## 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).

Apply online: www.myschoolapps.com//Home/DistrictRedirect/LINCOLN-RI?langid=1

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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 speet of pan

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Definition of <b>Household</b>	Child's First Name		MI	Child's	Last	Nam	e					<mark>Sch</mark>	ool									(	Grac	<mark>st</mark>	1	Stude Yes	lent? No		Foste Child		ant,
Member: "Anyone who is living with you and shares																						T			[			] [		] [	
income and expenses, even if not related."																						†		$\equiv$	Г	_	$\overline{\Box}$	apply	F	1 [	Ŧ
Children in <b>Foster care</b> and children who meet the	\										_											<u> </u>	$\equiv$	$\exists$		=	=	all that a		ו ר	=
definition of Homeless, Migrant or Runaway are											_												$\square$	_		<u></u>	$\sqsubseteq$	Check al	<u> </u>	J L	블
eligible for free meals. Read How to Apply for Free and																									L		Ш	၂	L	] [	
Reduced Price School Meals for more information.																														] [	
STEP 2 Do any H	ousehold Members (including you) curr	ently	parti	icipate ir	n one	or m	ore c	of the fo	llowin	na ass	sist	ance	e pro	ogra	ıms	: SN	AP.	TAN	IF. o	r FDF	PIR?										
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	If NO > Go to STEP 3. If Y	/ES >	Wı	rite a cas	e num	<mark>ber h</mark>	ere th	en go to	STEP	4 <u>(</u> Do	o <u>no</u>	t con	<u>nplet</u>	te S7	ΓEΡ	<u>3</u> )	L	Cas	se Nu	ımber	<u>:</u>				Write	only	one ca	ase nur	nber in	this sr	nace
STEP 3 Report Inc	ome for ALL Household Members (Skip t	his ste	ep if v	ou answ	vered	'Yes	' to ST	ΓΕΡ 2)																		,					
3121 3	(* T							<u> </u>														Hov	w ofte	en?							
	A. Child Income Sometimes children in the household earn or	receiv	ve inc	ome. Plea	ase inc	lude t	he TO	TAL inco	ome rec	ceived	l bv	all				(	Child in	ncome	е	W	/eekly	Bi-Week	kly 2x	Month	Monthly	у					
	Household Members listed in STEP 1 here.										- ,					\$					0	0	(	$\subset$	0						
Are you unsure what	B. All Adult Household Members (inc List all Household Members not listed in STE		-		olf) eve	n if th	ev do	not recei	ive inco	me F	or e	each l	Hous	sehol	d М	emb	er liste	ed if	thev	do rec	ceive	incon	me r	enort	total	aros	s incor	me (h	efore ta	axes)	
income to include here?	for each source in whole dollars (no cents) or						from a										fields		nk, yc									o incor		eport.	
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)		Earning	gs from Work	w	eekly		ly 2x Month	Monthly			blic As ild Sup			/	Weekly				h Month	nly			ions/Rei her Inco		nt/	Weekly	1	ekly 2x N		onthly
of Income" for more information.		\$				0	0	0	0	\$	\$					0		)	0	0	)	\$					0	C		) (	$\supset$
The "Sources of Income for Children" chart will		\$				0	0	0	0	\$	5					0		)	0	0	)	\$			Ť		0			) (	$\overline{C}$
help you with the Child Income section.		\$				$\cap$			$\bigcirc$	9		$^+$		$^{+}$				)	$\bigcirc$			\$			寸				) (	) (	$\overline{}$
The "Sources of Income		] '								]				<u> </u>											$\pm$	닠닎	$\stackrel{\circ}{=}$	=			$\stackrel{\sim}{\sim}$
for Adults" chart will help you with the All Adult Household Members		\$					0		0	\$	<b> </b>	+		$\frac{\perp}{}$							<u>'</u>	\$			$\dashv$	<u> </u>	$\stackrel{\bigcirc}{=}$	_			=
section.		\$				0	0	0	0	\$	<b>B</b>					0	(	)	0	0	)	\$		Ш	$\perp$	[	0		) (	) (	$\mathcal{L}$
	Total Household Members			ur Digits of Wage Ear			-			ho#		х	( )	X	Х	X						Checl	k if n	o SSN	v [	٦					
	(Children and Adults)	ri.	imary	waye car	ner or (	Julei	Adult	nouseno	ia wemi	<del>Der</del>		X   /	, ,													_					
STEP 4 Contact in	nformation and adult signature. Mail C	ompl	leted	Form T	o: Lin	coln	Pub	lic Sch	ools, l	Lunc	h P	rogr	ram,	<u>PO</u>	Во	x 36	7, Li	ncc	oln, F	RI 02	<u>865</u>										
	on on this application is true and that all income is repo ose meal benefits, and I may be prosecuted under app					mation	is give	en in conn	ection wi	ith the i	recei	ipt of I	Feder	al fun	ıds, a	nd th	at scho	ool of	ficials	may ve	rify (c	heck) t	the in	format	ion. I	am av	vare th	at if I p	urposel	y give	
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Street Address (if available)	Apt #		City	<mark>/</mark>					State	<del>)</del>		Zi	ip				1	Day	time I	Phone Phone	and	<mark>Email</mark>	l (opt	i <mark>onal</mark> )	<u> </u>						
Printed name of adult signing t	he form		Sig	nature of	adult													Tod	ay's o	late											

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	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>									
-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									

	Farnings from Work Public Assistance / Pensions / Retirement /											
Earnings from Work	Alimony / Child Support	All Other Income										
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local	<ul> <li>Social Security         <ul> <li>(including railroad</li> <li>retirement and black lung</li> <li>benefits)</li> </ul> </li> <li>Private pensions or disability benefits</li> </ul>										
f you are in the U.S. Military:  Basic pay and cash bonuses do NOT include combat pay, FSSA or privatized housing allowances)  Allowances for off-base housing, food and clothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>										

Date

OPTIONAL Children's Racial and Ethnic Identities	
We are required to ask for information about your children's race and ethnicity. This information section is optional and does not affect your children's eligibility for free or reduced price meals.	
Ethnicity (check one): Race Hispanic or Latino Not Hispanic or Latino (check one or more): American Indian or Alaskan Native Asian	Black 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 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 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, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.	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 400 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 Equality
disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or  Do not fill out  For School Use Only	and Access, 255 Westminster Street, Providence RI 02903 or call (401) 222-8979.
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 x 12

Allitual income Conversion. Week	KIY X 32, E	,	often?	5 X ZU,	I WICE a MOITHITA	. 24 MOHUITY X 12		Eligibilit	ty:		
Total Income	Weekl	Bi-Weekly	2x Month	Monthly	<b>Household Size</b>			Free	Reduced	Denied	
	С	0	0	0		Categorica	l Eligibility	0	0	0	
Determining Official's Signature		Date		c	Confirming Official's	s Signature	Date	Vei	rifying (	Official's	s Signature