

# 2021-2022 Utah Household Application for Free and Reduced Price Meals

Bring in or mail completed form to:

Complete one application per household. Please use a pen (not a pencil). Mail completed form to:

George Washington Academy 2277 South 3000 East, St. George, UT 84790

## 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 First Name	MI	Child's Last Name	Student?		Name of School/Center	Grade	Homeless, Migrant, Runaway		
			Yes	No			Head Start	Foster Child	Migrant, Runaway
			<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"/>
			<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: SNAP, TANF, or FDIPIR? If NO > Go to STEP 3

a. Do any Household Members currently participate in one of the following eligible assistance programs? Check all that apply.  SNAP  TANF-FEP  FDIPIR

b. Enter case number of the selected assistance program in this space. Do not put in Medicaid number.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**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: \$   Weekly  Bi-Weekly  2x Month  Monthly

**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 style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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."

<input style="width: 250px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 200px;" type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>
Printed name of adult signing the form	Signature of adult			Today's date	

