

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, 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 Last Name, First Name	Date of Birth	Normal Days and Hours in Care (include ALL hours the child might be in care)							Head Start	Foster Child	Homeless, Migrant, Runaway	
		Arrival Time	Leave Time	M	T	W	T	F				S
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<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="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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and Adults) [][]
Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member [X][X][X][X] [][][][]
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."

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form		Signature of adult		Today's date	

