## **2022-2023 RI Household Application for Free and Reduced Price School Meals** Complete one application per household. Please use a pen (not a pencil).

https://cumberlandschools.org/meal-benefit-info/ Apply online

	Child's First Name	МІ	Child's La	ast Name			S	chool				Gr	ade	Stuc Yes	lent? No		Homele oster Migran Child Runaw
<b>mber</b> : "Anyone who is ng with you and shares																	
me and expenses, even t related."																apply	
ren in <b>Foster care</b> and ren who meet the																all that apply	
nition of <b>Homeless</b> , rant or <b>Runaway</b> are ble for free meals. Read																Check	
to Apply for Free and uced Price School																	
for more information.																LL	
EP 2 Do any I	Household Members (including you) curre	ently par	ticipate in c	one or mor	e of the fo	ollowing a	ssista	nce prog	rams: SN	AP, TA	NF, or FDPI	र?					
	If NO > Go to STEP 3. If YI	ES> V	Vrite a case r	umber here	e then go to	STEP 4 (	Do not	complete	STEP 3)	Ca	se Number:						
	-	-			5	-		•	,				V	Write only	one cas	e numbe	er in this spac
EP 3 Report In	ncome for ALL Household Members (Skip th	is step if	fyouanswer	ed 'Yes' to	o STEP 2)												
	A. Child Income									bild incom	20 Was	How o		Monthly			
	Sometimes children in the household earn or in Household Members listed in STEP 1 here.	receive in	icome. Please	include the	TOTAL inc	ome receiv	ed by al	I	\$	Child incon	ne Wee	kly Bi-Weekly	2x Month	Monthly			
	B. All Adult Household Members (incl	ludina v	ourself)						Ψ				$\bigcirc$				
ou unsure what ne to include here?	List all Household Members not listed in ST	EP 1 (ind	cluding yourse	,												,	
the page and review	taxes) for each source in whole dollars (no cer report.	nts) only.	If they do not	receive inco	ome from ar	ny source, N	rite '0'.	If you ente	r '0' or leav	/e any tio	eids blank, you	are certity	ing (pron	nising) tr	at there	is no ir	icome to
harts titled "Sources come" for more	Name of Adult Household Members (First and Last)	Eami	ngs from Work		How often? Weekly 2x Month	Monthly		c Assistance/ Support/Alimo	ny Weekly		often? 2x Month Monthly		nsions/Reti Other Incor		Weekly	How o Bi-Weekly	often? 2x Month Mont
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## INSTRUCTIONS Sources of Income

Sources of In	come for Children	Sources of Income for Adults						
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income				
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> </ul>	- Social Security (including railroad				
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<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>	- Net income from self- employment (farm or business) If you are in the U.S. Military:	Supplemental Security Income (SSI)     Cash assistance from State or local government	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from				
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul>	trusts or estates - Annuities - Investment income				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	<ul> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments</li> <li>from outside household</li> </ul>				

## **OPTIONAL** Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this 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	c 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 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.

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., Braille, large print, audiotape, American Sign Language), should contact the responsible state or

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 Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (833) 256-1665 or (202) 690-7442; or email : program.intake@usda.gov

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 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

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Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size			Reduced Denied			
	$\bigcirc$	0	0	0	Categorical Eligibil	lity 🗌	$\bigcirc$	0 0			
Determining Official's Signature	Da	ate		(	Confirming Official's Signature	Date	Ver	ifying Officia	al's Signature		Date
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