

Prototype Household Application for Free and Reduced Price School Meals

**APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:**

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
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Foster Child
 Migrant
 Runaway
 Homeless

Check all that apply

If you checked any of these boxes, please refer to the Application Instructor's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in SNAP, TANF, or FDIPI? CASE NUMBER (NOT EBT NUMBER):

NO → Go to STEP 3.
 YES → Write case number here and proceed to STEP 4.

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) 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 and Last)	Earnings from Work	How often received?				Public Assistance Alimony	How often received?				Pensions, Retirement Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	1 Month	Annually		Weekly	Every 2 Weeks	1 Month	Annually		Weekly	Every 2 Weeks	1 Month	Annually
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Fee Waiver Application

Grades 7-12



- Please read the School Fees Notice (Grades 7-12) before completing this Application!
- If a school receives verification that a student is eligible for fee waiver, all fees must be waived for that student.
- All information on this application will be kept confidential.

Student Information:

Name of student: _____ Student #: _____
 Address: _____
 School: _____ Grade level: _____
 Name of parent: _____ Phone number: _____

Basis for Fee Waiver:

Please check the eligibility that applies: (only 1 is needed)	Verification to submit: *
1. Family receives TANF/FEP/SNAP (Temporary Assistance For Needy Families or Family Employment Program)(Financial Assistance or Food Stamps) (Supplemental Nutrition Assistance Program)	• benefit verification from the Utah Department of Workforce Services for the period for which the fee waiver is sought which may be in the form of an electronic screenshot of eligibility determination or status.
2. Student receives Supplemental Security Income (SSI, QUALIFIED CHILD WITH DISABILITIES)	• benefit verification documents from the Social Security Administration.
3. Student qualifies for McKinney-Vento.	• verified through the district or charters McKinney-Vento Liaison.
4. Student is in Foster Care (under Utah or local governmental supervision)	• the youth in care required intake form and school enrollment letter, provided by a case worker from the Utah Division of Child and Family Services or the Utah Juvenile Justice Department.
5. Student is in State Custody	
6. Student is eligible based on family/household income verification. Total Household Members: _____ Total Household Income: \$ _____	• family income verification in the form of income statements, pay stubs, or tax returns. (Please complete page 2.)

*Please note: The school may require you to provide verification of eligibility. Please attach your verification documentation to this form when you give this application to your school. The only exception is eligibility for McKinney-Vento.

If none of the above apply but you wish to apply for fee waivers because of other extenuating circumstances, please state the reason(s) for the request: _____

(Please attach an additional page if needed.)

Please give this application to the Principal/School Director or School Fee Administrator when it is complete. All fee payments will be suspended until the school has decided if your student is eligible for fee waivers. You will then be given notice of the decision. If your student is eligible for a waiver, the school cannot require you to complete service, agree to an installment payment plan, or sign an IOU in place of a waiver.

I HEREBY CERTIFY THAT THE INFORMATION AND ATTACHED DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: _____ PARENT'S SIGNATURE: _____



COMPLETE THIS PAGE ONLY IF OPTION #6 WAS SELECTED UNDER THE BASIS FOR FEE WAIVER SECTION

INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS:

(Required for students who do not qualify based on a special category.) Household income is determined by adding all household income from all sources and then comparing it to the number of people in the household. A household is a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit. This means they generally reside in the same house and share expenses such as rent, utilities and food.

List all income before deductions in the appropriate column(s).

Name:		Earnings from Work (before deductions)	Pension/Retirement Social Security	Welfare, Alimony, Child Support, Other Income	Total Per Person
Last	First	Monthly Income	Monthly Income	Monthly Income	Total Monthly Income
1	Middle Initial	\$	\$	\$	\$
2		\$	\$	\$	\$
3		\$	\$	\$	\$
4		\$	\$	\$	\$

EXAMPLES OF INCOME:

Earnings from Work	Pension/Retirement, Social Security	Welfare, Alimony, Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	*TANF payments*, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

Receipt of TANF assistance automatically qualifies one for fee waiver eligibility. No further proof of income is needed. Please review Basis for Fee Waiver section and submit application under TANF eligibility.

INCOME ELIGIBILITY GUIDELINES

For School Year:

July 1, 2023 - June 30, 2024

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
For each additional family member, add:	6,682	557	279	257	129

