

**FAMILY APPLICATION FOR FREE AND REDUCED PRICE MEALS –
2020-2021 SCHOOL YEAR**

Dear Parent/Guardian:

Children need healthy meals to learn. Our schools offer healthy meals every school day. Your children may qualify for free meals or for reduced price meals.

If you have more than 8 students attending school in the district, or have more than 12 household members, you cannot apply online. Please request 2 paper applications from your school secretary. After completing the applications submit them to your school.

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Washington County School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If, at any time, you are not sure what to do next, please contact Stefenee Hymas at 435-634-4323 or stefenee.hymas@washk12.org.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE STUDENTS OF WASHINGTON COUNTY SCHOOL DISTRICT UP TO AND INCLUDING GRADE 12.

For each student, enter their first name, last name, middle initial, birth date, school, and grade. Use one line of the application for each student. If there are more students present than lines on the application, you will need to contact the school office and request 2 applications. If any students listed are foster children, mark the "Foster Child" circle next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to **STEP 3**. If you believe any child listed in this section may be "Homeless, Migrant, or Runaway" mark the circle next to the child's name and complete all steps of the application.

Child income is money directly received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income. Use the chart titled "**Sources of Income for Children**" to determine if your student has income to report. Report the gross income for EACH student. Write a "0" where there is no income to report. Any income fields left empty or blank will also be counted as zero. Only count foster children's income if you are applying for them together with the rest of your household.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING ADULTS) CURRENTLY PARTICIPATE IN (SNAP) Supplemental Nutrition Assistance Program, (formerly known as Food Stamps); Temporary Assistance for Needy Families (TANF); or Food Distribution Program on Indian Reservations (FDPIR)? If anyone in your household participates in any of the above listed programs write a case number in the box that is provided. You only need to provide one case number. Go to **STEP 4**. *If no one in your household participates in the assistance programs listed, leave STEP 2 blank and go to STEP 3.*

STEP 3: REPORT INCOME FOR ALL OTHER HOUSEHOLD MEMBERS.

3A. List All Other Household members' names. Enter the first name and last name of each household member that is not listed in **STEP 1**.

3B. Gross Income. Report all income from work in the "Earnings from Work" field on the application. Report all amounts in **GROSS INCOME ONLY** (total income received before taxes). Report all income in whole dollars. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay. If you are a **self-employed** business or farm owner, you will report your net income (subtract the total operating expenses of your business from its gross receipts or revenue.) Use the chart titled, "**Sources of Income for Adults**" to determine if your household has income to report. Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received using the circles to the right of each field. When filling out this section, please list all Other Household members' names and income, even if they are not related and even if they do not receive income of their own. Do not list any household member you listed in **STEP 1**. **Do NOT include** people who live with you but are not supported by your household's income **AND** do not contribute to your household.

Report income from Public Assistance/Child Support/Alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any Public Assistance benefits NOT listed on the chart. (If income is received from Child Support or Alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

Report income from Pensions/Retirement/All Other Income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

3C. Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

3D. Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the circle to the right labeled “I do not have a Social Security Number.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE. Print the name of the adult signing the application and that person signs in the “Signature” box. *Provide your contact information.*

Mail Completed Form to: Washington County School District, Food Services, 811 E Brigham Rd., Bldg. B, Saint George, UT 84790.

(Optional): Share children’s racial and ethnic identities. We ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

<u>Sources of Income for Children</u>	<u>Sources of Income for Adults</u>
<p>Earnings from work</p> <ul style="list-style-type: none"> ● A child has a job where they earn a salary or wages <p>Social Security (Disability payments, Survivor’s Benefits)</p> <ul style="list-style-type: none"> ● 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. <p>Income from persons outside the household</p> <ul style="list-style-type: none"> ● A friend or extended family member <i>regularly</i> gives a child spending money. <p>Income from any other source</p> <ul style="list-style-type: none"> ● A child receives income from a private pension fund, annuity, or trust. 	<p>Earnings from Work</p> <ul style="list-style-type: none"> ● Salary, wages cash bonuses. Net income from self-employment (farm or business), strike benefits. ● If you are in the U.S. Military (Basic pay and cash bonuses <i>(do NOT include Combat pay, FSSA, or privatized housing allowances)</i>). Allowances for off-base housing, food, and clothing. <p>Public Assistance/Alimony/Child Support</p> <ul style="list-style-type: none"> ● Unemployment benefits, Worker’s compensation, Supplemental Security Income (SSI), Cash assistance from State or Local government, Alimony payments, Child Support payments, Veteran’s benefits. <p>Pensions/Retirement/All Other Income</p> <ul style="list-style-type: none"> ● Social Security (including railroad retirement, and black lung benefits). Private pensions or disability, Income from trusts or estates, Annuities, Investment Income, Earned interest, Rental income, <i>Regular</i> cash payments from outside household.

INCOME ELIGIBILITY GUIDELINES

Use the income chart below to see if you qualify for Free or **Reduced** price meal program.

Effective July 1, 2020 – June 30, 2021

Household Members	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020.	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For EACH additional household member add:					
	\$8,288	\$691	\$346	\$319	\$160

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 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 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.

This district participates in Direct Certification: Households that receive SNAP (Formerly the Food Stamp Program) or FEP and receive a Direct Certification letter in the mail do not have to complete an application for free or reduced price student meals. Program officials will determine eligibility for free meals based on documentation obtained directly from the Department of Social Services office that a child is a member of a household currently receiving SNAP (Formerly the Food Stamp Program) or is receiving FEP. Program officials will notify households of their eligibility, but who do not want their children to receive free meals must contact the Office of Food Services. SNAP (Formerly the Food Stamp Program) and FEP households should complete an application, if they are not notified of their eligibility within the first 10 days of the new school year. **If you have questions, please call the School Nutrition Office at (435) 634-4323.**

1. **WHO CAN GET FREE OR REDUCED PRICE MEALS?**
 - a. All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State TANF/FEP]**, are eligible for free meals.
 - b. **State Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
 - c. **Children participating in their school's Head Start program are eligible for free meals.**
 - d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - e. Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.
2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will receive free breakfast and lunch meals, please call or e-mail **Mike Carr (435)673-3553 ext. 5167 or mike.carr@washk12.org.**
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. **Use one Free and Reduced Price Meals Application for all children in your household.** Refer to Attachment A for instructions.
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please carefully read the letter you received and follow the instructions. If any children in your household are missing from your eligibility notification, contact **Food Services Department (435)634-4323** immediately.
5. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **www.washk12.org** to begin or to learn more about the online application process. Refer to Attachment A for instructions. Contact **Food Services Department (435)634-4323** if you have any questions about the online application.
6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first 30 days of this school year. You must send in a new application unless an official told you that your child is eligible for the new school year. If you do not send in a new application that is approved through the Food Service Department or you have not been notified that your child is eligible for meal benefits, your child will be charged the full price for meals.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application to your Health Department.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. Income if considered to be any money received, such as earnings, pensions, cash bonuses, and child or spousal support unless the income source is specifically excluded by law for the Child Nutrition Program. We may also ask you to send written proof of the household income you report.

9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the current year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk with the **Food Services Department. (435)634-4323**. You also may ask for a hearing by calling or writing to: **Sharon Stucki, (435)674-6490. 811 East Brigham Rd., Bldg. B, St. George, UT 84790**.
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you continually receive 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.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** Refer to Attachment A.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **[State SNAP]** or other assistance benefits, contact your local assistance office or call **866-526-3663**.

If you have other questions or need help, call (435) 634-4323.

Sincerely,

Sharon Stucki
Director of Child Nutrition Programs

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To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, 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: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov.

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