

ANGÉLICA INFANTE-GREEN
Commissioner

JAVIER MONTAÑEZ
Superintendent



Providence Public School District
Food Services
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September 3, 2024

Dear Parent/Guardian,

We are pleased to inform you that Providence Public Schools will be participating in an option available to schools as part of the National School Lunch and School Breakfast Program called the Community Eligibility Provision (CEP) for the School Year 2024-2025.

All students enrolled in our schools are eligible to receive a healthy breakfast and lunch at school at NO CHARGE to your household each day of the 2024-2025 school year.

We are asking that you fill out and sign the Household Income Survey, which is needed for administrative purposes, not to determine eligibility. This survey allows our schools to benefit from various State and Federal supplemental programs like Title I A, At Risk (31a), Title II A, E-Rate, etc. This survey is critical in determining the amount of money our schools receive from a variety of supplemental programs. We are asking that you please complete and submit it as soon as possible.

All information on the survey submitted is confidential. Without your assistance, our schools cannot maximize utilization of available State and Federal funds.

If you have any questions, please contact the Food Service Office at (401) 456-9311.

Sincerely,

Providence School Department

Providence Public Schools Household Income Survey

STUDENT ID LABEL OR NUMBER

School Year 2024-2025

Please fill in the survey below, then sign and return to your child's school.

PART I: What Children Live in Your Home?

List Name of Child(ren) in School (K through grade 12)			Name of School	Grade Level	Foster Child? Y or N
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: How many people are in your Home?

Circle the number of people in your home: 1 2 3 4 5 6 7 8 Other _____

PART III: Does anyone in your house hold get SNAP or RI Works Benefits?

If yes, fill in below. Then skip to PART V

Does any member of your Home get SNAP or RI Works Benefits?
 If yes, write their:
 Name: _____ and Case Number: _____

PART IV: Who has Income in Your Home? (if you listed a name & case number above, skip this part)

Gross Home Income and how often it was received:

List Home Members	Amount if Paid Once a Week	Amount if Paid Twice a Month	Amount if Paid Every 2 Weeks	Amount if Paid Once a Month	Amount if Paid Once a Year
1..	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
All other Income	\$	\$	\$	\$	\$

PART V: Adult Signs

I promise this information provided is true. I have included all income.

Date
Sign as the Adult Household Member
Print Your Name Here

Family Address (number, street, city, state)
Phone number or Cell Phone number

1. Who should I count in "Home Size"?

- Include yourself and all people living in your home who share income and expenses.
 - This could include children, foster children, grandparents, other relatives, or friends who live with you.

2. What is counted in "Total Home Income"?

- **Gross earnings from work:**
 - Gross income is the amount **earned before** taxes and other deductions are taken out of your pay - it's not your "take-home" pay!
 - Gross earnings usually can be found on your pay stub.
 - Net income should only be listed for self-owned business, farm, or rental income.
- **RI Works, Child Support, Alimony**
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits**
- **Military Housing Allowances and Combat Pay:**
 - Include off-base housing allowances.
- **All Other Income:**
 - Worker's compensation
 - Unemployment or strike benefits
 - Regular contributions from people who do not live in your household, and
 - Any other income received.
- **Do not include income from:**
 - WIC
 - Federal education benefits and
 - Foster payments received by your household.
 - Military Privatized Housing Initiative or combat pay

Overtime Pay: Include overtime pay ONLY if you receive it on a regular basis.

Have you lost your job recently? Enter zero for income

3. How do I list income if some people are paid weekly, or twice per month, or every 2 weeks, monthly, or once a year?

Here are some examples of how to list income on the front of this survey:					
List Home Members who have income:	Amount if Paid <u>Once a week</u>	Amount if Paid <u>Twice a Month</u>	Amount if Paid <u>Every 2 Weeks</u>	Amount if Paid <u>Once a Month</u>	Amount if Paid <u>Once a Year</u>
1. Mary Bazil	If Mary earns \$175 each week – list it here		If Mary earns \$20 every 2 weeks – list it here	If Mary gets \$100 each month in child support – list it here	
2. David Waters		If David earns \$233 2 times a month – list it here		If David receives \$75 from SSI each month – list it here	

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: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice A Month <input type="checkbox"/> Month <input type="checkbox"/> Year Household size: _____	Up to 100% of FPG based on: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> income	<input type="checkbox"/> Head Start <input type="checkbox"/> SNAP or RI Works <input type="checkbox"/> Foster Child <input type="checkbox"/> Household's Income	Between 100% and 185% of FPG based on: <input type="checkbox"/> Household's income	Over 185% of FPG based on: <input type="checkbox"/> Household's Income
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Signature of Determining Official _____ Date _____

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99).