Utah CACFP Enrollment Form/ Free and Reduced-Price Income Application

Complete one application per household. In order to count as enrollment record, Steps 1 & 4 must be completed.

Enrollment Date:

STEP 1 List ALL	Household Members who are infants, cl	nildren,	and :	student	s up to	and inc	cluding gra	ade 12 (if more	spaces a	re requi	red for	addit	tional	names	s, atta	ch an	other	sheet	of pa	per)	
Definition of Household	Child's Last Name, First Name					Date o	of Birth	Normal Da	ys and Ho	ours in C	are (inc	lude /	ALL ho	ours the	child	might l	be in c	care)	Head Start	Foster	Homeless Migrant, Runaway
Member: "Anyone who is living with you and shares income and expenses, even								Arrival Tir	ne Leav	e Time	M	Т	W	Т	F	S	S	Γ			
if not related." Children in State Foster care and children who meet																		apply			
the definition of Homeless, Migrant, Runaway or participate in Headstart																		all that			
programs are eligible for free meals. Read How to																		Check			
Apply for Free and Reduced Price School Meals for more information.																					
STEP 2 Do any H	lousehold Members (including you) cur	rently p	artici	pate in	one or	more of	f the follov	ving eligible a	ssistance	progran	ns:							If NC) > Go	to STE	P 3
A. This box indicates which pro	ogram applicant is enrolled in. B. Do ar	ny Housel	hold Me	embers cu	irrently pa			following eligible			er case n	umber	of the	selected	assista	ance pro	ogram i				
	assis	tance pro	grams	? (circle o	nly one)																
STEP 3 Report In	ncome for ALL Household Members (S	kip this	step	if you	answer	ed 'Yes	s' to STEP	2)													
	A. Child Income									Chile	d(ren) inco	me	Week		v often		othly				
Are you unsure what	Sometimes children in the household earn of Household Members listed in STEP 1 here.	receive	incom	e. Please	include	the TOT	TAL income i	received by all		\$	a(ren) inco				(J) 2X III)				
income to include here?	B. All Adult Household Members (inc				15 4	h		Fh			-11 :611						-1		(la		
Flip the page and review the charts titled "Sources of Income" for more	List all Household Members not listed in STE taxes) for each source in whole dollars (no to report.						e from any so	ource, write '0'. I	you enter '			ls bla							ere is no		е
information.	Name of Adult Household Members (First and Last)	Ea	rnings fr	om Work	Weekly		2x Month Monthl	Public As Child Su	sistance/ port/Alimony	Weekly Bi	-Weekly 2x		Monthly			s/Retirem r Income		Weekly		y 2x Month	h Monthly
The "Sources of Income for Children" chart will help you with the Child		\$			0	0	0 0	\$		0	0 ()	0	\$				0	0	0	0
Income section. The "Sources of Income		\$			0	0	0 0	\$		0	0 ()	0	\$				0	0	0	0
for Adults" chart will help you with the All Adult		\$			0	\circ	0 0	\$		0	0 (\sim	0	\$				0	0	0	0
Household Members section.																					0
		\$			0	0	0 0	\$		0	0 ()	0	\$				0			
		\$ \$			0	0	0 0	\$ \$		0	0 ()	0	\$ \$				0	0	0	0
	Total Household Members (Children and Adults)] ' <u> </u>) X	O O X	,				Chec	k if no	o SSN	O I 🗆
STEP 4 Contact in] ' <u> </u>						\$ Security Number) X	O	,				Chec	k if n	0 880	0
	(Children and Adults)	\$	derstan	d that this	Prim	nary Wago	e Earner or C	\$ Security Number Other Adult House	hold Membe					\$	t) the in	formation					
"I certify (promise) that all information	(Children and Adults)	\$ surted. I un			Prim	nary Wago	e Earner or C	\$ Security Number Other Adult House	hold Membe					\$	t) the in	formation					0
"I certify (promise) that all information, my children	(Children and Adults) Information and adult signature ion on this application is true and that all income is report may lose meal benefits, and I may be prosecuted under	\$ surred. I un	le State		Prim	nary Wago	e Earner or C	Security Number Other Adult House with the receipt of	hold Membe		rogram off	icials r	may veri	\$							1 🗆
"I certify (promise) that all information	(Children and Adults) Information and adult signature ion on this application is true and that all income is repo	\$ surred. I un			Prim	nary Wago	e Earner or C	\$ Security Number Other Adult House	hold Membe		rogram off	icials r	may veri	\$							1 🗆

Sources of Income for Children									
Sources of Child Income	Example(s)								
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages								
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 								
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money								
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust								

5	ources of Income for Ad	uits
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Regular cash payments from outside household

OPTIONAL	Children's Racial and Ethnic Identities	
Responding to t	this section is optional and does not affect your children's eligibility for free one): Hispanic or Latino Not Hispanic or Latino	nation is important and helps to make sure we are fully serving our community. or reduced price meals. lack or African American Native Hawaiian or Other Pacific Islander White
have to give the info You must include the application. The last foster child or you Needy Families ((FDPIR) case numb member signing the determine if your ch the lunch and breal nutrition programs to reviews, and law end In accordance with regulations and polic administering USDA disability, age, or ref funded by USDA.	seell National School Lunch Act requires the information on this application. You do not ormation, but if you do not, we cannot approve your child for free or reduced price meals. The last four digits of the social security number of the adult household member who signs the four digits of the social security number is not required when you apply on behalf of a list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for (TANF-FEP) Program or Food Distribution Program on Indian Reservations are or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to idlid is eligible for free or reduced price meals, and for administration and enforcement of kfast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for program forcement officials to help them look into violations of program rules. The Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights called the programs are prohibited from discriminating based on race, color, national origin, sex, prisal or retaliation for prior civil rights activity in any program or activity conducted or	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: mail: 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 5	52, Ε\	ery 2	Weeks	x 26,	Twice a Month x 24, Monthly x 12					
•		How	•		Eligibilit	y:				
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household size	Free	Reduced	Paid/Denied		
	0	0	0	0	Categorical Eligibility	0	0	0	Error Prone (School	ols Only)
Determining Official's Signature		Date			Confirming Official's Signature Date	Ve	erifying	Officia	l's Signature	Date