# INCOME ELIGIBILITY FORM SUMMER FOOD SERVICE PROGRAM

(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to: [Name of Sponsor]

#### If you need help, call [phone number of Sponsor]

#### Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

- Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Sign the form. A Social Security Number is NOT required.
- Part 5: Answer this question if you choose to.

### If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

- Part 1: Enter the child's name.
- Part 2: Please contact us at [phone number of Sponsor]
- Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.
- Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
- Part 5: Answer this question if you choose to.

## ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: List each participant's name.
- Part 2: Skip this part.
- Part 3: Follow these instructions to report total household income from last month.

**Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B–Gross income last month and how often it was received**. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C-Check if no income: If the person does not have any income, check the box.

- **Part 4:** An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5: Answer this question if you choose to.

Privacy Act Statement: 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier 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 Program.

**Non-discrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, 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:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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					2020	SFSP
Part 1. Children enrolled in Camp or Closed Enrolled Sites.  Names				nd Ctomp) TANK or FDF	OID agas # (if any) Chin	a to Dort
(First, Middle Initial, Last)			SNAP (Food Stamp), TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.			
			,			
Part 2. Foster Child				16 6 6 12112	en i i	
Foster children eligible for free and of Sponsor] at [phone number]. (Stamp), TANF or FDPIR case number)	Complete Part 3 if you are a					
Part 3. Total Household Gross Inc.						C.
A. Name	. Name B. Gross income and how often it was received  Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly					
(List <b>everyone</b> in household,	1. Earnings from work	2. Welfare	a montri 🎉 . child	3. Social Security,		Check if NO
including children)	before deductions	support, a	,	pensions, retirement,	4. All Other Income	income
1.	\$/	\$/_		\$/	\$/	
2.	\$/	\$/_		\$/	\$/	
3.	\$/	\$/_		\$/	\$/	
4.	\$/	\$/_		\$/	\$/	
5.	\$/	\$/_		\$/	\$/	
6.	\$/	\$/_		\$/	\$/	
7.	\$/	\$/_		\$/	\$/	
8.	\$/	\$/_		\$/	\$/	
9.	\$/	\$/_		\$/	\$/	
10.	\$/	\$/_		\$/	\$/	
11.	\$/	\$/_		\$/	\$/	
12.	\$/	\$/_		\$/	\$/	
Part 4. Signature and Social Secu	•	• .				
An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)						
I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of						
Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant						
receiving meals may lose the meal	benefits, and I may be prose	ecuted.		Date:		
Sign here: XDate:Date: Address:Phone Number:Phone Number: Last four digits of Social Security Number: □ I do not have a Social Security Number						
Last four digits of Social Security Nu	umber: 🗖 l d	o not have a	Social Secu	ırity Number		
Part 5. Participant's ethnic and ra	cial identities (optional)					
Mark one ethnic identity:	Mark one or more racial i					
☐ Hispanic or Latino	☐ Asian ☐ American Indian or Alaska Native					
☐ Not Hispanic or Latino	☐ White ☐ Native Hawaiian or Other Pacific Islander					
Don't fill out this part. This is for official use only.						
	me Conversion: Weekly x 5	2, Every 2 W	eeks x 26, 7	Twice A Month x 24, Mon	thly x 12	
Total Income: Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year						
Household size: Categorical Eligibility: Date Withdrawn: Eligibility: Free Reduced Denied						
Reason:						
Determining Official's Signature: Date: Date:						
Follow-up Official's Signature:	Date:					