not wish to complete an application

**FEDERAL INCOME CHART**  
 For School Year 2016-17

Household Size	Yearly	Monthly	Weekly
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,932	5,661	1,307
8	75,591	6,299	1,454
Each Additional Person:	7,660	642	148

**Review Federal Income Chart.**

If you do not qualify or do not wish to complete an application, check the option "I do not qualify for benefits or do not wish to complete an application".

Click **Next** to complete an application.

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Review and Submit

**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 you provide to be used to determine if your child is eligible for free or reduced price meals. You must have a Social Security Number for each child. If you are not sure if you have a Social Security Number, please contact Julie at 801-567-8765 or Julie@schools.utah.gov.

The last four digits of the Social Security Number of the adult household member who signs the application are required. If you do not have a Social Security Number, you must provide a Temporary Assistance for Needy Families (TANF) 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.

**Review Privacy Act Statement.**

Click **Next**.



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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

This institution is an equal opportunity provider.

**Review Non-discrimination Statement.**

**Click Next.**

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**Application**  
➔ **Step 1:**  
Child Names

• **Step 2:** Benefits  
• **Step 3:** Gross Income  
• **Step 4:** Signature  
• **Optional:** Ethnicity and Race

Review and Submit

**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.

Add More Names to Application

Definition of **Household Member:** Anyone who is living with you and shares income and expenses, even if not related.  
Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name, Middle Initial, Last Name	Student?	Check all that apply	
		Foster Child	Homeless, Migrant, Runaway
(Example) Student A. Smith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Carter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother Carter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister Carter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Carter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Application Step 1: Child Names**

List household members who are infants, children, and students up to and including grade 12.

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• **Step 1:** Child Names  
➔ **Step 2:** Benefits

**Step 2 - Do any Household Members (including you) currently participate in one or more of the following assistance programs?**

SNAP, TANF, or FDIPIR

If you didn't check the box: **Complete STEP 3.**

If you checked the box: **Write a case number here then go to Step 4 (Do not complete STEP 3)**

Case Number:

**Application Step 2: Benefits**

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➔ **Step 3:** Gross Income  
• **Step 4:** Signature  
• **Optional:** Ethnicity and Race

Review and Submit

**Step 3 - Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)**

Add More Names to Application

Please read **Instructions for Applying** for more information. The **Sources of Income for Children** question. The **Sources of Income for Adults** section will help you with the **All Adult Household**

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL income earned by all

Gross Income and How Often It Was Received [?](#)

Child Income:

**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 Name, Middle Initial, Last Name	Gross Income and How Often It Was Received <a href="#">?</a>		
	Earnings from Work	Public Assistance, Child Support, Alimony	Pensions, Retirement, All Other Income
(Example) Jane A. Smith	\$200 W	\$150 B	\$50 M
Dad Carter	\$1,000 M	\$0	\$0
Mom Carter	\$200 B	\$0	\$0
Big Brother	\$500 M	\$0	\$0
Big Sister	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0

\* Total Household Members (Children and Adults):

\* Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: \*\*\*\*-\*\*-  Check if no SSN

**Application Step 3: Gross Income**

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- Step 1: Child Names
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- Step 3: Gross Income
- ➔ Step 4: Signature

**Step 4 - Contact Information and Adult Signature**

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 connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws 1.

Street Address (if available): 1234 Thisismy Street Daytime Phone: (801) 123-4567 Ext:   
 City: Anytown State: UT Zip Code: 84084

\* Printed name of adult completing the form: Mom Carter \* Signature of adult completing the form: <Signed Electronically> Remove  
 Today's Date: 05/09/2017 Email (optional): mom@email.com

Application Step 4: Signature

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**Application**

- Step 1: Child Names
- Step 2: Benefits
- Step 3: Gross Income
- Step 4: Signature
- ➔ Optional: Ethnicity and Race

**Optional - Children's Ethnic and Racial 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.

I would like to report this optional information

Mark one ethnic identity:  Hispanic/Latino  Not Hispanic/Latino  
 Mark one or more racial identities:  Asian  American Indian or Alaska Native  Black or African American  White  Native Hawaiian or Other Pacific Islander

Application Optional: Ethnicity and Race

Review and Submit

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**Application**

- Step 1: Child Names
- Step 2: Benefits
- Step 3: Gross Income
- Step 4: Signature
- Optional: Ethnicity and Race
- ➔ Review and Submit

Please review the completed application and click the button to submit the application.

Submit Application

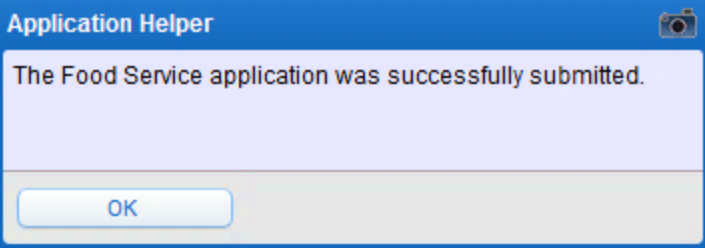
**NOTE:** The application has not yet been submitted. This application will not be considered until the **Submit Application** button is clicked.

If you still see the **NOTE** message, you have not Submitted your application. Click on the Submit Application button to the left of this message.

**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 **Household Member**: Anyone who is living with you and shares income and expenses, even if not on the same address. Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are **Free and Reduced Price School Meals** for more information.

Child's First Name, Middle Initial, Last Name	Student?	Check all that apply	
		Foster Child	Homeless, Migrant, Runaway
Student Carter	✓	<input type="checkbox"/>	<input type="checkbox"/>
Brother Carter	✓	<input type="checkbox"/>	<input type="checkbox"/>
Sister Carter	✓	<input type="checkbox"/>	<input type="checkbox"/>

Review and Submit



**Food Service Applications**

Pending Application [Update Pending Application](#) | [View Application](#) | [Print Application](#)

Application Date: Tue May 9, 2017 (Application Waiting For Approval)

Notice: Pending Application will be marked as 'Not Submitted' if edited and will need to be resubmitted for review.

**Household Members**

Names of Children	Student?	Foster C	
Student Carter	Yes	No	
Brother Carter	Yes	No	No
Sister Carter	Yes	No	No
Baby Carter	No	No	No

Select links to update, view and print application.

**Income Information**

Household Member Name	Earnings from Work	Public Assistance, Child Support, Alimony	Pensions, Retirement, All Other Income
Dad Carter	12,000.00	0.00	0.00
Mom Carter	5,200.00	0.00	0.00
Big Brother	6,000.00	0.00	0.00
Big Sister	0.00	0.00	0.00
Child Income	0.00	0.00	0.00

Total Annual Income: 23,200.00