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

202	2-2023 F	10 u	sehol	$d A_{\parallel}$	ppi	lica	tion for	Free	and	Reduced	Price 3	School	Meals

pply online: www.uintah.net

STEP 1 List ALL I	Household Members who are infants, child	dren, and stude	ents up to and including grac	le 12 (if more spaces a	re required for additional nar	nes, attach another	r sheet of paper)
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information. STEP 2 Do any H	Child's First Name Output Ou	MI		ng assistance progran	ns: SNAP, TANF, or FDPIR? I	Grade Yes	Homeless Foster Migrant, Child Runawa
	Members currently participate in one of the follow programs? Circle all the apply.	wing SNA	AP TANF-FEP	FDPIR	Case Number:	Write and	huana aasa numbar in thia anasa
STEP 3 Report Inc	come for ALL Household Members (Skip this	s a bara i filia i a bara	vered (Ver'te STED 2)			write oni	ly one case number in this space
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 ret Household Members listed in STEP 1 here. B. All Adult Household Members (inclu List all Household Members not listed in STEP 1 for each source in whole dollars (no cents) only. Name of Adult Household Members (First and Last)	ding yourself) 1 (including yourse	elf) even if they do not receive inc eive income from any source, wri How often?	ome. For each Household	\$ O		
	Total Household Members (Children and Adults)	-	of Social Security Number (SSN) of rner or Other Adult Household Mem	ber X X X	X X C	Check if no SSN	
STEP 4 Contact in	nformation and adult signature. Mail Con	npleted Form 1	o: 223 S 100 W Vernal, UT 8	34078			
"I certify (promise) that all information on t I may be prosecuted under applicable Sta	this application is true and that all income is reported. I understand that te and Federal laws."	at this information is giver	n in connection with the receipt of Federal funds	s, and that school officials may verify	(check) the information. I am aware that if I purp	osely give false information, my	children may lose meal benefits, and
Street Address (if available)	Apt #	City	State	e Zip	Daytime Phone and Ema	il (optional)	
Printed name of adult signing the fo	orm	Signature of a	dult		Today's date		

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					

Sources of Income for Adults								
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)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits						
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	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 						

OPTIONAL Children's Racial and E	ithnic Identities						
Responding to this section is optional a Ethnicity (check one): Hispanic or	about your children's race and ethnicity. This nd does not affect your children's eligibility fo Latino Not Hispanic or Latino Indian or Alaskan Native Asian	•	meals.	os to make sure we are ful			White
to give the information, but if you do not, we cannot ap include the last four digits of the social security number of last four digits of the social security number is not request Supplemental Nutrition Assistance Program (SNAP), Torogram or Food Distribution Program on Indian Reseyour child or when you indicate that the adult househo security number. We will use your information to deter and for administration and enforcement of the lunch an information with education, health, and nutrition progratheir programs, auditors for program reviews, and law program rules. In accordance with Federal civil rights law and U.S. Depolicies, the USDA, its Agencies, offices, and employe	rvations (FDPIR) case number or other FDPIR identifier for dd member signing the application does not have a social mine if your child is eligible for free or reduced price meals, and breakfast programs. We MAY share your eligibility ims to help them evaluate, fund, or determine benefits for enforcement officials to help them look into violations of wartment of Agriculture (USDA) civil rights regulations and es, and institutions participating in or administering USDA ace, color, national origin, sex, disability, age, or reprisal or	print, audiotape, Ar benefits. Individuals Federal Relay Se languages other tha To file a program of 3027) found online a addressed to USDA complaint form, call mail: U.S. D Office 1400 Ir Washii fax: (202) 68	nerican Sign so who are deervice at (80 n English. complaint of control of the complaint of control of contro	stant Secretary for Civil Rights Avenue, SW 0250-9410	Agency (State or local) which disabilities may contact am information may be Program Discrimination Control, and at any USDA office, ested in the form. To reque	nere they a USDA thre made avenplaint Form or write a le	applied for rough the vailable in n, (AD- letter
Do not fill out For School Use Only		This institution is a	n equal oppor	tunity provider.			
Annual Income Conversion: Weekly x 5	2, Every 2 Weeks x 26, Twice a Month x 24 M	Monthly x 12		Eligibility:			

Annual Income Conversion: Weekly	x 52, Every 2 Weeks x 2	6, Twice a Month x 24 Monthly x 12		
·	How often?	•	Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Month	Household Size	Free Reduced Denied	
	0 0 0 0	Categorical Eligibility		
Determining Official's Signature	Date	Confirming Official's Signature Date	Verifying Official's Signature	Date