

# ASPIRE



## **Online Applications**

# Eligibility Guidelines – 2014-2015

## Food and Nutrition Service

### Child Nutrition Programs; Income Eligibility Guidelines

INCOME ELIGIBILITY GUIDELINES										
Effective from July 1, 2014 to June 30, 2015										
Household Size	Reduced price meals -- 185%					Free meals -- 130%				
	Annual	Monthly	Twice-Monthly	Bi-weekly	Weekly	Annual	Monthly	Twice-Monthly	Bi-weekly	Weekly
1	21,590	1,800	900	831	416	15,171	1,265	633	584	292
2	29,101	2,426	1,213	1,120	560	20,449	1,705	853	787	394
3	36,612	3,051	1,526	1,409	705	25,727	2,144	1,072	990	495
4	44,123	3,677	1,839	1,698	849	31,005	2,584	1,292	1,193	597
5	51,634	4,303	2,152	1,986	993	36,283	3,024	1,512	1,396	698
6	59,145	4,929	2,465	2,275	1,138	41,561	3,464	1,732	1,599	800
7	66,656	5,555	2,778	2,564	1,282	46,839	3,904	1,952	1,802	901
8	74,167	6,181	3,091	2,853	1,427	52,117	4,344	2,172	2,005	1,003
9	81,678	6,807	3,404	3,142	1,572	57,395	4,784	2,392	2,208	1,105
10	89,189	7,433	3,717	3,431	1,717	62,673	5,224	2,612	2,411	1,207
11	96,700	8,059	4,030	3,720	1,862	67,951	5,664	2,832	2,614	1,309
12	104,211	8,685	4,343	4,009	2,007	73,229	6,104	3,052	2,817	1,411
13	111,722	9,311	4,656	4,298	2,152	78,507	6,544	3,272	3,020	1,513
14	119,233	9,937	4,969	4,587	2,297	83,785	6,984	3,492	3,223	1,615
15	126,744	10,563	5,282	4,876	2,442	89,063	7,424	3,712	3,426	1,717
16	134,255	11,189	5,595	5,165	2,587	94,341	7,864	3,932	3,629	1,819
17	141,766	11,815	5,908	5,454	2,732	99,619	8,304	4,152	3,832	1,921
18	149,277	12,441	6,221	5,743	2,877	104,897	8,744	4,372	4,035	2,023
19	156,788	13,067	6,534	6,032	3,022	110,175	9,184	4,592	4,238	2,125
20	164,299	13,693	6,847	6,321	3,167	115,453	9,624	4,812	4,441	2,227
Each add'l family member add	7,511	626	313	289	145	5,278	440	220	203	102

More information can be found at this website:

<http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>



**Online Applications**

**via the web**

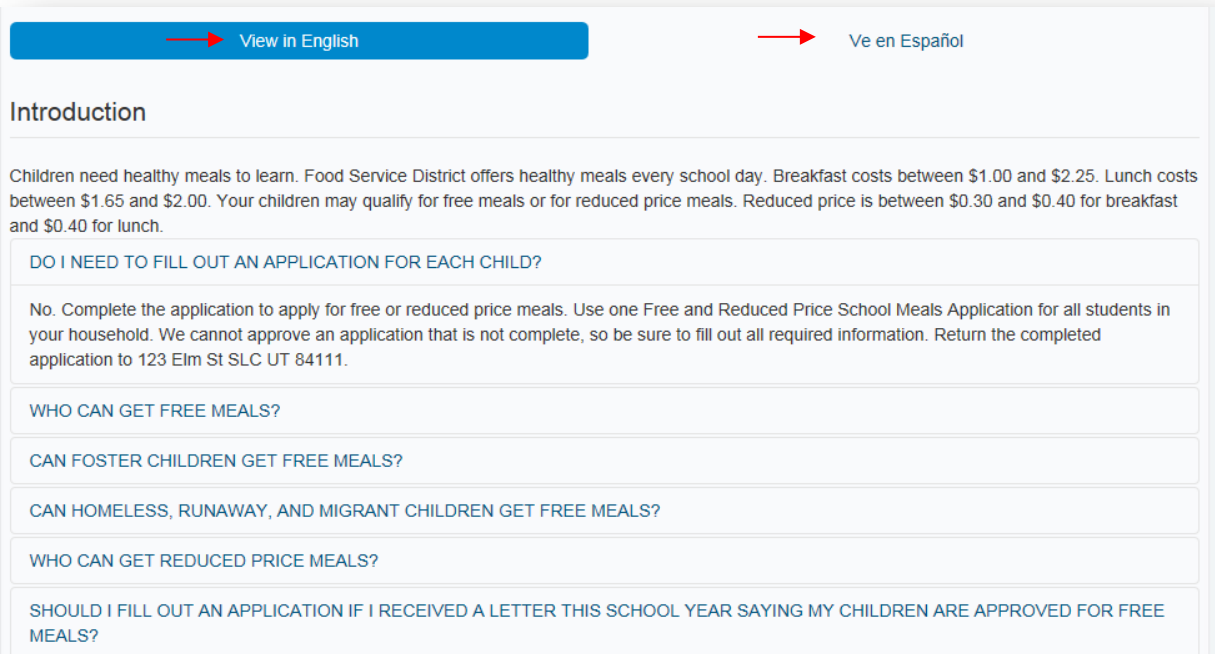
A screenshot of a web login interface. At the top, it says "aspire | support Welcomes You!". Below this are two input fields: "Username" followed by a vertical bar and a white text box, and "Password" followed by a white text box. At the bottom right of the form is a blue button with the text "Login »".

**Select Food Service**



**Select Contact Applications**

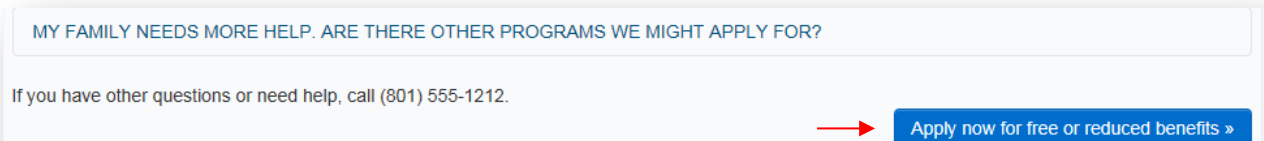
## Users can view in English or Ve en Espanol



The screenshot shows a web interface with two language selection buttons at the top: "View in English" (highlighted with a red arrow) and "Ve en Español" (with a red arrow pointing to it). Below the buttons is the "Introduction" section, also indicated by a red arrow on the left. The introduction text states: "Children need healthy meals to learn. Food Service District offers healthy meals every school day. Breakfast costs between \$1.00 and \$2.25. Lunch costs between \$1.65 and \$2.00. Your children may qualify for free meals or for reduced price meals. Reduced price is between \$0.30 and \$0.40 for breakfast and \$0.40 for lunch." Below this text are several FAQ-style questions in blue text: "DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?", "WHO CAN GET FREE MEALS?", "CAN FOSTER CHILDREN GET FREE MEALS?", "CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?", "WHO CAN GET REDUCED PRICE MEALS?", and "SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?"

**Introduction will help applicants when filling out the information with questions they may have.**

**If you don't have questions, select - Apply now for free or reduced benefits**





The screenshot shows a section with the text "MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?" in blue. Below this text is the instruction "If you have other questions or need help, call (801) 555-1212." To the right of this text is a blue button with a white right-pointing arrow and the text "Apply now for free or reduced benefits »". A red arrow points to the button.

## Users can view in English or Ve en Espanol


**Please Read through the information and follow the instructions.**

## Begin Application when ready.

 [View in English](#)  [Ve en Español](#)

**Please read the following carefully before moving on.**

- Until your application is processed, you will need to provide your child(ren) a meal from home or send money to purchase school meals.
- Please submit only ONE application per household. If you submit an online application, you will NOT need to fill out the paper application.
- Please have your FOOD STAMP CASE NUMBER or GROSS INCOME available prior to starting the online application process.
- Once you receive a confirmation page with your series number, the online application has been correctly submitted.
- Applications are processed within 10 business days, depending on volume.
- You will be notified as to your child(ren's) eligibility status.


 [Begin Application »](#)

## Answer each web page as it pertains to your application:

**SNAP / FEP / FDPIR**

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Does anyone in your household receive benefits from Utah Supplemental Nutrition Assistance Program (**SNAP**), Utah Family Employment Program (**FEP**), or the Food Distribution Program on Indian Reservations (**FDPIR**)?

  No  Yes

**HOMELESS / MIGRANT / RUNAWAY**

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Is any child in your household **homeless, a migrant, or a runaway**?

  No  Yes

**FOSTER CHILD**

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Are you applying for a **foster child**?

  No  Yes

## New Application – Apply in English or Solicita en Espanol

→ Application

PART 1. CHILDREN										
Names of all children			<span style="background-color: #0070c0; color: white; padding: 2px;">+</span> Add							
First	Middle Initial	Last	School	Student ID	Grade	Foster Child	No Income	LEA Student ID		
<i>No Children added. Click Add button above</i>										
PART 2. BENEFITS										
If any member of your household receives Utah SNAP, FDPIR, or FEP, provide the name and case number of the person who receives benefits. Do not list 16 digit EBT card number, Social Security Number, Medicare/Medicaid numbers, or any number other than the case number.										
Program: <span style="border: 1px solid black; padding: 2px;">« None »</span>			Beneficiary: <input style="width: 100%;" type="text"/>				Case Number: <input style="width: 100%;" type="text"/>			
PART 3. HOMELESS / MIGRANT / RUNAWAY										
If any child you are applying for is HOMELESS, MIGRANT, or a RUNAWAY, check the appropriate box and call John Smith (801)555-1212.										
<input type="checkbox"/> Homeless			<input type="checkbox"/> Migrant				<input type="checkbox"/> Runaway			
PART 4. TOTAL HOUSEHOLD GROSS INCOME										
List all other family members, including children with income										
NAME		<span style="background-color: #0070c0; color: white; padding: 2px;">+</span> Add		HOW MUCH INCOME AND HOW OFTEN IT WAS RECEIVED						
First	Last	No Income	Earnings from WORK before deductions		Welfare, child support, alimony		Pension, retirement, Social Security, SSI, VA benefits		All other income	
			Income	How Often	Income	How Often	Income	How Often	Income	How Often
<i>No Household Members added. Click Add button above</i>										
PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)										
An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)										
<i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>										
Signature										
<ul style="list-style-type: none"> <li>I certify that I am furnishing true information and am advised that this application is being made in connection with the receipt of Federal funds</li> <li>School officials may verify the information on the application</li> <li>Deliberate misrepresentation of the information may subject the applicant to prosecution under State and Federal statutes</li> </ul>										
<input type="checkbox"/> By checking the this box, I agree to be bound by the preceding statements										
Applicant Information										
First Name: <input style="width: 100%;" type="text"/>					Last Name: <input style="width: 100%;" type="text"/>					
Address 1: <input style="width: 100%;" type="text"/>					Phone Number: <input style="width: 100%;" type="text"/>					
Address 2: <input style="width: 100%;" type="text"/>										
City: <input style="width: 100%;" type="text"/>					State: <span style="border: 1px solid black; padding: 2px;">« State »</span>			Zip Code: <input style="width: 100%;" type="text"/>		
Social Security Number										
Last four digits of Social Security Number: ***-**- <input style="width: 100%;" type="text"/>					<input type="checkbox"/> I do not have a Social Security Number					
While disclosure of the last 4 digits of a social security number is voluntary the National School Lunch Act requires the last 4 digits of a social security number or an indication of "none" for approval of the application.										

## Signature Box is accepted as an electronic signature for an official application.

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)	
An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)	
<i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>	
Signature	
<ul style="list-style-type: none"> <li>I certify that I am furnishing true information and am advised that this application is being made in connection with the receipt of Federal funds</li> <li>School officials may verify the information on the application</li> <li>Deliberate misrepresentation of the information may subject the applicant to prosecution under State and Federal statutes</li> </ul>	
<input type="checkbox"/> By checking the this box, I agree to be bound by the preceding statements	

Applicant Information			
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address 1:	<input type="text"/>	Phone Number:	<input type="text"/>
Address 2:	<input type="text"/>		
City:	<input type="text"/>	State:	« State » <input type="text"/>
Social Security Number		Zip Code: <input type="text"/>	
Last four digits of Social Security Number: ***-**- <input type="text"/>		<input type="checkbox"/> I do not have a Social Security Number	
While disclosure of the last 4 digits of a social security number is voluntary the National School Lunch Act requires the last 4 digits of a social security number or an indication of "none" for approval of the application.			

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)			
Choose one ethnicity		Choose one or more (regardless of ethnicity)	
<input type="radio"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black or African American
<input type="radio"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	

Use of Information Statement
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 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 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.

## CHIP - Children's Health Insurance Program

This information will be printed on a CHIP Contact Report to turn into the health department for children health insurance assistance.

# CHIP

Children's Health Insurance Program

CHIP is a state health insurance plan for uninsured Utah children.

Families who do not have other insurance may qualify.

For more information or to apply, call or visit:

**1-877-KIDS-NOW**

[www.health.utah.gov/chip](http://www.health.utah.gov/chip)

## Check the appropriate box and Save Application

### SHARING INFORMATION WITH MEDICAID / CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Check here if your children have health insurance (including CHIP or Medicaid).

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, select the option below (this will not change whether your children get free or reduced price meals).

**No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

# CHIP

Children's Health Insurance Program

CHIP is a state health insurance plan for uninsured Utah children.

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For more information or to apply, call or visit:

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« Cancel

Save Application »

**Applications are processed within 10 business days, depending on volume. You will be notified as to your child(ren's) eligibility status.**