Apply online at:

## 2019-2020 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:

STEP 1

STEP 1 List ALL I	Household Members who are infants, ch	ildren,	and students up to and including	g grade 12 (if more spaces a	re require	d for additional names, atta	ch another	sheet of paper)			
Definition of <b>Household Member</b> : "Anyone who is	Child's First Name	MI	Child's Last Name		Student? Yes No	Name of School/Center	Grade	Homeless, Head Foster Migrant, Start Child Runaway			
living with you and shares income and expenses, even if not related." Children in <b>State Foster care</b> and children who meet the definition of <b>Homeless</b> , <b>Migrant</b> , <b>Runaway</b> or											
								apply			
								that in that is			
participate in Headstart programs are eligible for								Check all that			
free meals. Read How to Apply for Free and Reduced Price School											
Meals for more information.					ШШ						
STEP 2 Do any H	ousehold Members (including you) curre	ently p	participate in one or more of the fo	ollowing eligible assistance	programs:	SNAP, TANF, or FDPIR?		If NO > Go to STEP 3			
Do any Household Member eligible assistance program	rs currently participate in one of the following ns? Check all that apply.	SNAP	TANF-FEP FDPI	R <b>b.</b> Enter case number assistance program	in this space.						
STEP 3 Report In	come for ALL Household Members (Sk	ip this	s step if you answered 'Yes' to S	TEP 2)							
	A. Child Income					How often?					
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive	income. Please include the TOTAL inco	ome received by all	\$ Child(re	en) income Weekly Bi-Weekly 2x Mo	nth Monthly				
Are you unsure what income to include here?	B. All Adult Household Members (inc	luding	vourself)		Ψ						
Flip the page and review the charts titled "Sources	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 <b>total gross income</b> (before taxes) for each source in <b>whole dollars</b> (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										
of Income" for more information.	to report.  Name of Adult Household Members (First and Last)	Fa	How often? rnings from Work Weekly Bi-Weekly 2x Month	Public Assistance/ Monthly Child Support/Alimony		ow often?  Pensions ekly 2x Month Monthly  All Other	s/Retirement/	How often?  Weekly Bi-Weekly 2x Month Monthly			
The "Sources of Income for Children" chart will	Name of Addit Flousefiold Members (First and East)	\$	Veekly Di-veekly 2X WOIIII	s s	O C	) () s		O O O			
help you with the Child Income section.		\$		S		) () () <b>s</b>		0 0 0 0			
The "Sources of Income for Adults" chart will help		\$	0 0 0					0 0 0 0			
you with the All Adult Household Members		` <u>_</u>		\$		\$		0 0 0 0			
section.		\$	0 0 0	<b>S</b>	0 0	\$		0 0 0 0			
		\$		\$	0 (	) () () \$		0 0 0 0			
	Total Household Members (Children and Adults)			ocial Security Number (SSN) of r or Other Adult Household Membe	er X X			Check if no SSN			
STEP 4 Contact in	nformation and adult signature.										
	on on this application is true and that all income is repor		-	ection with the receipt of Federal funds	, and that prog	ram officials may verify (check) the inf	ormation. I am	aware that if I purposely			
give false information, my children	may lose meal benefits, and I may be prosecuted under	applicab	ole State and Federal laws."								
Street Address (if available)	Apt#		City	State Zip		Daytime Phone and Email (option	nal)				
Printed name of adult signing t	the form		Signature of adult			Today's date					

Sources of Inc	ome for Children				
Sources of Child Income	Example(s)				
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages				
<ul><li>Social Security</li><li>Disability Payments</li><li>Survivor's Benefits</li></ul>	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>				
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust				

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government	Social Security     (including railroad     retirement and black lung     benefits)     Private pensions or     disability benefits
If you are in the U.S. Military:  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)  - Allowances for off-base housing, food and clothing	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

OPTIONAL	Children's Racial and Ethnic Identities			
•	d to ask for information about your children's race and ethnicity. This inforn this section is optional and does not affect your children's eligibility for free		•	elps to make sure we are fully serving our community.
Ethnicity (check one		lack or Afric	can American	☐ Native Hawaiian or Other Pacific Islander ☐ White
have to give the info You must include the application. The last foster child or you Needy Families (FDPIR) case numb member signing the determine if your ch the lunch and brea nutrition programs to reviews, and law en	seell National School Lunch Act requires the information on this application. You do not ornation, but if you do not, we cannot approve your child for free or reduced price meals. The last four digits of the social security number of the adult household member who signs the tour digits of the social security number is not required when you apply on behalf of a list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for (TANF-FEP) Program or Food Distribution Program on Indian Reservations are or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to half is eligible for free or reduced price meals, and for administration and enforcement of kfast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for program forcement officials to help them look into violations of program rules.  The Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights called the USDA, its Agencies, offices, and employees, and institutions participating in or a programs are prohibited from discriminating based on race, color, national origin, sex, prisal or retaliation for prior civil rights activity in any program or activity conducted or	large print applied for through the available in To file a property write a letter request a mail:	audiotape, Americ benefits. Individu le Federal Relay n languages other trogram complaint of found online at: h ter addressed to Ucopy of the compla U.S. Department Office of the Ass 1400 Independer 20250-9410 (202) 690-7442; oprogram.intake@u	of discrimination, complete the USDA Program Discrimination Complaint Form, attp://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or USDA and provide in the letter all of the information requested in the form. To int form, call (866) 632-9992. Submit your completed form or letter to USDA by: t of Agriculture istant Secretary for Civil Rights nce Avenue, SW Washington, D.C.
Do not fill ou	t For Official Use Only			

Annual Income Conversion: Weekly x :	52, Every	2 Week	s x 26	, Twice a Month x 2	24, Monthly x 12			T1::   :1:4.				
How often?								Eligibility	y:			
Total Income	Weekly Bi-W	eekly 2x Month	Monthly	Household size			Free	Reduced	Paid/Denied			
	0	0	0		Categorical	Eligibility	0	0	0	Error Prone (Scho	ools Only)	
Determining Official's Signature	Date	)		Confirming Official's	s Signature	Date	Ve	rifying	Officia	al's Signature	Date	