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

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.	Child's First Name	MI		's Last		ore of t	the following	lowing	eligik	le assist	tance		No I			ool/Ce		Grade	Check all that apply	Head Start	Foster Child	Homeless, Migrant, Runaway
Do any Household Membe eligible assistance progran	rs currently participate in one of the following ns? Check all that apply.	SNAP		TAN	IF-FEP		FDPIR		as	nter case no ssistance pro o not put in	rogram	in this sp	ace.									
Are you unsure what income to include here?  Flip the page and 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.	A. Child Income Sometimes children in the household earn or r Household Members listed in STEP 1 here.  B. All Adult Household Members (incl List all Household Members not listed in STEF taxes) for each source in whole dollars (no ce to report.  Name of Adult Household Members (First and Last)	receive uding 1 (incl ents) or	income.  yourse	Please i elf) ourself) e by do not	even if the	e TOTA	L incon receive rom any en?	ne recei e incom y source	e. For e e, write Pu	each Hous	enter '(	\$ Member D' or leav		if they of ields bl	ank, you	Bi-Week  Die incom  Jare cer		t total grooromising)		ere is r	o incor	nne Inthi Monthly
Total Household Members (Children and Adults)  Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member  X X X X  Check if no SSN									N 🗌													
"I certify (promise) that all informat	ion on this application is true and that all income is report may lose meal benefits, and I may be prosecuted under  Apt #	applicab		nd Federa	al laws."	s given in		state	the rece	ipt of Federa	al funds	, and that	Day		hone an		) the inform		ı aware	that if I p	ourposel	y

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

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			Eligibility				
How often?									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 Officia				's Signature Date			rifying	Officia	al's Signature	Date	