2017-2018 Utah Household Application for Free and Reduced Price Meals
 Apply online at : www.ccsdut

 Complete one application per household. Please use a pen (not a pencil). Mail completed form to: Cache County School District, 2063 North 1200 East, North Logan, UT 84341

nition of Household	Child's First Name	МІ	Child's Las	st Name					Stude Yes	ent? No	Name of S	School/Center	Grade)		Horr Foster Mig Child Rur
nber: "Anyone who is g with you and shares me and expenses, even														Γ		
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and children who meet definition of Homeless ,														all that apply		
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grams are eligible for meals. Read How to														Check		
y for Free and uced Price School s for more information.																
EP 2 Do any H	lousehold Members (including you) curre	ently p	articipate in	one or more	of the foll	owing eli	gible as	sistanc	e progr	rams: S	SNAP, TAN	F, or FDPIR?		lf N	O > <u>Go</u>	to STEP
is box indicates which pr			hold Members c grams? (circle o	urrently participat	e in one of tl	he following	eligible		C . [Enter ca	se number of	the selected assista	ance progra	m in this	space.	
. School/Child Care			ANF-FEP, FD	• •					Γ							
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P 3 Report li	ncome for ALL Household Members (Sk	cip this	s step if you	answered 'Y	es' to STI	EP 2)						How often	2			
	A. Child Income	a a a b or		n in aluda tha TC		in monthly d	by all		(Child(ren)	income	Weekly Bi-Weekly 2x Ma				
u unsure what	Sometimes children in the household earn or r Household Members listed in STEP 1 here.	receive	income. Pleas	e include the TC	I AL INCON	ne received	i by all		\$			000) 0			
e to include here?	B. All Adult Household Members (incl	luding	yourself)						•							
he page and review	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															
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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 Security Disability Payments Survivor'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 	- 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,	 Annony payments Child support payments Veteran's benefits Strike benefits 	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 of	r Latino			
Race (check one or mo	re): 🔲 American Indiar	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.

Annual Income Conversion: Weekly	· ·	ry 2 Weeks	s x 26,	Twice a Month x 24, N	Monthly x 12		Eligibility:		
Total Income	Weekly Bi	i-Weekly 2x Month	Monthly	Household size			Free Reduced Paid/Denied		
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