

SUMMER FOOD SERVICE PROGRAM HOUSEHOLD ELIGIBILITY

1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	Age (Children Only)	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 4 if you list a SNAP or TANF case number.														Check if NO Income	Check if Foster Child*		
				-				-			-								
				-				-			-							<input type="checkbox"/>	<input type="checkbox"/>
				-				-			-							<input type="checkbox"/>	<input type="checkbox"/>
				-				-			-							<input type="checkbox"/>	<input type="checkbox"/>
				-				-			-							<input type="checkbox"/>	<input type="checkbox"/>
				-				-			-							<input type="checkbox"/>	<input type="checkbox"/>
				-				-			-							<input type="checkbox"/>	<input type="checkbox"/>
				-				-			-							<input type="checkbox"/>	<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible) * A foster child is the legal responsibility of a welfare agency or court.

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemploy- ment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i. EXAMPLE: Jane Smith	\$ 200.00	weekly	\$ 150.00	weekly	\$ 100.00	monthly	\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the *I do not have a social security number* box. ☒ X X X - X X - Social Security Number ☐ I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand that the information is being given for the receipt of Federal funds. I understand SFSP officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date _____

Printed Name of Adult Household Member _____

Signature of Adult Household Member _____

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____

Home Telephone Number (Include Area Code) _____

Home Address (Number, Street, City, State, Zip Code) _____

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Mark one or more racial identities:

- ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ American Indian or Alaska Native

SFSP SPONSOR ONLY— must use annual conversion on all applications

Convert income only if different frequencies of pay are reported.

INITIAL DETERMINATION	Annual Income Conversion	Weekly X 52	Every 2 Weeks X 26	Twice a Month X 24	Once a Month 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	NUMBER IN HOUSEHOLD: _____		CHANGE IN STATUS: _____ Date _____	

☐ Free based on:

- ☐ homeless
☐ migrant
☐ runaway
☐ Head Start

- ☐ SNAP or TANF
☐ foster child
☐ household's income

Denied—Reason:

- ☐ income too high
☐ incomplete application
☐ Non-qualifying SNAP/TANF

Signature of Determining Official _____

Date Withdrawn _____

Date _____

Additional Comments (Optional)

Household eligibility is determined based on the following ratio of household-size and income levels. Households with incomes less than or equal to these values are eligible for free meals in the Summer Food Service Program.

**SUMMER FOOD SERVICE PROGRAM
2014 Income Guidelines**

Household Size	Annual	Monthly	Weekly
1	21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	981
6	58,442	4,871	1,124
7	65,879	5,490	1,267
8	73,316	6,110	1,410
For each additional house- hold member, add	7,437	620	144

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INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM:

Part 1: List all household members, and age for each child, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Part 2 and 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 and 6: Contact Information and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

A child who is a member of a household that received SNAP, FDPIR, or TANF benefits is automatically eligible to receive free meals in the Summer Food Service Program.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SPONSOR.

Part 1: List all household members and age for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. Only if Part 3 is completed, please include the last four digits of a Social Security Number, (or mark the box if s/he doesn't have one).

Part 5 and 6: Contact Information and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the age for each child. Check the "Foster Child" box for each foster child.

Part 2 and 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 and 6: Contact Information and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the age for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she doesn't have one).

Part 5 and 6: Contact Information and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the age for each child. For any person, including children, with no income, you must check the "No Income" box.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she doesn't have one).

Part 5 and 6: Contact Information and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

Privacy Act Statement: This explains how we will use the information you give us. 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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 meals, and for administration and enforcement of the summer food service program. 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 into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 all or 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 Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at 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 us by mail at 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 e-mail at 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). USDA is an equal opportunity provider and employer.