Apply online at: syracuseartsacademy.org

2022-2023 Utah Household Application for Free and Reduced Price Meals

Complete one application per household. Please use a pen (not a pencil). Mail completed form to: 2965 W 1700 S Syracuse UT 84075 or email to: aempey@saacharter.org

Printed name of adult signing the form	Street Address (if available)	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 program 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."	_	Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.	STEP 3 Rep	 Do any Household Members currently participate in one of the following eligible assistance programs? Check all that apply. 	STEP 2 Do	Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in State Foster care and children who meet the definition of Homeless, Migrant, Runaway or participate in Headstart programs are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.
signing the form	able)	tact informati information on this a children may lose m			port Income fo	Members currently programs? Check	any Househol	t ALL Househ
		Contact information and adult signature at all information on this application is true and that all incompart in the state of the state	Total Hous (Children a	Sometimes children in the household earn of Household Members listed in STEP 1 here B. All Adult Household Members (in List all Household Members not listed in Staxes) for each source in whole dollars (not oreport. Name of Adult Household Members (First and Laster)	Report Income for ALL Household Members	participate in one of all that apply.	d Members (in	Child's First Name
	Apt#	ignature. I that all income is re	Total Household Members (Children and Adults)	Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Sometimes children in the household Members listed in STEP 1 here. B. All Adult Household Members (including yourself) Est all Household Members (including yourself) even if they do not receive income. For each Household Member 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 gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income. For each Household Member listed if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income. For each Household Member listed if they do receive income, report total gross income (before 2x Month) Monthly (promising) that there is no incurrent how often? Public Assistance/ Child Support/Almony (weekly 2x Month) Monthly (weekly 2x Monthly Mon	old Members (of the following	Do any Household Members (including you) currently participate in one or more of the following eligible assi	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) Student?
Signat	City	oorted. I understander applicable State		r receive income. Pleas rcluding yourself) EEP 1 (including yourself) cents) only. If they do Earnings from Work \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	skip this step	SNAP	rrently partic	MI Chi
Signature of adult		d that this informati	Las Pri	b. Please include to seeif) yourself) even if they do not receive the weekly The work weekly weekly	(Skip this step if you answered	TANF-FEP	pate in one or	and students up t
		on is given in conne	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Mer	they do not receive income from a Bi-Weekly 2x Month	'Yes' to	FDPIR	more of the fo	to and include
	State	ction with the rece	ocial Security Nur or Other Adult	me received by a me received by a me received by a monthly source, write P P S S S S S S S S S S S S S S S S S	STEP 2)	<i>b.</i>	ollowing eligii	ling grade 12
	Zip	ipt of Federal funds	ımber (SSN) of Household Member	rall r each Household te '0'. If you enter' Public Assistance/ Child Support/Allmony		Enter case number assistance prograr Do not put in Medi		(if more spac
To	Da	, and that program	er XXX	Child(ren) income \$		number of the selected program in this space. in Medicaid number.	programs: S	Yes are requir Student? Yes No
Today's date	Daytime Phone and	officials may verify	X	ncome Weekly fif they do receive fields blank, you a offen?			stance programs: SNAP, TANF, or FDPIR?	ed for additional names
	and Email (optional)	(check) the inform		B-Weeky 2x Month Monthy income, report total grare certifying (promising Pensions/Retirement All Other Income	How often?		rFDPIR?	nal names, at
)	ation. I am aware	Che	total gross income Weekly Weekly			If N	Grade Check all that apply
		that if I purposely	Check if no SSN	Child(ren) income Weekly E-Weekly 2x Month Monthly Tor each Household Member listed, if they do receive income, report total gross income (before write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income Public Assistance/ Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly S S S S S S S S S S S S S			If NO > Go to STEP	sheet of paper Head Foster N Start Child F
1				M.			i ii	Home Migra Runa

ture	Verifying Official's Signature	re Date	Date Confirming Official's Signature	Determining Official's Signature
Trione (achoo				
Total Orono (ochools Only)	Free Reduced Paid/Denied		Weekly Bi-Weekly 2x Month Monthly Household size	Total Income w
	Eligibility:	ly x 12	Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26,
			医多种性 人名英格兰 医多种性 医多种	Do not fill out For Official Use Only
ving our community. Pacific Islander	reduced price meals. Native Hawaiian or Other Pacific Islander White or African American Native Hawaiian or Other Pacific Islander White To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/file/documents/USDA-OASCRY-20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil right violation. The completed AD-3027 form or letter must be submitted 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; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.		ur children's race and ethnicity. This info not affect your children's eligibility for fire affect your children's eligibility for fire affect your children's eligibility for fire affect your child for free or reduced price meals. You must adult household member who signs the application. When you apply on behalf of a foster child or you emporary Assistance for Needy Families (TANF-Reservations (FDPIR) case number or other FDPIR ehold member signing the application does not have etermine if your child is eligible for free or reduced-unch and breakfast programs. We MAY share your grams to help them evaluate, fund, or determine grams to help them evaluate, fund, or determine daw enforcement officials to help them look into ment of Agriculture (USDA) civil rights regulations on the basis of race, color, national origin, sex or reprisal or retailation for prior civil rights activity. The same of the presons with disabilities who require ation (e.g., Braille, large print, audiotape, American all agency that administers the program or USDA's tubble to the program or USDA's tubble to the federal Relay Service at (800)	We are required to ask for information about yo Responding to this section is optional and does Ethnicity (check one): Hispanic or Latino Race (check one or more): The Richard B. Russell National School Lunch Act requires to give the information, but if you do not, we cannot approve y include the last four digits of the social security number of the The last four digits of the social security number is not require list a Supplemental Nutrition Assistance Program (SNAP), TEEP) Program or Food Distribution Program on Indian identifier for your child or when you indicate that the adult hous a social security number. We will use your information to deprice meals, and for administration and enforcement of the legisbility information with education, health, and nutrition probenefits for their programs, auditors for program reviews, an violations of program rules. In accordance with federal civil rights law and U.S. Departs and policies, this institution is prohibited from discriminating (including gender identity and sexual orientation), disability, ago Program information may be made available in languages whe alternative means of communication to obtain program inform Sign Language), should contact the responsible state or local TARGET Center at (202) 720-2600 (voice and TTY) or contact 877-8339.
			nnic Identities	OPTIONAL Children's Racial and Ethnic Identities
- Rental income - Regular cash payments from outside household		allowances) - Allowances for off-base housing, food and clothing	- A child receives regular income from a private pension fund, annuity, or trust	-Income from any other source
trusts or estates - Annuities - Investment income - Earned interest	Child support paymentsVeteran's benefitsStrike benefits	If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing	 - A friend or extended family member regularly gives a child spending money 	-Income from person outside the household
retirement and black lung benefits) - Private pensions or disability benefits - Regular income from	- Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments	- Net income from self- employment (farm or business)	 - 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 	Social SecurityDisability PaymentsSurvivor's Benefits
 Social Security (including railroad 	 Unemployment benefits Worker's compensation 	- Salary, wages, cash bonuses	 A child has a regular full or part-time job where they earn a salary or wages 	- Earnings from work
Pensions / Retirement / All Other Income	Public Assistance / Alimony / Child Support	Earnings from Work	Example(s)	Sources of Child Income
ılts	Sources of Income for Adults	So	Sources of Income for Children	Sources of