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

STEP 1 List ALL I	Household Members who are infants, ch	ildren,	and	student	s up to	and in	cluding	g grade	12 (if	f moi	e spa	ces a	re req	uired 1	for ad	ldition	al na	ımes,	attach	n anot	thers	sheet	of pa	per)	
Definition of Household	Child's First Name	М	II C	child's L	ast Naı	me				Sc	hool							G	irade		Stud Yes	ent? No		Foster Child	
Member: "Anyone who is living with you and shares																							Γ		
income and expenses, even if not related."										Ť								ĪĪ		ן ו			apply		
Children in Foster care and children who meet the																					7		Check all that apply		
definition of Homeless, Migrant or Runaway are																				 - -		\exists	heck		
eligible for free meals. Read How to Apply for Free and Reduced Price School										<u> </u>										֓֞֜֞֜֜֞֜֜֜֜֜֜֜֓֓֓֓֓֓֜֜֜֜֜֜֜֓֓֓֓֓֓֜֜֜֜֜֜֜	_			H	
Meals for more information.] [l			L	Ш	
STEP 2 Do any H	ousehold Members (including you) curre	ently pa	artic	pate in	one or	more o	of the fo	ollowing	g assi	istan	ce pro	gram	ıs: SN	AP, T	ANF, d	or FDI	PIR?								
	If NO > Go to STEP 3. If Y	ES >	Write	e a case	number	here the	en ao ta	STEP 4	1 (Do i	not co	omplete	e STF	P 3)	С	ase N	lumbe	r:								
	## 10		VVIII	o a oase	Idilibei	nore an	on go to	OTE:	+ <u>1</u> DO <u>1</u>	1101 00	Jinpico	012	<u>.i U</u>)							Write	e only	one cas	se num	ber in t	this space.
STEP 3 Report Inc	come for ALL Household Members (Skip th	nis step	ifyo	u answe	red'Ye	s' to ST	EP 2)																		
	A. Child Income																		often?						
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive i	incon	ne. Pleas	e include	the TO	TAL inc	ome rece	eived b	oy all			\$	hild inco	ome	\	Weekly	Bi-Weekly	2x Monti	h Month	lly)				
Are you unsure what income to include here?	B. All Adult Household Members (inc List all Household Members not listed in STEI for each source in whole dollars (no cents) on	P 1 (inclu	uding	yourself)		e from a	ny sour							ields b	lank, y	ou are							incom	e to re	eport.
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Ean	rnings f	## How often? ### From Work Weekly Bi-Weekly 2x Month N						olic Assistance/ d Support/Alimony Weekly I			How often? Bi-Weekly 2x Month Monthly				Pensions/Retireme All Other Income		ent/	Weekly		often?	onth Monthly		
of Income" for more information.		\$			0	0	0	0	\$				0	0	0) ()	\$				0	0	С	0
The "Sources of Income for Children" chart will		\$			0	0	0	0	\$				0	0	0) (\$				0	0	С) ()
help you with the Child Income section.		\$				0	0	0	\$				0	0	0) (\$				0	0) ()
The "Sources of Income for Adults" chart will help		\$							\$			\Box						\$							
you with the All Adult Household Members		\$	+						\$									\$							
section.		Φ							φ									Ψ							
	Total Household Members (Children and Adults)			Digits of S age Earne					er	Х	х		x x					Check	if no S	SN [
STEP 4 Contact in	nformation and adult signature. Mail Co	omplet	ted F	orm To	Narra	ganset	t Scho	ol Svst	em. 2	25 Fii	fth Av	e. Na	rragar	sett.	RI 02	882									
"I certify (promise) that all informati	ion on this application is true and that all income is report lose meal benefits, and I may be prosecuted under appl	ted. Lund	ıdersta	nd that this	information												erify (d	heck) t	he inforn	nation. I	l am av	ware tha	at if I pu	rposely	give
Street Address (if available)	Apt#	(City					State			Zip			Di	aytime	Phone	and	Email	(optiona	al)					

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							

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)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits
If 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	Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OF HONAL Children's Racial and Ethnic Identities	
We are required to ask for information about your children's race and ethnicity. This information is section is optional and does not affect your children's eligibility for free or reduced price meals.	s important 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 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	Persons with disabilities who require alternative means of communication for program information (e.g. Braille large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.
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	To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
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.	mail: U.S. Department of Agriculture fax: (202) 690-7442; or
program reviews, and law emorecinest emotion to help them look into violations of program rules.	Office of the Assistant Secretary for Civil Rights email: program.intake@usda.gov
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations	1400 Independence Avenue, SW Washington, D. C. 20250-9410

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Do not fill out For School Use Only

Annual Income Conversion: Weekly x	•	Weeks	s x 26	, Twice a Month x 24 Monthly x 12	Eligibility:	
Total Income	Weekly Bi-Weekly	2x Month	Monthly	Household Size	Free Reduced Denied	
	0 0	0	0	Categorical Eligibility	0 0 0	
Determining Official's Signature	Date			Confirming Official's Signature Date	Verifying Official's Signature	Date