2018-2019 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: 955 W. 12th St. Ogden, UT 84404

Apply online at: myweber.wsd.net

STEP 1 List ALL	. Household Members who are infants, c	hildre	n, and students up to and incluc	ling grade 12 (if more s	paces are requi	red for additional names, a	
Definition of Household Member : "Anyone who is	Child's First Name	МІ	Child's Last Name		Student? Yes No	Name of School/Center	Grade Head Foster Migrant, Start Child Runawa
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							Creek all that above the second secon
participate in Headstart programs are eligible for free meals. Read How to							
Apply for Free and Reduced Price School Meals for more information.							
		onthur					
STEP 2 Do any F	Household Members (including you) curr	entiy p	participate in one or more of the fo	ollowing eligible assista	ince programs:	SNAP, TANF, OF FDPIR?	If NO > <u>Go to STEP 3</u>
a. Do any Household Member eligible assistance progra	ers currently participate in one of the following ams? Check all that apply.	SNAF	P TANF-FEP DFDP	assistance pro	mber of the selected ogram in this space.		
				· ·	Medicaid number.		
STEP 3 Report I	ncome for ALL Household Members (Sk	ip this	step if you answered 'Yes' to S	TEP 2)		How often?	
	A. Child Income Sometimes children in the household earn or	receive	income. Please include the TOTAL inco	ome received by all	Child(rei	n) income Weekly Bi-Weekly 2x Mon	th Monthly
Are you unsure what	Household Members listed in STEP 1 here.				\$	0 0 0	0
income to include here? Flip the page and review	B. All Adult Household Members (inc List all Household Members not listed in STE			eive income. For each House	hold Member lister	d, if they do receive income, repo	rt total gross income (before
the charts titled "Sources of Income" for more	taxes) for each source in whole dollars (no c to report.			any source, write '0'. If you e	nter '0' or leave an	y fields blank, you are certifying (promising) that there is no income
information. The "Sources of Income	Name of Adult Household Members (First and Last)	Ea	arnings from Work Weekly Bi-Weekly 2x Month	Monthly Public Assistance Child Support/Alia	e/	Pensions/	Retirement/
for Children" chart will help you with the Child		\$	000	\$	00	\$	0 0 0 0
Income section.		\$	0 0 0	\$	0 0	\$	0 0 0 0
The "Sources of Income for Adults" chart will help you with the All Adult		\$	000	\$	0 0	\$	0 0 0 0
Household Members section.		\$		\$	0 0	○ ○ \$	
		\$		\$		• • • • • • • • • • • • • • • • • • •	
	Total Household Members		Last Four Digits of S	Social Security Number (SSN)	of yr yr		
	(Children and Adults)			er or Other Adult Household N		XXX	Check if no SSN
STEP 4 Contact i	information and adult signature.						
I certify (promise) that all informa	ation on this application is true and that all income is report		-	ection with the receipt of Federal	funds, and that progra	m officials may verify (check) the infor	mation. I am aware that if I purposely
give false information, my childrer	n may lose meal benefits, and I may be prosecuted under	r applicat	ble State and Federal laws."				
Street Address (if available)	Apt #		City	State Zip	C	Daytime Phone and Email (option	al)
Printed name of adult signing	g the form		Signature of adult		T	oday's date	

INSTRUCTIONS Sources of Income

Sources of Inc	come for Children	Sources of Income for Adults			
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	 Salary, wages, cash bonuses Net income from 	 Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	
 Social Security Disability Payments Survivor's Benefits 	 A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 	self- employment (farm or business)			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay,			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing			

OPTIONAL Children's Racial and Ethnic Identities

Do not fill out For Official Use Only

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.

Ethnicity (check one): 🗌 Hispanic or Latino 🗌 Not Hispanic or Latino	
Race (check one or more): 🔲 American Indian or Alaskan Native 🗌 Asian	Black or African American 🗌 Native Hawaiian or Other Pacific Islander 🗌 White

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. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Annual Income Conversion: Weekly	x 52, Every 2 Week	s x 26, Twice a Month	x 24, Monthly x 12		Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month	Household size	e Categorical	Eligibility	Free Reduced Paid/Denied	
Determining Official's Signature	Date	Confirming Offic	ial's Signature	Date	Verifying Official's Signature	Date