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 u	p 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 Nar	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 a pply			
the definition of Homeless, Migrant, Runaway or participate in Headstart						k all that			
programs are eligible for free meals. Read How to						d de d			
Apply for Free and Reduced Price School Meals for more information.									
STEP 2 Do any H	lousehold Members (including you) curi	ently participate in one o	or more of the following elig	ible assistance programs	s: SNAP, TANF, or FDPIR?	If NO > Go to STEP 3			
	ers currently participate in one of the following	SNAP TANF-FE	EP FDPIR b.	Enter case number of the selecte	ed				
eligible assistance progra	ms? Check all that apply.	J CIVAL TANF-FE		assistance program in this spac Do not put in Medicaid number.	Э.				
STEP 3 Report In	ncome for ALL Household Members (Sk	cip this step if you answe	ered 'Yes' to STEP 2)						
	A. Child Income			Child(ren) income Weekly Bi-Weekly 2x Mo				
Are you unsure what	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Please include	e the TOTAL income received by	аII \$	000	0			
income to include here?	B. All Adult Household Members (inc	,							
Flip the page and review the charts titled "Sources of Income" for more	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								
information.	to report. Name of Adult Household Members (First andLast)	Earnings from Work Weel		Public Assistance/ Child Support/Alimony Weekly Bi-We		S/Retirement/ How often?			
The "Sources of Income for Children" chart will help you with the Child		\$	\$	0 () () (s	0000			
Income section.		\$) O O O \$		S S S S S S S S S S S S S S S S S S S	0 0 0 0			
The "Sources of Income for Adults" chart will help you with the All Adult		\$) O O O \$	0 0	S S S S S S S S S S S S S S S S S S S	0000			
Household Members section.		\$) O O O \$) () () s	0000			
		\$) O O O \$		\$	0000			
	Total Household Members (Children and Adults)		ast Four Digits of Social Security N rimary Wage Earner or Other Adult		X X X X	Check if no SSN			
	(officient and Addits)		imary wage Earner or Other Additi	Thousehold Member 11 1					
	information and adult signature. tion on this application is true and that all income is repo	rtod Lunderstand that this informa	tion is given in connection with the re-	point of Fodoral funds, and that pro-	grow officials may varify (sheek) the infe	armation Lam aware that if Laurnecely			
	n may lose meal benefits, and I may be prosecuted unde		-	eipt of Federal lunds, and that proj	gram officials may verify (check) the inic	ormation. I am aware that it i purposely			
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		
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 	self- employment (farm or business)	 Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments 	retirement and black lun benefits) - Private pensions or disability benefits - Regular income from		
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 payment 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 eligib			elps to make sure we	are fully serving our co	mmunity.	
Ethnicity (check o Race (check one	,		Black or African American	☐ Native Hawaiia	an or Other Pacific Island	der 🗌 W	Vhite
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 n, but if you do not, we cannot approve your child for free or reduced price meals, digits of the social security number of the adult household member who signs the a f the social security number is not required when you apply on behalf of a foster chi Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Familie Food Distribution Program on Indian Reservations (FDPIR) case number or ott d or when you indicate that the adult household member signing the application does ther. We will use your information to determine if your child is eligible for free of administration and enforcement of the lunch and breakfast programs. We MAY s with education, health, and nutrition programs to help them evaluate, fund, or grams, auditors for program reviews, and law enforcement officials to help them rules. federal civil rights law and U.S. Department of Agriculture (USDA) civil rights in stitution is prohibited from discriminating on the basis of race, color, national of ntity and sexual orientation), disability, age, or reprisal or retaliation for prior civil righ may be made available in languages other than English. Persons with disabilities w communication to obtain program information (e.g., Braille, large print, audiotape, build contact the responsible state or local agency that administers the program of control of the program of the	You musi pplication ild or you is a (TANF-ner FDPIR s not have r reduced share you determine a look into egulations origin, sex ts activity, ho require American or USDA's	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 descr Secretary for Civil Rights (AS 0027 form or letter must be sure etary for Civil Rights, SW Washington, 02) 690-7442; or a.gov.	ant should complete a Form AD ned online at: https://www.usc.002-508-11-28-17Fax2Mail.pdf, ed to USDA. The letter must coription of the alleged discrimina SCR) about the nature and date ubmitted to USDA by:	la.gov/sites/def from any USD ntain the comp tory action in	fault/files/ DA office, plainant's 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-Wee	kly 2x Month	Monthly	Household size			Free Reduced Paid/Denied			
	0000				Categorical Eligibility		0 0 0	Error Prone (Schools Only)		
Determining Official's Signature	Date			Confirming Officia	ıl's Signature	Date	Verifying Official's	Signature	Date	