



**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES  
APPLICATION FOR SNAP SERVICE  
FOR ELDERLY HOUSEHOLDS**

For Office use only: Screener's Name: _____	Date Screened: _____	Intake: _____
------------------------------------------------	----------------------	---------------

Do you speak English?  Yes  No If no, what is the primary language spoken? \_\_\_\_\_

Can you read and write in English?  Yes  No

If you do not speak English, does any adult member of the household speak English?  Yes  No

Your Last Name: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Your First Name: \_\_\_\_\_ Your Social Security Number \_\_\_\_\_

Your Middle Initial: \_\_\_\_\_ Maiden / Other Names: \_\_\_\_\_

Your Address (where you live): \_\_\_\_\_ Apartment/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Mailing Address (if different) \_\_\_\_\_ Apartment/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Telephone Number (home): \_\_\_\_\_ Other: \_\_\_\_\_

Do you need help filling out this application?  Yes  No

If you wish to authorize someone *other than yourself* to apply on your behalf, please indicate below:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
MM DD YYYY

Street/Route	Apt./Floor	City	State	Zip
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If you have a disability of condition that makes it hard for you to understand or answer questions on this application, we can help. For example, we can read the form with you and write your answers for you. We can make other accommodations, depending on what assistance you need. Please let us know.

**YOU MAY GET SNAP BENEFITS WITHIN SEVEN DAYS IF OTHERWISE ELIGIBLE:**

1. If your household's gross monthly income is less than \$150 and your households' resources, such as cash, checking or savings accounts are \$100 or less;
2. If your rent/mortgage and utilities are more than your household's combined gross monthly income and liquid resources; or,
3. If you are a migrant or seasonal farm worker household.

If you qualify for this service, we are required to provide SNAP benefits within seven (7) days from the time you give us this form during normal work hours and it is date stamped.

I CERTIFY THAT THE INFORMATION CONTAINED ON *THIS PAGE* IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE PENALTIES FOR NOT TELLING THE TRUTH ABOUT MY FAMILY AND MYSELF. **Please sign below and continue to following pages.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

List **EVERY ONE** in your home on **THIS SIDE** of the line → List information on **THIS SIDE** of the line only if the person is requesting SNAP benefits

Last Name	First Name, MI	Sex	D.O.B. (mm/dd/yyyy)	Relationship to you	S.S.N.	U.S. Citizen?*( If NO< you will be required to provide Alien documentation**)
		M <input type="checkbox"/> F <input type="checkbox"/>		Self		YES <input type="checkbox"/> NO <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

\*Alien status information may be subject to verification through USCIS and such information may affect the household's eligibility and level of benefits

\*\*Alien documentation includes: Alien number; origin country, Alien Status; Entry date: Status date; Sponsor information.

**MY shelter arrangement is (Check one):**

<input type="checkbox"/> 01 Elderly/disabled housing	<input type="checkbox"/> 06 Own home/trailer	<input type="checkbox"/> 11 Non-traditional; lobby, street, car
<input type="checkbox"/> 02 Drug/alcohol rehab center	<input type="checkbox"/> 07 Rent home/apt/trailer	<input type="checkbox"/> 12 Residential care and assisted living
<input type="checkbox"/> 03 Disabled/blind group home	<input type="checkbox"/> 08 Living in another's home/apt	<input type="checkbox"/> 13 Long-Term Care Facility
<input type="checkbox"/> 04 Battered Women's shelter	<input type="checkbox"/> 09 No permanent address	<input type="checkbox"/> 99 Other (specify): _____
<input type="checkbox"/> 05 Shelter	<input type="checkbox"/> 10 Halfway house	

Did you move to Rhode Island within the last three (3) months?  Yes  No If YES, Date: \_\_\_\_\_

If yes, what was your reason for moving here? (Check One)

L Looking for Employment  W To get Cash, SNAP benefits, and/or Medical  
 D Domestic violence  R Close to Relative  O Other \_\_\_\_\_

(please specify)

Where did you move from: \_\_\_\_\_

Do you receive any assistance now?  Yes  No

Have you previously applied for, or received any type of assistance payments, benefits or SNAP in R.I. or in another state?  Yes  No

If Yes, under what name? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_ Type? \_\_\_\_\_

Are you or is anyone in your household fleeing to avoid prosecution, custody, or confinement after conviction, under the law of the place from which you are fleeing, for a crime or attempt to commit a crime that is a felony under the law of the place from which you are fleeing or which, in the case of New Jersey, is a high misdemeanor under the state of New Jersey or violating a condition of probation or parole imposed under a Federal or State law?

Yes  No

If yes, name of household member(s) \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Have you or anyone in your household ever been found by the Department through its Administrative Hearing process of having made, or been convicted in a Federal or State court of having made a fraudulent statement or representation with respect to one's identity or place of residence in order to receive multiple benefits simultaneously under assistance from a TANF case program, Food Stamp (SNAP) program or Medicaid Assistance Program?  Yes  No

If yes, name of household member(s) \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Has anyone in the household received any income from any source so far this month?  Yes  No  
 If YES, how much gross income?

TYPE OF INCOME	\$ GROSS AMOUNT	FREQUENCY (Weekly, monthly, etc.)	NAME OF RECIPIENT
RSDI (SOCIAL SECURITY)			
SSI			
PENSION			
VA BENEFITS			
WORKER'S COMP			
WAGES			
OTHER (SPECIFY)			
OTHER (SPECIFY)			

Did your household's only income recently stop?  Yes  No  
 If Yes, when? \_\_\_\_\_ Why? \_\_\_\_\_

Does anyone in your household expect to receive *other* income later this month?  Yes  No  
 If Yes, how much? \_\_\_\_\_ When? \_\_\_\_\_

How many people live in your home and eat with you? (include yourself) \_\_\_\_\_

How much is your monthly **rent** or **mortgage**? \_\_\_\_\_

**Monthly Utilities:** Heat: \_\_\_\_\_ Air Conditioning: \_\_\_\_\_ Other Utilities: \_\_\_\_\_

Do you pay for any **medical expenses** such as prescriptions, over the counter medications, diabetic supplies, eyeglasses, dental expenses, hearing aid, etc.? \$ \_\_\_\_\_ per month?

I certify under penalty of perjury that I have read (or have had read to me) and I understand the Notice of Rights, Responsibilities and Penalties and that my answers are correct, including information about citizenship and alien status, and complete to the best of my knowledge and belief. I know that under the state of Rhode Island General Laws, Section 40-6-15, a maximum fine of \$1,000, or imprisonment of up to five (5) years, or both, may be imposed for a person who obtains or attempts to obtain, or aids or abets any person to obtain, public assistance to which s/he is not entitled or who willfully fails to report income, resources, or personal circumstances or increases therein which exceed the amount previously reported.

Do you prefer a **TELEPHONE**  or an **IN-OFFICE**  interview?

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
SIGNATURE OF APPLICANT'S SPOUSE or OTHER ADULT APPLICANT LIVING IN THE HOUSEHOLD

**FOR OFFICE USE ONLY**

***CASE RECORD CLEARANCE FOR PARTICIPATION  
PERS SEARCH***

PREVIOUS CASE RECORD		STATUS	RECORD LOCATION	REQUEST DATE
RIW/CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No			
MA	<input type="checkbox"/> Yes <input type="checkbox"/> No			
RITE CARE	<input type="checkbox"/> Yes <input type="checkbox"/> No			
GPA	<input type="checkbox"/> Yes <input type="checkbox"/> No			
CCAP	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**DISPOSITION:**

SNAP Intake Appt Date \_\_\_\_\_

Expedited SNAP Intake Appt Date \_\_\_\_\_

Comments:

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\_\_\_\_\_  
Signature of Screener

\_\_\_\_\_  
Date

## **IMPORTANT:**

[This Notice is for your information only](#)  
[You do not need to sign or return this page of the application to DHS](#)

### **RIGHTS AND RESPONSIBILITIES of Applicants/Recipients of SNAP**

#### **RIGHTS**

**You have a RIGHT** to appeal and receive a Hearing before a Hearing Officer of the Department if you are dissatisfied with any Department decision, or if the Department delays in making a decision. If you request a hearing, your appeal will be heard promptly. You may be represented by a lawyer or any other person you select to appear on your behalf. Hearing forms, on which you may file your complaint, are available in every local and State Department office. If are not satisfied with any Department decision regarding your application, you have a right to request a hearing. You must request a hearing within 90 days from the date that you receive a written notice for SNAP benefits.

**You have a RIGHT** to non-discriminatory treatment. In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794); Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); the Food and Nutrition Act of 2008 (formerly the Food Stamp Act); the Age Discrimination Act of 1975; the U.S. Department of Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84) and the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106); and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6); the Rhode Island Department of Human Services (DHS), does not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age, religion or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, DHS does not discriminate on the basis of sexual orientation. For further information about these laws, regulations and DHS' discrimination complaint procedures for resolution of complaints of discrimination, contact DHS at 57 Howard Avenue, Cranston, Rhode Island 02920, telephone number 462-2130 (for deaf/hearing impaired 462-6239 or 711). The Community Relations Liaison Officer is the coordinator for implementation of Title VI; the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of the Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for DHS' civil rights compliance.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation or because all of a part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department (Not all prohibited bases will apply to all programs and/or employment activities). If you wish to file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to use by mail at the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact that USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm). USDA is an equal opportunity provider and employer.

**You have a RIGHT** to confidentiality. The Department uses information about you and other members of your household only for purposes directly related to the administration of the programs and in compliance of the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information.

The Department does not release information about you or other members of your household without your consent except as provided in Rhode Island General Laws 40-6-12 and 40-6-12.1, and regulations set forth in the DHS and SNAP Policy Manuals. Any person found guilty of violating the provisions of Rhode Island General Laws 40-6-12 shall be deemed guilty of a misdemeanor. Violators are subject to a maximum fine of two hundred dollars (\$200), or imprisonment of up to six (6) months, or both.

### **RESPONSIBILITIES**

**You have a RESPONSIBILITY** to supply the Department with accurate information and provide proof about your income, resources and living arrangements.

**You have a RESPONSIBILITY** to tell us immediately (within ten (10) days) of any changes in your income, resources, family composition, or any other changes that affects your household. For SNAP, if you are a simplified reporter, you must report when your income exceeds 130% of the Federal Poverty Level.

**You have a RESPONSIBILITY** to provide Social Security numbers for yourself and your household, or to apply, if you are required to, for them as a condition of eligibility. Your Social Security number,

As well as the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the SNAP. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members

**You have a RESPONSIBILITY** to report and provide proof of your expenses; you will get the maximum amount of SNAP allowed. Failure to report or provide proof of your expenses will be regarded as your statement that you do not want to receive a deduction for the unreported or unproven expense.

**You have a RESPONSIBILITY** to cooperate fully with State and Federal personnel conducting quality control reviews.

## DECLARATION OF APPLICANT/RECIPIENT SNAP PENALTY WARNINGS

I understand that:

1. Any member of my household who intentionally breaks a SNAP rule can be barred from the SNAP Program:

- \*For a period of one (1) year for the first violation, with the exceptions in numbers 2. and 3. below;
- \*For a period of two (2) years after the second violation, with the exception in number 3. below; and,
- \*Permanently for the third occasion of any intentional program violation.

2. Individuals found by a Federal, State, or local court to have used or received SNAP benefits in a transaction involving the sale of firearms, ammunitions or explosives shall be permanently ineligible for the SNAP program upon the first occasion of such violation.

3. Individuals convicted of trafficking SNAP benefits of five hundred dollars (\$500) or more shall be permanently disqualified from the SNAP program.

4. Individuals found by the Department of having made, or convicted in a Federal or State court of having made, a fraudulent statement or representation with respect to their benefits simultaneously under the SNAP program would be disqualified for a ten (10) year period.

**DO NOT** give false information or hide information to get or continue to get SNAP benefits.

**DO NOT** trade or sell EBT cards.

**DO NOT** use SNAP benefits to buy ineligible items, such as alcoholic drinks and tobacco.

**DO NOT** use someone else's EBT card for your household.

DHS can use or share information on this application for the administration of DHS programs, as well as the administration of other federally funded assistance programs in accordance with state and federal law, contract and regulation.

DHS can release non-identifying information for research purposes. Any release of identifying information shall be done in accordance with state and federal law.

I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules listed in this Penalty Warning.

PLEASE SIGN APPLICATION, Page 3



## Notice to Applicant Registering to Vote in Rhode Island

The State Board of elections urges all of its citizens to register to vote. Your vote will benefit you and your family.

Included in this packet of forms is a voter registration form. If you would to register to vote, complete and sign the form and mail it to your local Board of Canvassers. (directory listed on the back of the form)

### Register to vote

- If you are not registered to vote where you live today, complete the enclosed form.
- Applying to register or declining to register to vote will not affect the amount of assistance provided by this agency.
- If you would like help in completing the voter registration application form, you can bring it with you when you return the other completed forms in this package, or go to the local Board of Canvassers in the city/town where you live. (City/Town directory is on the back of the voter registration form.) The decision whether to seek or accept help is yours.
- If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Voter Registration Coordinator, 50 Branch Avenue, Providence, RI 02904 or (401)222-2345.





# RHODE ISLAND VOTER REGISTRATION FORM

Please print clearly in ink. All information is required unless marked optional.

## YOU MAY USE THIS FORM TO:

- Register to vote in Rhode Island.
- Change your name and/or address on your registration.
- Choose a political party or change parties.

## TO REGISTER TO VOTE IN RI YOU MUST BE:

- A legal resident of Rhode Island.
- A citizen of the United States.
- At least 16 years of age.  
(You must be at least 18 years of age to vote on Election Day.)

### INSTRUCTIONS

**Box 2: REQUIRED.** Rhode Island citizens who are at least 16 years of age may pre-register to vote using this form. If you fail to check either of these boxes, this form will be returned to you. If you checked NO to either of these statements, do not complete this form.

**Box 3:** If you are registering to vote for the first time in Rhode Island by mail or if someone else turns this form in for you, it is **REQUIRED** that you provide your driver's license number or state ID number issued by the RI Department of Motor Vehicles (DMV). If you do not have either, you must provide the last 4 digits of your Social Security Number. If you do not provide the above information or it cannot be verified, you will be required to provide identification to an election official before voting. Acceptable forms of identification are on the Board of Elections website at <http://www.elections.ri.gov> or contact your local Board of Canvassers (see reverse side of this form).

**Box 5:** A person may have only one legal residence. You must register from your legal residence. A post office box or rural route may only be used as a "Mailing Address" in Box 6.

**Box 9:** If you want to affiliate to vote, choose a party. If you leave Box 9 blank, you will be listed as unaffiliated.

**Box 10:** You must SIGN and DATE the registration form. If you fail to sign and date the form, it will be returned to you.

**Box 11:** If you are updating your voter registration because you legally changed your name, enter your previous legal name.

**Box 12:** If you are updating your voter registration because of an address change, enter your previous address, **even if out-of-state.**

You will receive an acknowledgement receipt of this voter registration form within 3 weeks. If you do not receive it, contact your local Board of Canvassers (see reverse side for list). For questions and deadlines relating to this form, visit the Board of Elections website at <http://www.elections.ri.gov> or contact your local Board of Canvassers (see reverse side for list).

(This form may be reproduced)

<b>1. Check Boxes that Apply:</b> <input type="checkbox"/> New Voter Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Party Change <input type="checkbox"/> Name Change			
<b>2.</b> I am a U.S. Citizen and resident of Rhode Island. <input type="checkbox"/> Yes <input type="checkbox"/> No I am at least 16 years of age. (You must be at least 18 years of age to vote.) <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked NO to either of these statements, do not complete this form.		<b>3.</b> RI driver's license or ID Number: <input style="width: 150px;" type="text"/> If you do not have a RI driver's license or ID, enter last 4 digits of your social security number: <input style="width: 80px;" type="text"/> If you do not enter either number, see instructions for Box 3.	
<b>4.</b> Last Name <input style="width: 150px;" type="text"/>		Suffix (if any) <input style="width: 80px;" type="text"/>	First Name <input style="width: 150px;" type="text"/>
<b>5.</b> Home Address (Do not enter a post office box) <input style="width: 150px;" type="text"/>		Apt. <input style="width: 40px;" type="text"/>	City/Town <input style="width: 100px;" type="text"/>
<b>6.</b> Mailing Address (If different from Box 5) <input style="width: 150px;" type="text"/>		Apt. <input style="width: 40px;" type="text"/>	City/Town <input style="width: 100px;" type="text"/>
<b>7.</b> Date of Birth (mm/dd/yyyy) Month <input style="width: 30px;" type="text"/> Day <input style="width: 30px;" type="text"/> Year <input style="width: 30px;" type="text"/>	<b>8.</b> Phone No./ E-mail Address (optional) <input style="width: 150px;" type="text"/>	<b>9.</b> Party Affiliation: <input type="checkbox"/> Americans Elect <input type="checkbox"/> Democrat <input type="checkbox"/> Moderate <input type="checkbox"/> Republican <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>	
<b>10. I swear or affirm that:</b> - I am not incarcerated in a correctional facility upon a felony conviction. - I am not presently judged "mentally incompetent" to vote by a court of law. - The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry into the United States.			Official Use For Barcode <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
<b>PLEASE SIGN FULL NAME OR PLACE MARK BELOW</b> <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>			Are you interested in working at the polls? (check box below) <input type="checkbox"/>
<b>Date:</b> (mm/dd/yyyy) <input style="width: 80px;" type="text"/> <b>Signed</b>			<b>Warning:</b> If you sign this form and know it to be false, you can be convicted and fined up to \$5,000 or jailed up to 10 years.
<b>11. PREVIOUS NAME</b> (if different from Box 4) <input style="width: 150px;" type="text"/>		<b>12. PREVIOUS ADDRESS OF REGISTRATION</b> (City/Town, State, ZIP & County) <input style="width: 150px;" type="text"/>	

Return Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Postage  
Required Post  
Office will not  
deliver  
without proper  
postage.

Mail To: **BOARD OF CANVASSERS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*FOLD HERE & TAPE AT TOP\*\*\*\*\*

**INSTRUCTIONS FOR MAILING THE VOTER REGISTRATION FORM**

An applicant who chooses to mail his/her voter registration form shall do so in the following manner:

1. Fold the form at the dotted line and tape the bottom to the top of the form.
2. From the list below, locate the address of the board of canvassers in the city or town in which you are registering to vote and insert that address in the appropriate space beneath "Mail To: BOARD OF CANVASSERS" on the addressed side of the voter registration form. Insert your return address in the space provided.

**NOTICE:** *It is against the law for anyone to interfere with your privacy in registering to vote or in choosing a political party. If you believe someone has interfered with your right to register or not register, or with your privacy in making this decision, or in choosing a political party, you may file a complaint with the State Board of Elections, 50 Branch Avenue, Providence, Rhode Island 02904.*

**LOCAL BOARDS OF CANVASSERS**

- |                                                                              |                                                                          |                                                                                        |                                                                         |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Barrington Town Hall, 283 County Rd.,<br>Barrington, RI 02806                | Exeter Town Hall, 675 Ten Rod Rd.,<br>Exeter, RI 02822                   | New Shoreham Town Hall, PO Drawer,<br>220 Block Island, RI 02807                       | Smithfield Town Hall, 64 Farnum Pike,<br>Smithfield, RI 02917           |
| Bristol Town Hall, 10 Court St.,<br>Bristol, RI 02809                        | Foster Town Hall, 181 Howard Hill Rd.,<br>Foster, RI 02825               | Newport City Hall, 43 Broadway,<br>Newport, RI 02840                                   | S. Kingstown Town Hall, 180 High St.,<br>Wakefield, RI 02879            |
| Burrillville Town Hall, 105 Harrisville<br>Main St., Harrisville, RI 02830   | Glocester Town Hall 1145 Putnam Pike<br>PO Drawer B, Glocester, RI 02814 | N. Kingstown Town Hall, 80 Boston<br>Neck Rd., North Kingstown, RI 02852               | Tiverton Town Hall, 343 Highland Rd.,<br>Tiverton, RI 02878             |
| Central Falls City Hall, 580 Broad St.,<br>Central Falls, RI 02863           | Hopkinton Town Hall, 1 Town House<br>Rd., Hopkinton, RI 02833            | North Providence Town Hall, 2000<br>Smith St., North Providence, RI 02911              | Warren Town Hall, 514 Main St., Warren,<br>RI 02885                     |
| Charlestown Town Hall, 4540 S. County<br>Trail, Charlestown, RI 02813        | Jamestown Town Hall, 93 Narragansett<br>Ave., Jamestown, RI 02835        | North Smithfield Municipal Annex, 575<br>Smithfield Rd., North Smithfield, RI<br>02896 | Warwick City Hall, 3275 Post Rd.,<br>Warwick, RI 02886                  |
| Coventry Town Hall, 1670 Flat River<br>Rd., Coventry, RI 02816               | Johnston Town Hall, 1385 Hartford<br>Ave., Johnston, RI 02919            | Pawtucket City Hall, 137 Roosevelt<br>Ave., Pawtucket, RI 02860                        | W. Greenwich Town Hall 280 Victory<br>Highway, W. Greenwich, RI 02817   |
| Cranston City Hall, 869 Park Ave.,<br>Cranston, RI 02910                     | Lincoln Town Hall, 100 Old River Rd.,<br>PO Box 100, Lincoln, RI 02865   | Portsmouth Town Hall, 2200 East Main<br>Rd., Portsmouth, RI 02871                      | West Warwick Town Hall, 1170 Main St.,<br>West Warwick, RI 02893        |
| Cumberland Town Hall, 45 Broad St.,<br>Cumberland, RI 02864                  | Little Compton Town Hall, PO Box 226,<br>Little Compton, RI 02837        | Providence City Hall, 25 Dorrance St.,<br>Providence, RI 02903                         | Westerly Town Hall, 45 Broad St.,<br>Westerly, RI 02891                 |
| East Greenwich Town Hall, PO Box 111,<br>East Greenwich, RI 02818            | Middletown Town Hall, 350 East Main<br>Rd., Middletown, RI 02842         | Richmond Town Hall, 5 Richmond<br>Townhouse Rd., Wyoming, RI 02898                     | Woonsocket City Hall, P.O. Box B,<br>169 Main St., Woonsocket, RI 02895 |
| East Providence City Hall,<br>145 Taunton Ave.,<br>East Providence, RI 02914 | Narragansett Town Hall, 25 Fifth Ave.,<br>Narragansett, RI 02882         | Scituate Town Hall, PO Box 328, North<br>Scituate, RI 02857                            |                                                                         |

**Voter Registration Questions May Be Addressed To:**

Rhode Island Board of Elections  
50 Branch Avenue  
Providence, RI 02904  
elections@elections.ri.gov