

Date

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program for Children (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for these federal funds, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

HOW TO APPLY

FOOD STAMP/FIP/FDPIR HOUSEHOLDS: Write the children's names, the Food Stamp, FIP, or FDPIR case numbers for those children, and the signature of an adult household member on the application. If your child(ren) is a member(s) of a Food Stamp, FDPIR, or FIP household, the child(ren) is automatically eligible to receive free meals. If Food Stamp, FIP or FDPIR case numbers are provided, they may be used to verify the current certification for whom free meal benefits are claimed.

FOSTER CHILD: Write the foster child's name, his/her personal income, and the signature of an adult on the application. Each foster child must have their own separate application.

ALL OTHER HOUSEHOLDS: The application must have the children's names and the names of all household members. List the amount of income each person received last month with the source of each person's income (example: pay, Social Security, etc.). The signature and the Social Security number of the person completing the application must be included (or the word "none" if that adult does not have a Social Security number).

OTHER INFORMATION

Privacy Act Information: Social Security Number

The Richard B. Russell National 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 meals. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp or FIP/FDPIR case number for your child, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We will use your information to see if your child is eligible for free or reduced price meals and for administration and enforcement. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look for violations of program rules. These facts must be told to the household member whose Social Security Number is given. Any other use of the Social Security Number must be specified here.

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.

Sincerely,

See reverse for Income Chart and Application Instructions.

Application Instructions:

Your children may qualify for free summer meals if your household income falls within the limits on this chart.

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$18,889	\$1,575	\$788	\$727	\$364
2	\$25,327	\$2,111	\$1,056	\$975	\$488
3	\$31,765	\$2,648	\$1,324	\$1,222	\$611
4	\$38,203	\$3,184	\$1,592	\$1,470	\$735
5	\$44,641	\$3,721	\$1,861	\$1,717	\$859
6	\$51,517	\$4,257	\$2,129	\$1,965	\$983
7	\$57,517	\$4,794	\$2,397	\$2,213	\$1,107
8	\$63,955	\$5,330	\$2,665	\$2,460	\$1,230
	\$6438 *	\$537 *	\$269 *	\$248 *	\$124 *

* For each additional household member add:

If your entire household gets Food Stamps, FIP, or FDPIR, follow these instructions:

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: List child(ren)'s name that is attending the program, check "Yes," and list a case number.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 7: Answer this question if you choose to.

If you are applying for a homeless, migrant, or runaway child check the appropriate box. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Check the box and list the child's personal use monthly income, if any.

Part 2: Skip this part.

Part 3: **Use a separate application for each foster child.** List the child's name.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

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

Part 1: Skip this part.

Part 2: Check the appropriate box, if any.

Part 3: List each child's name that is attending the program.

Part 4: Follow these instructions to report total household income from last month.

Column 1- Name:

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

Column 2- Gross Income:

- Next to each person's first and last name list each type of income received last month. Next to the amount circle how often the person got it (weekly, every other week, twice a month, or monthly).
 - *Earning from work:* 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.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
 - *All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes 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, and ANY OTHER INCOME.
 - If the person does not have any income check the last box "Check if no income."

Part 5: An adult household member must sign and date the form, and list a **Social Security Number**, or check the box "I do not have a Social Security Number."

Part 6: Skip this part.

Part 7: Answer this question if you choose to.

2008 Summer Food Service Program Free Meals Application

Part 1 - Foster Child **YES** **Child's spending money per month \$ _____ If none available, list \$0.
Use a SEPARATE application for each FOSTER CHILD

Part 2 - Homeless **Migrant** **Runaway**
 If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the:
 District/School Homeless Liaison or Migrant Coordinator at _____.

Part 3 - The names of all children in the household attending the program or The name of ONE Foster Child attending the program.

Child's Name	Does your child receive Food Stamps/FIP/FDPIR? If "YES," you must list a case number.*
	<input type="checkbox"/> NO <input type="checkbox"/> YES _____
	<input type="checkbox"/> NO <input type="checkbox"/> YES _____
	<input type="checkbox"/> NO <input type="checkbox"/> YES _____
	<input type="checkbox"/> NO <input type="checkbox"/> YES _____
	<input type="checkbox"/> NO <input type="checkbox"/> YES _____
	<input type="checkbox"/> NO <input type="checkbox"/> YES _____

*If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.

Part 4- Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.

Name List everyone in the household	Earnings from work (Before taxes)		Welfare, child support, alimony		Pensions, retirement, Social Security		All other income		Circle if NO income
	Weekly Every 2 weeks	Twice a Month Monthly	Weekly Every 2 weeks	Twice a Month Monthly	Weekly Every 2 weeks	Twice a Month Monthly	\$ Every 2 weeks	Twice a Month Monthly	
<i>Example Jane Doe</i>	\$100	Weekly	\$500	Monthly			\$		NO
1	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	NO
2	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	NO
3	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	NO
4	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	NO
5	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	NO
6	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	NO
7	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	\$	Weekly Every 2 weeks	NO

Part 5 - Signature and Social Security Number (Adult household member must sign.)
 If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted.

Sign Here: X _____ **Print Name:** _____ **Date:** _____

Adult Social Security Number: _____ **I do not have a Social Security Number**

Address	City	Zip Code	County
Home Phone	Work Phone		

Do not fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Household Size: _____ Total Gross Income: \$ _____	Week _____, Every 2 Weeks _____, Twice a Month _____, Month _____, Annual _____
Foster Child: _____ Categorical Eligibility: _____	Eligibility: Free _____ Reduced _____ Denied _____
Temporary Free _____ Time Period: _____ (expires after _____ days)	
Reason for Denial: _____ Income too High _____ Incomplete Application _____ Other (specify) _____	
Determining Official's Signature: _____ Date: _____	Date Withdrawn: _____

Part 6 - Foster Children In most cases foster children are eligible for free meals regardless of your household income
 Foster Home License Number: _____(optional)
 A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.
 B. The child is a resident of a licensed "Group Foster" home or a residential institution.
****Only the foster child's spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the school.**

Part 7 - Child's Racial/Ethnic Identity (Optional)
 Check one or more racial identities: Check one ethnic identity:
 American Indian or Alaskan Native Asian Hispanic or Latino
 Black or African American White Neither Hispanic nor Latino
 Native Hawaiian or Other Pacific Islander Other

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<i>Verification - This is for school use only.</i>		
Date Selected for Verification: _____	Sample Selection:	
Response Due from Household: _____	<input type="checkbox"/> Focused	<input type="checkbox"/> Random
Second Notice Sent: _____	<input type="checkbox"/> Basic	
Food Stamp/FIP Eligibility: <input type="checkbox"/> Not Confirmed Confirmed: <input type="checkbox"/> Food Stamp Office <input type="checkbox"/> Notice of Eligibility <input type="checkbox"/> ATP Card issued monthly	Income \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Wage Stubs <input type="checkbox"/> Written Documents <input type="checkbox"/> Collateral Contact <input type="checkbox"/> Agency Records <input type="checkbox"/> Other _____	Verification Result: <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> No Change
Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____ Date Adverse Notice Sent: _____		Reason For Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____