## **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 I	Household Members who are infants, ch	ildren, and students	s up to and including gr	ade 12 (if more s	oaces are requi	red for a	dditiona	I names	s, attach	anothe	r shee	t of pa	per)	
Definition of Household	Child's Last Name, First Name	Date of Birth	Date of Birth Normal Days and				Homeles: I Hours in Care (include ALL hours the child might be in care)							
Member: "Anyone who is living with you and shares income and expenses, even				Arrival Time	Leave Time	M	r w	Τ	FS	S S	] [	Start	Child	Runaway
if not related." Children in <b>State Foster</b>											apply			
care and children who meet the definition of Homeless, Migrant, Runaway or											that			
participate in Headstart programs are eligible for											Check all		<u> </u>	
free meals. Read How to Apply for Free and											5			
Reduced Price School Meals for more information.														
STEP 2 Do any H	ousehold Members (including you) curr	ently participate in o	one or more of the follow	wing eligible assi	stance program	ıs:					If NC	) > <u>Go</u>	to ST	<u>EP 3</u>
A. This box indicates which pro		y Household Members cu ance programs? (circle on	rrently participate in one of the	following eligible	C. Ent	er case nur	nber of the	e selected	assistance	e program	ו in this s	space.		
			. <b>,</b> ,											
STEP 3 Report In	come for ALL Household Members (Sk	kip this step if you a	answered 'Yes' to STEF	<b>2</b> )										
	A. Child Income								w often?					
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Please	include the TOTAL income	received by all	\$	d(ren) incom	e Wee	ekly Bi-Week	kly 2x Month	Monthly				
Are you unsure what income to include here?	B. All Adult Household Members (inc	ludina vourself)			Ψ				0	0				
Flip the page and review the charts titled "Sources	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													
of Income" for more information.	to report.	Earnings from Work	How often?	Public Assista	ince/	How often?		- 1	Pensions/Re All Other Inc	etirement/		How	often?	
The "Sources of Income for Children" chart will	Name of Adult Household Members (First and Last)	\$	Weekly Bi-Weekly 2x Month Month	) \$		Weekly 2x Mo		\$			Weekly			th Monthly
help you with the Child Income section.		\$		) \$				s s					0	
The "Sources of Income for Adults" chart will help													0	
you with the All Adult Household Members		\$		) \$				\$					0	
section.		\$		) \$				\$					0	
		\$		) \$	0	0 C	) ()	\$			$\bigcirc$	0	0	0
	Total Household Members (Children and Adults)		Last Four Digits of Social Primary Wage Earner or (			XX	XX				Chec	k if n	o SSI	N 🗌
			·											
	nformation and adult signature													
	ion on this application is true and that all income is repor may lose meal benefits, and I may be prosecuted under		-	n with the receipt of Fed	eral funds, and that p	rogram offic	als may ve	erity (check	the inform	nation. I ar	n aware ti	.hat if I pi	urposely	
Street Address (if available)	Apt #	City	St	zate Zip		Daytime	Phone a	and Email	(optional	)				
Drinted name of a dult air during	the form	Ciarature of all	.14			Today	date							
Printed name of adult signing t		Signature of ad	uit			Today'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.

## 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille,

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 Officia	al Use Only					
Annual Income Conversion: Weekly	x 52, Every 2 Weeks x How often?	26, Twice a Month x 24, N	Aonthly x 12	Eligibility:		
Total Income	Weekly Bi-Weekly 2x Month Mc	nthly Household size		Free Reduced Paid/Denied		
	0000		Categorical Eligibility	$\circ \circ \circ$	Error Prone	(Schools Only)
Determining Official's Signature	Date	Confirming Official's Sig	gnature Date	Verifying Official's	Signature	Date

mail: