## **2023-2024 Utah Household Application for Free and Reduced Price Meals** Complete one application per household. Please use a pen (not a pencil).

Apply online at:

www.myschoolapps.com



STEP 1 List ALL	Household Members who are infants, ch	ildren,	and students	up to a	nd includ	ling grad	e 12 (if	space	is requ	ired for	more	names, a	ittach	anothe	r sheet	of pap	er)	Ē		83
Definition of <b>Household</b> Member: "Anyone who is	Child's First Name	МІ	Child's Last	Name						Studer Yes	nt? No	Name of	Scho	ol/Cent	ter G	Grade		Head Start	Foster	Homele Migran Runawa
living with you and shares income and expenses, even if not related." Children in <b>State Foster</b> care and children who meet																				
																	apply			
ne definition of Homeless, /ligrant, Runaway or																	all that			
participate in Headstart programs are eligible for ree meals. Read How to										$\square$							Check all that apply			
Apply for Free and Reduced Price School																				
Meals for more information.															L		JL			
	Household Members (including you) curre				ore of the	e followir	ng eligit	ole ass	sistance	e progra	ams:						lf NC	) > <u>G</u>	o to ST	<u>EP 3</u>
	ld Members currently participate <sub>SNA</sub> g assistance programs? (check	NP T	ANF-FEP FD		B. Enter					ted										
	not accepted (See FAQ #19)			i	assistan	ce progr	am in t	his sp	ace $\rightarrow$											
STEP 3 Report I	ncome for ALL Household Members (Sk	cip this	s step if you a	nswere	d 'Yes' to	STEP 2	)													
	A. Child Income													How o						
	Sometimes children in the household earn or	receive	income. Please	include th	ne TOTAL i	income rec	ceived by	all			hild incom	ne	Weekly	Bi-Weekly	2x Month	Monthly				
re you unsure what come to include here?	Household Members listed in STEP 1 here. B. All Adult Household Members (inc									\$			0	0	0	0				
lip the page and review ne charts titled "Sources f Income" for more nformation.		n STEP 1 (including yourself) even if they do not receipt			m any sou	eive income. For each Household Member listed, if they do receive income, report <b>tota</b> any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promi Public Assistance/ How often? Pensions/Retirem						omising)		ere is r		ıe				
The "Sources of Income	Name of Adult Household Members (First and Last)	Ea	Irnings from Work	Weekly	Bi-Weekly 2x Mo	onth Monthly	Ch	nild Suppo	ort/Alimony	Weekly	Bi-Weekly	2x Month M	onthly	All	Other Incor	me	Weekly	Bi-Wee	dy 2x Mon	th Month
or Children" chart will lelp you with the Child ncome section.		\$		0	0 0	) ()	\$			0	0	0 (	C	\$			0	0	0	0
The "Sources of Income		\$		0	0 0	$) \bigcirc$	\$			0	0	0 (	C	\$			0	0	0	0
for Adults" chart will help you with the All Adult Household Members		\$		0	0 0	$) \bigcirc$	\$			0	0	0 (	С	\$			0	0	0	0
ection.		\$		0	0 0	$) \bigcirc$	\$			0	0	0 (	С	\$			0	0	0	0
		\$		0	0 0	$)$ $\bigcirc$	\$			0	0	0 (	С	\$			0	0	0	0
	Total Household Members (Children and Adults)				our Digits o ry Wage Ear					er X		X X	X				Chec	ck if r	o SSI	N 🗌
					,					-										
	information and adult signature											<i>(</i> , ), )								
	ttion on this application is true and that all income is repor n may lose meal benefits, and I may be prosecuted under				is given in co		ui the rece	npt of ⊢e	euerai fund	s, and tha	i program	i officials ma	ay verity	(CRECK) th	ie informa	ilion. I am	aware	unat it i p	urposely	
treet Address (if available)	Apt #		City			State	;	Zip			Day	ytime Pho	ne and	Email (o	ptional)					
	. the form		Cimentum of a l	14							<b>-</b>	dan da dat								
rinted name of adult signing			Signature of adu	it.							100	day's date								

Sources of Inc	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	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> </ul>	- Social Security (including railroad			
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	- Net income from self- employment (farm or business) If you are in the U.S. Military:	Supplemental Security Income (SSI)     Cash assistance from State or local government     Alimony payments	retirement and black lung 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	- Basic pay and cash bonuses (do NOT include combat pay,	<ul> <li>Annony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	trusts or estates - Annuities - Investment income			
-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		- Earned interest - Rental income - Regular cash payments from outside household			

## **OPTIONAL** Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): 🗌 Hispanic or Latino 🗌 Not Hispanic or Latino	
Race (check one or more): 🔲 American Indian or Alaskan Native 🗌 Asian	Black or African American 🔲 Native Hawaiian or Other Pacific Islander 🗌 White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF-FEP) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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:

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	52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12 How often?	Eligibility:
Total Income	Weekly Bi-Weekly 2x Month Monthly Household size	Free Reduced Denied
	Categorical Eligibility	O     O     Error Prone (Schools Only)
Determining Official's Signature	Date Confirming Official's Signature Date	Verifying Official's Signature Date

mail: