Apply online at:

2022-2023 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, o	children, and students up	o to and including grade 12	2 (if more spaces are req	uired for additional names,	attach another sheet of paper)			
Definition of Household Member : "Anyone who is	Child's First Name	MI Child's Last Nan	ne	Student? Yes No	Name of School/Center	Grade Head Foster Migrant, Start Child Runaway			
living with you and shares income and expenses, even if not related."									
Children in State Foster care and children who meet						at apply			
the definition of Homeless, Migrant, Runaway or participate in Headstart						K all that			
programs are eligible for free meals. Read How to Apply for Free and									
Reduced Price School Meals for more information.									
STEP 2 Do any H	ousehold Members (including you) curr	ently participate in one o	r more of the following elig	ible assistance programs	s: SNAP, TANF, or FDPIR?	If NO > Go to STEP 3			
Do any Household Membe eligible assistance prograr	rs currently participate in one of the following	SNAP TANF-FE		Enter case number of the selecte assistance program in this space					
				Do not put in Medicaid number.					
STEP 3 Report In	ncome for ALL Household Members (Sk	ip this step if you answe	ered 'Yes' to STEP 2)		How often?				
	A. Child Income Sometimes children in the household earn or r	receive income. Please include	the TOTAL income received by	all Child(ren) income Weekly Bi-Weekly 2x Mo				
Are you unsure what income to include here?	Household Members listed in STEP 1 here.		,	\$	0 0 0				
Flip the page and review the charts titled "Sources of Income" for more	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 to report. How often? How often? How often?								
information.	Name of Adult Household Members (First and Last)	Earnings from Work Week		Public Assistance/ Child Support/Alimony Weekly Bi-We	Pensions	s/Retirement/ How often? r Income Weekly Bi-Weekly 2x Month Monthly			
The "Sources of Income for Children" chart will help you with the Child		\$	\$	0 0	\$	0 0 0 0			
Income section. The "Sources of Income		\$) O O S	0 (\$	0 0 0 0			
for Adults" chart will help you with the All Adult		\$) O O S	0 0	\$	0 0 0 0			
Household Members section.		\$	\$	0 (\$	0 0 0 0			
		\$	\$	0 (\$	0 0 0 0			
	Total Household Members (Children and Adults)		st Four Digits of Social Security Nimary Wage Earner or Other Adul		XXXX	Check if no SSN			
STEP 4 Contact in	nformation and adult signature.								
	tion on this application is true and that all income is report		-	eipt of Federal funds, and that pro	gram officials may verify (check) the info	ormation. I am aware that if I purposely			
give false information, my children	may lose meal benefits, and I may be prosecuted under	r applicable State and Federal laws	5."						
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (option	nal)			
Printed name of adult signing	the form	Signature of adult			Today's date				

Sources of Inc	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	- Unemployment benefits - Worker's compensation	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from		
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 	or business)	Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments			
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, FSSA, or privatized housing	- Child support payments Veteran's benefits - Strike benefits	trustš or estates - Annuities - Investment income - Earned interest		
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	allowances) - Allowances for off-base housing, food and clothing		- Rental income - Regular cash payments from outside household		

OPTIONAL	Children's Racial and Ethnic Identities						
	to ask for information about your children's race and ethnicity. nis section is optional and does not affect your children's eligibil			elps to make sure we	are fully serving our c	ommunity.	
Ethnicity (check o Race (check one	,		Black or African American	□ Native Hawaiia	an or Other Pacific Isla	nder 🔲 V	White
to give the information include the last four of light a social security numprice meals, and for eligibility information benefits for their proviolations of programs in accordance with find policies, this insecution in the last form of the last	sell National School Lunch Act requires the information on this application. You do in, but if you do not, we cannot approve your child for free or reduced price meals. You do in, but if you do not, we cannot approve your child for free or reduced price meals. You do it is a social security number of the adult household member who signs the application of the social security number is not required when you apply on behalf of a foster child hutrition Assistance Program (SNAP), Temporary Assistance for Needy Families Food Distribution Program on Indian Reservations (FDPIR) case number or other of or when you indicate that the adult household member signing the application does wher. We will use your information to determine if your child is eligible for free or administration and enforcement of the lunch and breakfast programs. We MAY she with education, health, and nutrition programs to help them evaluate, fund, or orgrams, auditors for program reviews, and law enforcement officials to help them rules. Indeed a civil rights law and U.S. Department of Agriculture (USDA) civil rights restitution is prohibited from discriminating on the basis of race, color, national or ntity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights may be made available in languages other than English. Persons with disabilities where communication to obtain program information (e.g., Braille, large print, audiotape, and other program information (e.g., Braille, large print, audiotape, and contact the responsible state or local agency that administers the program or 202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service.	You musi- polication of or you of or you of the control of the con	Discrimination Complaint For documents/USDA-OASCR%2 by calling (866) 632-9992, or name, address, telephone nudetail to inform the Assistant Siviolation. The completed AD-3 mail: U.S. Department of Agricultur Office of the Assistant Secret 1400 Independence Avenue D.C. 20250-9410; or fax: (833) 256-1665 or (20 email: program.intake@usdate.	orm which can be obtain OP-Complaint-Form-0508-00 by writing a letter addresse umber, and a written describecterary for Civil Rights (AS 027 form or letter must be sure etary for Civil Rights, SW Washington, 02) 690-7442; or a.gov.	ed online at: https://www.u 002-508-11-28-17Fax2Mail.pdf ed to USDA. The letter must iption of the alleged discrimin SCR) about the nature and dat	sda.gov/sites/de f, from any US contain the com natory action in	efault/files/ SDA office, mplainant's n sufficient
Do not fill out	For Official Use Only						

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12 How often? Eligibility:										
Total Income	Weekly Bi-W	eekly 2x Monti	Monthly	Household size			Free Reduced Paid/Denied			
	0 (0	0		Categorical Elig	ibility	0 0 0	Error Prone	(Schools Only)	
Determining Official's Signature	Date			Confirming Officia	ıl's Signature	Date	Verifying Official's	Signature	Date	