

Utah Household Application for Free and Reduced Price Meals

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

STEP 1 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)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in **State Foster care** and children who meet the definition of **Homeless, Migrant, Runaway or participate in Headstart programs** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Student?		Name of School/Center	Grade	Homeless, Migrant, Runaway		
			Yes	No			Head Start	Foster Child	Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following eligible assistance programs: If NO > [Go to STEP 3](#)

A. This box indicates which program applicant is enrolled in. B. Do any Household Members currently participate in one of the following eligible assistance programs? (circle only one) C. Enter case number of the selected assistance program in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child(ren) income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

➔
Total Household Members (Children and Adults)
Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

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 Federal funds, and that program officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult	Daytime Phone and Email (optional)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	Today's date		

Sunny Center Child Enrollment

Office Use Only
Child Number _____
Classroom _____

Parent/Guardians name _____ Phone Number _____

Address _____ City _____ ZIP _____

Work Organization _____ Business / Other Contact Phone _____

PLEASE PRINT CLEARLY (MUST BE COMPLETED BY THE PARENT/GUARDIAN)

Enrolled Childs Full Name (Nickname)	Birth Date	Gender	Times-Arrival & Departure	Usual Days in Care	Usual Meals Child will be served	*Ethnic Code of Child
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/PM to _____ AM/PM	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/PM to _____ AM/PM	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/PM to _____ AM/PM	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/PM to _____ AM/PM	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/PM to _____ AM/PM	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/PM to _____ AM/PM	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	

Infants: If child is under age 1 this section must be completed.

- Parent accepts the provider's formula (or parent will supply breast milk) and parent accepts the provider's food.
- Parent will supply the formula but accepts the provider's additional foods.
- Parent supplies all formula and food and refuses the providers food.

* OPTIONAL You do not have to fill this section out under Title IV of the Civil Rights Act. Please note the appropriate code.

AI = American Indian/Alaskan Native AS = Asian PA = Pacific Islander BL = Black, not Hispanic origin HI = Hispanic or Latino WH = White, not Hispanic origin

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Are the school age children on year-round school? YES NO If yes, year-round track (A-D, or Single) _____

School District and School that school age child(ren) attend _____

Does the child have any special dietary needs? YES NO

If so, please specify (attach a note from a medical authority describing the dietary need) _____

Does the provider need to accommodate for any disabilities that a child might have? YES NO

If yes, please explain (attach a note from a medical doctor describing the disability) _____

I certify that the information is true and correct in all respects. I understand that my child(ren) will receive meal(s) at no cost to me without regard to race, color, national origin, age, sex, or disability and that I will be contacted by Alliance for Children and/or representative to confirm the above enrollment information and attendance of my child(ren).

Parent (Guardian) Signature _____

Enrollment Date _____