Utah CACFP Enrollment Form/ Free and Reduced-Price Income Application

Complete one application per household. In order to count as enrollment record, Steps 1 & 4 must be completed.

Enrollment Date:

STEP 1 List ALL	Household Members who are infants, ch	ildren,	and s	tudent	s up to	and in	cluding g	rade 12	2 (if more s	paces a	e requi	ired f	or add	litiona	name	es, att	ach a	nothe	r shee	t of p	aper)	
Definition of Household	Child's Last Name, First Name					Date	of Birth	No	ormal Days	and Ho	urs in C	Care (include	ALL h	ours th	e chile	d migh	t be in	care)	Head Start	Foster Child	Homeless Migrant, Runaway
Member: "Anyone who is living with you and shares income and expenses, even								Ar	rival Time	Leave	Time	M	Т	W	Т	F	S	S] Γ			
if not related." Children in State Foster care and children who meet																			apply			
the definition of Homeless, Migrant, Runaway or participate in Headstart																			all that			
programs are eligible for free meals. Read How to																			Check			
Apply for Free and Reduced Price School Meals for more information.																			1			
STEP 2 Do any H	lousehold Members (including you) curr	ently p	articir	oate in	one or	more o	f the follo	wina e	eligible ass	istance	orogran	ns:							If N	O > Go	to ST	EP 3
A. This box indicates which pro	ogram applicant is enrolled in. B. Do an	y Housel	nold Me	mbers c	ırrently pa		in one of the	<u> </u>	<u> </u>				e numb	er of the	selecte	d assis	stance p	rogram		' <u>'</u>		
	assisti	ance pro	grams?	(circle o	nly one)																	
STEP 3 Report In	ncome for ALL Household Members (SI	kip this	step	if you	answer	ed 'Ye	s' to STE	P 2)														
	A. Child Income										Chil	ld(ren) i	ncome	Wee		ow often		onthly				
Are you unsure what	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive	income	e. Please	include	the TO	TAL income	receive	ed by all		\$	id(i Cii) i	ricome) () () (
income to include here? Flip the page and review the charts titled "Sources	B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (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. Name of Adult Household Members (First and Last)					How often? Public Assistance				ance/	How often?				Pensions/Retirement/					How often? Weekly Bi-Weekly 2x Month Monthly		
The "Sources of Income for Children" chart will	Name of Addit Household Weithbers (First and East)	\$			Weekly	O	O (_	\$		O	O	O	O	\$				O	O DI-VVeer	O ZX WIGH	O
help you with the Child Income section.		\$			0	0	0 (\$		0	0	0	0	\$	s 🗔				0	0	
The "Sources of Income for Adults" chart will help you with the All Adult		\$			0	0	0 (\$		0	0	0	0	\$;			0	0	0	0
Household Members section.		\$			0	0	0 (\$		0	0	0	0	\$	3			0	0	0	0
		\$			0	0	0 (\$		0	0	0	0	\$	3			0	0	0	0
	Total Household Members (Children and Adults)								ty Number (S dult Househo		X	X	X	XX					Che	ck if n	io SS	N 🗌
STEP 4 Contact in	nformation and adult signature																					
	ion on this application is true and that all income is report may lose meal benefits, and I may be prosecuted under					on is giver	n in connection	n with the	e receipt of Fed	leral funds,	and that p	orogram	officials	s may ve	rify (chec	ck) the i	informat	ion. I an	n aware	that if I p	ourposely	1
give raise information, my children	may lose mear benefits, and i may be prosecuted under	арріісаві	ie State	and rede	iai iaws.																	
Street Address (if available)	Apt#		City				S	tate	Zip			Day	ytime P	hone a	nd Ema	il (opti	ional)					
	the form		Cianat	ure of ac								To	day's d	ato								

Sources of Inc	come 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

50	ources of Income for Ad	duits
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) 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	- 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 - Regular cash payments from outside household

OPTIONAL	Children's Racial and Ethnic Identities	
Responding to t	this section is optional and does not affect your children's eligibility for free one): Hispanic or Latino Not Hispanic or Latino	nation is important and helps to make sure we are fully serving our community. or reduced price meals. lack or African 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 breal nutrition programs to reviews, and law ent In accordance with regulations and polic administering USDA	seell National School Lunch Act requires the information on this application. You do not ormation, 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 ide seligible 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 cles, 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	out For Official Use Only	

Annual Income Conversion: Weekly x 5	52, Ev	ery 2	Weeks	x 26,	Twice a Month x 24, Monthly x 12					
•		How		Eligibilit	y:					
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household size	Free	Reduced	Paid/Denied		
	0	0	0	0	Categorical Eligibility	0	0	0	Error Prone (School	ls Only)
Determining Official's Signature		Date		(Confirming Official's Signature Date	Ve	erifying	Officia	l's Signature	Date