Apply online at:

## **2021-2022 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 List ALL I	Household Members who are infants, o	hildren, and st	udents up to and inclu	ding grade 12 (	if more space	es are require	ed for additiona	l names, attach ar	nother sheet of paper)	
Definition of <b>Household Member</b> : "Anyone who is	Child's First Name	MI Child's	s Last Name			Student? Yes No	Name of Schoo	I/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</b> care and children who meet										
									Aldge D D	
the definition of <b>Homeless</b> , <b>Migrant</b> , <b>Runaway or</b>									la l	
participate in Headstart programs are eligible for free meals. Read How to									Check &	
Apply for Free and Reduced Price School										
Meals for more information.										
STEP 2 Do any Ho	ousehold Members (including you) curr	ently participat	e in one or more of the f	following eligib	le assistance	programs: S	SNAP, TANF, or F	DPIR?	If NO > Go to STEP 3	
Do any Household Members eligible assistance program	s currently participate in one of the following as? Check all that apply.	SNAP	TANF-FEP FDI	PIR as	nter case number of sistance program o not put in Medica	in this space.				
STEP 3 Report Inc	come for ALL Household Members (Sk	ip this step if y	ou answered 'Yes' to S	STEP 2)						
	A. Child Income					Obild(non)	: Mackly [	How often?		
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. P	ease include the TOTAL inc	come received by a	all	Child(ren)	income Weekly E	Bi-Weekly 2x Month Monthly		
Are you unsure what income to include here?	B. All Adult Household Members (inc	ludina voursel	f)			Ψ		0 0 0		
Flip the page and review the charts titled "Sources	List all Household Members on tlisted 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.	, , ,	How often?	Pul	blic Assistance/	•	often?	Pensions/Retirement/	How often?	
The "Sources of Income	Name of Adult Household Members (First and Last)	Earnings from \	Weekly Bi-Weekly 2x Mont		ild Support/Alimony	Weekly Bi-Weekly	2x Month Monthly	All Other Income	Weekly Bi-Weekly 2x Month Monthly	
for Children" chart will help you with the Child Income section.		\$		\$		0 0	0 0	\$	0 0 0 0	
The "Sources of Income		\$	0 0 0	\$		0 0	0 0	\$	0 0 0 0	
for Adults" chart will help you with the All Adult Household Members		\$	000	\$		0 0	0 0	\$	0 0 0 0	
section.		\$	0 0 0	\$		0 0	0 0	\$	0 0 0 0	
		\$	0 0 0	\$		0 0	0 0	\$	0 0 0 0	
	Total Household Members (Children and Adults)		Last Four Digits of Primary Wage Earn			er XX	XXX		Check if no SSN	
STEP 4 Contact in	formation and adult signature.									
	on on this application is true and that all income is repor	rted. I understand tha	t this information is given in conr	nection with the receip	ot of Federal funds,	and that program	n officials may verify (c	heck) the information. I ar	n aware that if I purposely	
give false information, my children r	may lose meal benefits, and I may be prosecuted under	applicable State and	l Federal laws."							
Street Address (if available) Apt #		City	City		Zip	Da	aytime Phone and E	mail (ontional)		
(ii available)	Apt #			State	<b>∸</b> '∀	- Da	.,o r none and L	(optional)		
Printed name of adult signing t	ho form	Signaturo	of adult				ndavis date			

Date

Determining Official's Signature

Sources of In	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	Social Security (including railroad retirement and black lung			
<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>	self- employment (farm or business)	- Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments	benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest			
-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,	Child support payments     Veteran's benefits     Strike benefits				
-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		- Rental income - Regular cash payments from outside household			
OPTIONAL Children's Racial and Ethr	nic Identities						
The Richard B. Russell National School Lunch Act have to give the information, but if you do not, we can You must include the last four digits of the social security application. The last four digits of the social security foster child or you list a Supplemental Nutrition Ass Needy Families (TANF-FEP) Program or Food (FDPIR) case number or other FDPIR identifier for your member signing the application does not have a so determine if your child is eligible for free or reduced-the lunch and breakfast programs. We MAY share nutrition programs to help them evaluate, fund, or deterviews, and law enforcement officials to help them local in accordance with Federal civil rights law and U regulations and policies, the USDA, its Agencies, official administering USDA programs are prohibited from discidisability, age, or reprisal or retaliation for prior civil righted by USDA.	requires the information on this application. You do not not approve your child for free or reduced price meals. It you must require the adult household member who signs the number is not required when you apply on behalf of a sistance Program (SNAP), Temporary Assistance for Distribution Program on Indian Reservations our child or when you indicate that the adult household cial security number. We will use your information to wrice meals, and for administration and enforcement of your eligibility information with education, health, and emine benefits for their programs, auditors for program ok into violations of program rules.  S. Department of Agriculture (USDA) civil rights es, and employees, and institutions participating in or criminating based on race, color, national origin, sex,	large print, audiotape, American S applied for benefits. Individuals w through the Federal Relay Servavailable in languages other than E To file a program complaint of dis (AD-3027) found online at:					

Confirming Official's Signature

Date

Verifying Official's Signature

Date