

SOLICITE COMIDAS GRATUITAS/ A PRECIO REDUCIDO EN LÍNEA

Los padres inician sesión en Skyward Family Access con su nombre de usuario y contraseña. Seleccione "**Food Service**" en el menú de la izquierda.



Seleccione **cualquier** estudiante de la lista desplegable. Haga clic en '**Applications** link'. Aparecerá una ventana emergente con las solicitudes pendientes. Vuelva a esta página para comprobar el estado.

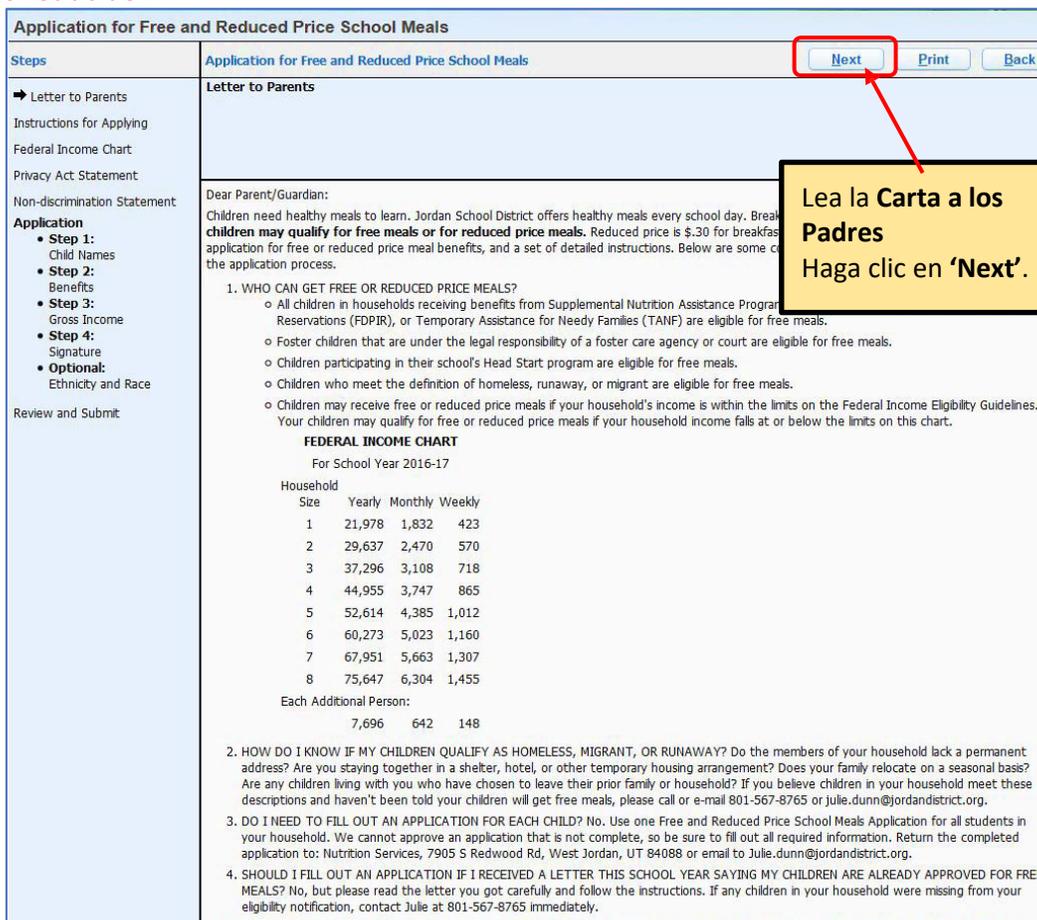
Sólo es necesario llenar (1) solicitud **por** hogar. Primer Paso: Usted **DEBE** seleccionar un estudiante para poder comenzar el proceso de solicitud. Más adelante podrá agregar a los demás miembros de la familia como se indica a continuación. Para comenzar una solicitud, haga clic en "Add Application"



Haga clic en '**Add Application**'.

Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	Normal	No	Yes	

¡ATENCIÓN! Si no puede agregar una solicitud y recibe un mensaje de certificación directa, significa que el Estado ya ha certificado directamente la solicitud y el estatus es GRATIS. Med-Red = (Medicaid) Estatus reducido.



Lea la Carta a los Padres Haga clic en '**Next**'.

Application for Free and Reduced Price School Meals

Steps: Application for Free and Reduced Price School Meals

Letter to Parents

Dear Parent/Guardian:

Children need healthy meals to learn. Jordan School District offers healthy meals every school day. Breakfast and lunch are provided at no charge. If your child is eligible for free or reduced price meals, please complete this application for free or reduced price meal benefits, and a set of detailed instructions. Below are some of the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Food Bank, Food Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- 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.

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	5,663	1,307
8	75,591	6,304	1,455
Each Additional Person:			
	7,696	642	148

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 get free meals, please call or e-mail 801-567-8765 or jule.dunn@jordandistrict.org.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Nutrition Services, 7905 S Redwood Rd, West Jordan, UT 84088 or email to Julie.dunn@jordandistrict.org.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Julie at 801-567-8765 immediately.

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- **Step 1:** Child Names
- **Step 2:** Benefits
- **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 for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is important. After you complete a step, what to do next, please contact Julie at 801-567-8765 or Julie@schools.utah.gov

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;

Lea las 'Instructions for Applying'. Seleccione la opción "He leído las instrucciones de solicitud y deseo continuar con la solicitud". Haga clic en '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:	7,666	642	148

Revise 'Federal Income Chart'. Si no reúne los requisitos o no desea completar una solicitud, marque la opción "No reúno los requisitos para recibir beneficios o no deseo completar una solicitud". Haga clic en 'Next' para completar una solicitud

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- **Step 3:** Gross Income

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 for the purpose of determining if your child is eligible for free or reduced price meals. You must be a household member who signs the application. The last four digits of the Social Security Number (SSN) of the adult household member who signs the application must be provided. If you do not have a Social Security Number, you must provide your Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Stamp Program (FSP) 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.

Revise 'Privacy Act Statement'. Haga clic en '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.

Revise 'Non-discrimination Statement'.

Haga clic en 'Next'.

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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?	Foster Child	Homeless, Migrant, Runaway
(Example) Student A. Smith	✓	<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"/>

Paso 1 de la Solicitud: Nombres de los Niños

Enumere a todos los miembros del hogar que sean bebés, niños y estudiantes hasta e incluyendo el grado 12.

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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:

Paso 2 de la Solicitud: Beneficios

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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 [?]		
	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

Paso 3 de la Solicitud: Ingresos Brutos

Es necesario incluir todos y cada uno de los ingresos que entran en el hogar.

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- ➔ 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

Paso 4 de la Solicitud: Firma

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- ➔ 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

Solicitud Opcional: Origen Étnico y Raza

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- 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.

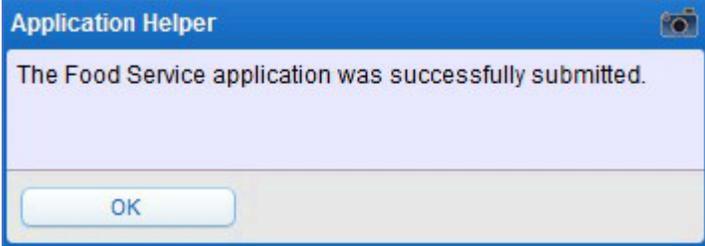
NOTE: The application has not yet been submitted. This application will not be considered until the **Submit Application button is clicked.**

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 related to you. 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 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"/>

Si sigue viendo el mensaje de **NOTA**, significa que no ha enviado su solicitud. Haga clic en el botón '**Submit Application**' situado a la izquierda de este mensaje.

Revise y Envie



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

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

Seleccione los enlaces para actualizar, ver e imprimir la solicitud.