

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. Children In School (Use a separate application for each foster child.)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp, FEP, or FDPIR case # (if any). Skip to part 5 if you list a Food Stamp, FEP or PDPIR case #.	Student ID

PART 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box
 Homeless Migrant Runaway

PART 3: Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____. Skip to PART 5.

PART 4. Total Household Gross Income—You must tell us how much and how often.

1. Name (List everyone in household.)	2. Gross Income and how often it was received Example: \$100/monthly \$100/twice monthly \$100/every other week \$100/weekly				3. Check if NO income.
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	

PART 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Sign here: X _____ Print Name: _____
 Address: _____ Phone Number: _____
 Social Security Number ____ - ____ - ____ I do not have a Social Security Number.

PART 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other	Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino
---	--

Don't fill out this part. This is for school use only.
 Annual Income Conversion: Weekly x 52, Every two Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household Size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason _____
 Temporary: Free ___ Reduced ___ Time Period _____ (expires after _____ days)
 Determining Official's Signature _____ Date _____ Error Prone
 Confirming Official's Signature _____ Date: _____ Follow-up Official's Signature _____ Date _____

SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, *unless you tell us not to***. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked NO, fill out the form below:

Signature of Parent/Guardian _____ Date _____

Printed Name _____

For more information,, you may call **1-877-KIDS-NOW**, (1-877-543-7669).

www.health.utah.gov/chip