

## SUMMER FOOD SERVICE PROGRAM MEAL BENEFIT APPLICATION SUMMER 2012

Complete, sign and return this application to Boys & Girls Clubs of Newport County. Please read the instructions. If you need help completing this form, please call 401.847.6297.

1. Print **CHILD'S NAME** 2. Are you getting **FOOD STAMPS** or **FIP** benefits for your child? List the **CASE NUMBER**.  
NAME If yes and you list the case number(s), **DO NOT** complete Section 4 below.

**FOOD STAMP #** \_\_\_\_\_ **FIP #** \_\_\_\_\_

\_\_\_\_\_ Last                      First                      M.I.

3. **FOSTER CHILD:** List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ \_\_\_\_\_

4. **HOUSEHOLD MEMBERS AND MONTHLY INCOME:** If you gave any food stamp or FIP case number for this child, skip to Part 5.

| NAME OF HOUSEHOLD MEMBERS | Gross Monthly Earnings<br>(Before Deductions) |          | Monthly Welfare<br>Payments, Child<br>Support, Alimony | Monthly Payments<br>from Pension, Retirement,<br>Social Security | Any Other<br>Monthly<br>Income |
|---------------------------|---|----------|--|--|--------------------------------|
|                           | Job 1   | Job 2    |  |  |                                |
| _____                     | \$ _____                                      | \$ _____ | \$ _____   | \$ _____   | \$ _____                       |
| _____                     | \$ _____                                      | \$ _____ | \$ _____   | \$ _____   | \$ _____                       |
| _____                     | \$ _____                                      | \$ _____ | \$ _____   | \$ _____   | \$ _____                       |
| _____                     | \$ _____                                      | \$ _____ | \$ _____   | \$ _____   | \$ _____                       |
| _____                     | \$ _____                                      | \$ _____ | \$ _____   | \$ _____   | \$ _____                       |
| _____                     | \$ _____                                      | \$ _____ | \$ _____   | \$ _____   | \$ _____                       |

5. **SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds, that program officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.

X \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Signature of Adult Household Member \_\_\_ I do not have a Social Security Number

Home Telephone No. \_\_\_\_\_ Printed Name \_\_\_\_\_

6. **RACIAL/ETHNIC IDENTITY:** You are not required to answer these questions. If you choose to do so:  
Please mark one of the following ethnic identities:  Hispanic or Latino  Not Hispanic or Latino  
Please mark one or more of the following racial identities:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**\*PRIVACY ACT STATEMENT:** Unless your child's food stamp or FIP case number is provided, Section 9 of the National School Lunch Act requires that you include the social security number of the adult household member signing the application or indicate that the household member signing the form does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income by contacting a food stamp or welfare office to determine current certification for receipt of food stamps or FIP benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household members to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

**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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 800-795-3272 or 202-720-6382 (TTY). 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 Equity and Access, 255 Westminster Street, Providence, RI 02903 or call (401) 222-4600.

**FOR OFFICIAL USE ONLY** **DO NOT WRITE BELOW THIS LINE**

Food Stamp/FIP household categorically eligible:  Yes  No  
**MONTHLY INCOME CONVERSION WEEKLY 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2**

Household Size \_\_\_\_\_ Total Monthly Income \_\_\_\_\_ Eligible \_\_\_\_\_ NOT Eligible \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION INSTRUCTIONS**

To apply for free meals in the Summer Food Service Program, complete the application using the following instructions. If you need help, please call \_\_\_\_\_

**PART 1 - CHILD INFORMATION: ALL HOUSEHOLDS: COMPLETE THIS PART.**

- (1) Print the name of the child for whom you are applying.

**PART 2 - HOUSEHOLD GETTING FOOD STAMPS OR FIP: COMPLETE THIS PART AND PART 5.**

- (1) List a current food stamp or FIP case number for the child.
- (2) Sign the application in PART 5. An adult household member must sign. SKIP PART 4 - **Do Not** list names of household members or income if you list a food stamp or FIP case number for the child.

**PART 3 - HOUSEHOLDS WITH FOSTER CHILD(REN): COMPLETE THIS PART AND PART 5** - A foster child is the legal responsibility of a welfare agency or court.

- (1) List the foster child’s monthly “personal use” income. Write “0” if the foster child does not get “personal use” income. SKIP PART 4 - **Do Not** list any other children, household members or income.
- (2) A foster parent or other official representing the child must sign the application in PART 5.

“Personal Use” income is (a) money given by the welfare office identified by category for the child’s personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child’s full-time or part-time jobs.

**PART 4 - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 5.**

- (1) Write the names of everyone in your household, whether they get income or not. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of income each household member got last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person’s usual monthly income;
- (3) An adult household member must sign the application and give his/her social security number in PART 5.

To Figure Monthly Income:                      Weekly x 4.33      Every 2 Weeks x 2.15                      Twice a Month x 2

**PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART**

- (1) All applications must have the signature of an adult household member;
- (2) The application must have the social security number of the adult who signs. If the adult does not have a social security number, write “none” or something else to show that the adult does not have a social security number. If you listed a food stamp or FIP number for each child or if you are applying for a foster child, a social security number is not needed.

**PART 6 - RACIAL/ETHNIC IDENTITY:** Complete the racial/ethnic identity questions if you wish. You are not required to answer these questions to qualify for meal benefits. We need this information to make sure that everyone is treated fairly.

**INCOME TO REPORT**

**Earnings from Work**

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker’s Compensation
- Net income from self-owned Business or Farm

**Pensions/Retirement/Social Security**

- Pensions
- Supplemental Security Income
- Retirement Income
- Veteran’s Payments
- Social Security

**Other Income**

- Disability Benefits
- Cash withdrawn from savings
- Interest/Dividends
- Income from Estates/Trusts/Investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Any other income

**Welfare/Child Support/Alimony**

- Public Assistance Payments
- Welfare Payments
- Alimony/Child Support Payments