



Fee Waiver Guide

Go to [Aspire Information Systems](http://www.aspireinformation.com) website for East Hollywood High School www.easthollywood.org

- Log in using username and password
- Click on student
- Once logged in click **FREE/REDUCED MEAL APPLICATION**
- Follow prompts on screen
- Make sure to click **SAVE APPLICATION**
- Response can take up to 10 school days

Request a Username', 'Need Help Logging In?', and 'Have a new student? [Register Student for Enrollment](#)'. The bottom of the page features a background image of a sunset over a field."/>

Student Name 0000

[Profile](#)

Student Info Enrollment

Grade: 12
Advisor: <unassigned>

Legal Name: [Redacted] Address: [Redacted]
SSID: [Redacted] Phone Number: [Redacted]
Born: [Redacted]
Gender: Female
Restricted Info: No restrictions
Hispanic or Latino: Non-Hispanic
Race(s): White

Fees Show Prior Years

Year	Due	Pending	Overpaid	Credit	Balance
2021	\$130.00	\$0.00	\$0.00	\$0.00	\$130.00

[Free/Reduced Meal Application](#)

Lunch Account \$ -4.50

[Schedule](#)

Siblings

[Cortney Cleaveland 3191](#)
East Hollywood High Grade 10

Contacts Custodial Non-Custodial Emergency

[Email Student Contacts](#)

If you have questions or need help, please call (801) 886-8181

APPLICATION

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12

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.

Names of all children										+ Add
Child's First Name	MI	Child's Last Name	Student ID	Grade	Name of School/Center	Student?	Head Start	Foster Child	HMR	
	L			12	East Hollywoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✖
				10	East Hollywoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✖

STEP 2 Do any Household Members (including you) currently participate in one or more of the following eligible assistance programs: SNAP, TANF, or FDPIR?

If any member of your household receives Utah SNAP, FDPIR, or FEP, provide the name and case number of the person who receives benefits.

Program:	« None »	Beneficiary:		Case Number:	
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STEP 3 Report Income for ALL Household Members

Are you unsure what income to include here? 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.

3A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child Income	How Often?
	« Frequency »

3B. 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 gross income (before taxes) 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		HOW MUCH INCOME AND HOW OFTEN IT WAS RECEIVED							
First	Last	No Income	Earnings from WORK		Public Assistance/Child Support/Alimony		Pensions/Retirement/All Other Income		
			Income	How Often	Income	How Often	Income	How Often	
		<input checked="" type="checkbox"/>		« Frequen		« Frequen		« Frequen	✖

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.

Signature

- 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
- School officials may verify the information on the application
- Deliberate misrepresentation of the information may subject the applicant to prosecution under State and Federal statutes

I agree

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" value="West Valley City"/>	State:	<input type="text" value="Utah"/>
		Zip Code:	<input type="text" value="84120"/>

Social Security Number

Last four digits of Social Security Number(SSN) of Primary Wage Earner or Other Adult Household Member: ***-**-

I do not have a Social Security Number

OPTIONAL Children's Racial and Ethnic 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>Ethnicity (check one):</i>	<i>Race (check one or more):</i>		
<input type="radio"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="radio"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or 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 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-FEP) 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.

In accordance with Federal civil rights law and U.S Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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. You may also write a letter containing all of the information requested in the form. Submit your completed form or letter to USDA by mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

This institution is an equal opportunity provider and employer.

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.

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

« Cancel

Save Application »