2022-2023 RI Prototype Household Application for Free and Reduced Price School Meals

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

Printed name of adult signing the form

STEP 1 List ALL I	Household Members who are infants, ch	ildren, a	nd student	s up to and i	including grad	e 12 (if m	ore spaces a	re required for additional na	mes, attach and	other sheet of p	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	MI		ast Name	of the following		School	ns: SNAP, TANF, or FDPIR?	Grade	Student? Yes No Output Outpu	Foster Migrar Runaw	nt,
	If NO > Go to STEP 3. If Y	ES > V	/rite a case	number here t	then go to STEF	4 <u>(</u> Do <u>not</u>	complete STE	Case Number:	Wri	te only one case n	umher in this sna	
STEP 3 Report Inc	come for ALL Household Members (Skip th	is step if	vou answe	red 'Yes' to S	STEP 2)				VVII	te only one case n	amber in this spar	
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn or Household Members listed in STEP 1 here. B. All Adult Household Members (inc List all Household Members not listed in STEI for each source in whole dollars (no cents) on	luding y	ourself) ling yourself)	even if they d	o not receive inco	ome. For ea	ach Household enter '0' or lea	\$ O	ving (promising) th	al gross income (tat there is no inco	,	
Flip the page and review the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnii	ngs from Work		ekly 2x Month Monthly		lic Assistance/ d Support/Alimony	Weekly Bi-Weekly 2x Month Monthly	Pensions/Retiren	nent/	/eekly 2x Month Mon	ıthly
information.		\$		0 0	0 0	\$		0 0 0 0	\$	0 (0 0 0)
The "Sources of Income for Children" chart will		\$		0 0	0 0	\$		0 0 0 0	\$	0	0 0 0)
help you with the Child Income section.		\$		0 0	0 0	\$		0 0 0 0	\$	0	0 0 0)
The "Sources of Income for Adults" chart will help you with the All Adult		\$		0 0	0 0	\$		0 0 0 0	\$	0) O C)
Household Members section.		\$		0 0	0 0	\$		0 0 0 0	\$	0 () O C)
STEP 4 Contact in	Total Household Members (Children and Adults)	Primar	y Wage Earne	er or Other Adul	Number (SSN) of t Household Mem O Mineral Spri		· // //		Check if no SSN			
	on on this application is true and that all income is repor			-	ven in connection w	ith the receip	ot of Federal fund	s, and that school officials may verify (cl	neck) the information.	I am aware that if I	purposely give	
raise information, my children may	lose meal benefits, and I may be prosecuted under appl	cable State	and Federal I	aws."								_
Street Address (if available)	Apt#	Ci	ty		Stat	e	Zip	Daytime Phone and I	Email (optional)			_

Today's date

Signature of adult

Total Income

Determining Official's Signature

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 Security Disability Payments Survivor'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			

Weekly Bi-Weekly 2x Month Monthly

Date

Household Size

Confirming Official's Signature

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) If you are in the U.S. Military:	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates 		
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	Alimony paymentsChild support paymentsVeteran's benefitsStrike benefits	- Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household		

Free Reduced Denied

Verifying Official's Signature

Date

OPTIONAL Children's Racial and Ethnic Identities					
We are required to ask for information about your children's race and ethnicity. This information is imposection is optional and does not affect your children's eligibility for free or reduced price meals.	portant and helps to make sure we are fully serving our community. Responding to this				
Ethnicity (check one): Race Hispanic or Latino Not Hispanic or Latino (check one or more): American Indian or Alaskan Native Asian Black	ack or African American Native Hawaiian or Other Pacific Islander White				
The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price neals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, solor, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g.,	local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture fax: (833) 256-1665 or (202) 690-7442; or Office of the Assistant Secretary for Civil Rights email: program.intake@usda.gov 1400 Independence Avenue, SW Washington, D.C. 20250-9410 This institution is an equal opportunity provider. Further, the Rhode Island Department of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion national origin or disability. To file a complaint of discrimination with the State of Rhode Island, write to the Rhode Island Department of Education, Office of Equali and Access. 255 Westminster Street, Providence RI 02903 or call (401) 222-8979.				
Braille, large print, audiotape, American Sign Language), should contact the responsible state or Do not fill out For School Use Only					
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly	ly x 12 Eligibility:				

Categorical Eligibility

Date