**UTAH INCOME ELIGIBILITY FORM (FDCH):**

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

Provider Surname

**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.

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**STEP 2**
Do any Household Members (including you) currently participate in one or more of the following eligible assistance programs:

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)

1. SNAP, TANF-FEP, FDPIR

3. Family Day Care Home

**STEP 3**
Report Income for ALL Household Members. (Skip this step if you answered 'yes' in STFP?)

**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.

**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 Member (First and Last) Earnings from Work How often?

<table>
<thead>
<tr>
<th>Name</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>2x Monthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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<td></td>
</tr>
</tbody>
</table>

Public Assistance/Child Support/Alimony How often?

<table>
<thead>
<tr>
<th>Name</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>2x Monthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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</tbody>
</table>

Pension/Retirement/All Other Income How often?

<table>
<thead>
<tr>
<th>Name</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>2x Monthly</th>
<th>Monthly</th>
</tr>
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<td></td>
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</table>

Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earnings or Other Adult Household Member

**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 #

Cty State Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date