

**INCOME ELIGIBILITY FORM
FOR THE
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: **Camp Timberledge**

P.O. Box 152

Beach Lake, PA 18405

If you need help, call **570-729-7230 (Camp Phone)**

Follow these instructions, if your household gets FOOD STAMPS, TANF or FDPIR:

Part 1: List participant's name and a 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 necessary.

Part 5: Answer this question if you choose to.

If you are applying on behalf of a FOSTER CHILD, use a separate application for each foster child and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at [phone number of Sponsor]

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

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 list 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: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

Part 1. Children enrolled in Camp or Closed Enrolled Sites. (Use a separate application for each foster child)

Names (First, Middle Initial, Last)	Food Stamp, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child
 In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact [name of Sponsor] at [phone number]. Skip to Part 4.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list 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 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 prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly 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: _____
 Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____