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	Household Members who are infants, child	ren, and students up to and including gra	ide 12 (if more spaces are rec	quired for additional names, attach ar	nother sheet of paper)			
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 M	I Child's Last Name	Student? Yes No		Head Foster Child Runaway  Add The start Child Runaway			
STEP 2 Do any h	lousehold Members (including you) currently	participate in one or more of the followin	g eligible assistance program	s: SNAP, TANF, or FDPIR?	If NO > Go to STEP 3			
a. Do any Household Members currently participate in one of the following eligible assistance programs? Check all that apply.  SNAP  TANF-FEP  FDPIR  b. Enter case number of the selected assistance program in this space.  Do not put in Medicaid number.								
STEP 3 Report I	ncome for ALL Household Members (Skip th	is step if you answered 'Yes' to STEP 2)						
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 receil Household Members listed in STEP 1 here.  B. All Adult Household Members (including List all Household Members not listed in STEP 1 (including taxes) for each source in whole dollars (no cents) to report.  Name of Adult Household Members (First and Last)	ng yourself) ncluding yourself) even if they do not receive incomposition. If they do not receive income from any source How often?  Earnings from Work  Weekly Bi-Weekly 2x Month Monthly	me. For each Household Member lisce, write '0'. If you enter '0' or leave	any fields blank, you are certifying (promising How often?  Pensions/Retirement/	that there is no income			
	Total Household Members (Children and Adults)	Last Four Digits of Social Se Primary Wage Earner or Oth		$X \mid X \mid$	Check if no SSN			
	information and adult signature. tion 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 pro	ogram officials may verify (check) the information. La	m aware that if I purposely			
	n may lose meal benefits, and I may be prosecuted under appli		The state of the pro-	, , , , , , , , , , , , , , , , , , , ,	F2, F350,			
Street Address (if available)	Apt#	City State	Zip	Daytime Phone and Email (optional)				
Printed name of adult signing	the form	Signature of adult		Today's date				

Sources of Income 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 self- employment (farm or business)	- 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	
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and				
-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 Ethni	ic Identities				
The Richard B. Russell National School Lunch Act in have to give the information, but if you do not, we canned You must include the last four digits of the social security application. The last four digits of the social security in foster child or you list a Supplemental Nutrition Assi Needy Families (TANF-FEP) Program or Food (FDPIR) case number or other FDPIR identifier for you member signing the application does not have a social determine if your child is eligible for free or reduced-programs in the programs. We MAY share you nutrition programs to help them evaluate, fund, or deter reviews, and law enforcement officials to help them look in accordance with Federal civil rights law and U.S. regulations and policies, the USDA, its Agencies, offices administering USDA programs are prohibited from discredisability, age, or reprisal or retailation for prior civil rights.	not approve your child for free or reduced price meals. In your price adult household member who signs the number is not required when you apply on behalf of a istance Program (SNAP), Temporary Assistance for Distribution Program on Indian Reservations are child or when you indicate that the adult household ital security number. We will use your information to rice meals, and for administration and enforcement of our eligibility information with education, health, and mine benefits for their programs, auditors for program k into violations of program rules.  S. Department of Agriculture (USDA) civil rights s, and employees, and institutions participating in or riminating based on race, color, national origin, sex,	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: <a href="https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint">https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint</a> , 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.			
Do not fill out  For Official Use Only		This institution is an equal opport	27000		
	ivery 2 Weeks x 26, Twice a Month x 24, Mor	nthly x 12	Fligibility		
Total Income Weekly	How often?  Bi-Weekly 2x Month Monthly Household size	tegorical Eligibility	Eligibility:  Free Reduced Paid/Denied	Error Prone (Schools Only)	
Determining Official's Signature	Date Confirming Official's Signa	ture Date	Verifying Official's Sign	nature Date	