## 2015-2016 Utah Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

SIEP 1 List ALL Household Members who are infants,	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)	re spaces are required for additional names, attach anot	her sheet of paper)
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School		Meals for more information.	1
Child's First Name MI Child's	Child's Last Name	Grade Name of School Yes No	? Foster Migrant, Child Runaway
STEP 2 Do any Household Members (including you) cu	Do any Household Members (including you) currently participate in one or more of the following assista	ssistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No	le one: Yes / No
If you answered NO > Complete STEP 3 If you answered YES > W	If you answered YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3)	3) Case Number:	
STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP	ikip this step if you answered 'Yes' to STEP 2)		
A. Child Income  Sometimes of income and the sources of income for Adults section will help you with the All Adult Household Members section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section. The Sources of Income for Adults section will help you with the All Adult Household Members section.	ome earned by all Household Members listed in STEP 1 here.  Child income	rices of Income for Adults section will help you with the All Adult Hou Pflen?  The Weekly B:-Weekly 2x Month Monthly  Weekly B:-Weekly 2x Month Monthly	sehold Members section.
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 from any source, write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.	ember listed, if they do	receive income, report total income for each source in whole dollars only. If they do not	only. If they do not
Name of Adult Household Member (First and Last) Earnings From Work	How often?   Public Assistance/   Weekly   Bi-Weekly   2x Month   Monthly   Child Support/Alimony	How Often?  How Often?  Hensions/Retirement/  Heakly Bi-Weekly Bi-	How Often? Weekly Bi-Weekly 2x Month Monthly
49	₩	₩	0 0
\$		0 0 \$	0 0
\$		0 0 \$	0 0
49		0 0 \$	0 0 0
Total Household Members  (Children and Adults)  Last Four Digits of Wage Earner or Otl	Last Four Digits of Social Security Number of Primary    X X X   X   X   X   X   X   X   X	Check if no Social Security Number	er
STEP 4 Contact information and adult signature			
'I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federa false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	ormation is given in connection with the receipt of Federa	I funds, and that school officials may verify (check) the information. I am aware that if I purposely give	that if I purposely give
A. A. A. B.			
Apt #	City State Zip	Daytime Phone and Email (optional)	
Printed name of adult completing the form	Signature of adult completing the form	Today's date	

Signature of adult completing the form

Today's date

## OPTIONAL

## Children's Racial and Ethnic Identities

section is optional and does not affect your children's eligibility for free or reduced price meals 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

Ethnicity (check one):  ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Race (check one or more):  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White
DO NOT FILL OUT THIS PART.	DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.
Annual Income Conversion: Weekly x 52, Eve	Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
Total Income: Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Month ☐ Converted Annual	verted Annual Household size:
Categorical Eligibility: Eligibility: Free Reduced Denied Error Prone	
Determining Official's Signature: Date:	
Date Withdrawn : Reason for denial or withdrawal:	
Confirming Official's Signature: Date:	
Verifying Official's Signature: Date:	

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) 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.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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