Apply online at:

2020-2021 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 Child's First Name	MI	Child's Last Name	Yes No		Head Start Child Migrant, Runaway Add to be			
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.								
Are you unsure what income to include here? Flip the page and review Household Members listed in STEP B. All Adult Household Memb List all Household Members not liste	d earn or receiv 1 here. ers (includin d in STEP 1 (in ars (no cents)	ve income. Please include the TOTAL income receive in a gyourself) noluding yourself) even if they do not receive income. only. If they do not receive income from any source, How often? Earnings from Work Weekly Bi-Weekly 2x Month Monthly OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	\$ For each Household Member listed, if the	ey do receive income, report total gross is blank, you are certifying (promising) that? Pensions/Retirement/				
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 Check if no SSN								
STEP 4 Contact information and adult signature. "I certify (promise) that all information on this application is true and that all incogive false information, my children may lose meal benefits, and I may be prosected. Street Address (if available) Apt # Printed name of adult signing the form	·	·		e Phone and Email (optional)	vare that if I purposely			

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				
Social SecurityDisability PaymentsSurvivor'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 				
-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	 Alimony payments Child support payments Veteran's benefits Strike benefits 	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

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	nation is important and helps to make sure we are fully serving our community. or reduced price meals.
Ethnicity (check one		ack or African American
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 four 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 saild 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. In 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	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.
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	