

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of all people living in your household (First, Middle Initial, Last). If you need additional space, please attach a separate piece of paper.	School the child attends, or indicate "NA" if household member is not in school	Grade	Check if a foster child (legal responsibility of welfare agency or court) If all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
			<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"/>

PART 2. BENEFITS

If **any** member of your household receives **SNAP or RI Works Benefits**, provide the name and case number for the person who receives benefits and **skip to part 5**. If no one receives these benefits, go to Part 3.

NAME: _____

CASE NUMBER: _____

PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **MRS. BRENDA PAQUIN, 401-767-4617**

HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME (Include all additional individual annual income on the same line as the person who receives it. Check the box for how often it is received. Record that if someone else has provided your income in Part 2, you do not have to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED												
	Salary or wages	Retirement pensions	Dividend income	Interest income	Other income	Other income	Other income	Other income	Other income	Other income	Other income	Other income	Other income
<i>(Example) Jane Smith</i>	\$1000	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$50	<input type="checkbox"/>	quarterly				
	\$	<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"/>	/				

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or write "none" if you do not have a Social Security Number. (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: _____ Print name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Cell Phone Number: _____
 Last four digits of Social Security Number (Write "None" if you do not have a Social Security Number): * * * - * * - _____

PART 6. CHILDREN'S ETHNICITY

Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

DO NOT FILE OUT THIS PART, THIS IS FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 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: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Privacy Act Statement: This explains how we will use the information you give us.

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 meals. 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 SNAP or RI Works Benefits case number 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.

Household size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each additional person:	\$7,067	\$589	\$136

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

In addition, Rhode Island does not discriminate on the basis of sexual orientation or religion. To file a complaint of discrimination in the food program on the basis of sexual orientation or religion, contact: RI Department of Education, Office of Personnel, 255 Westminster Street, Providence, RI 02903 or call (401) 222-8437.