

SUMMER FOOD SERVICE PROGRAM LETTER TO PARENTS

Dear Parent/Guardian:

Providing nutritious meals to children at a reasonable cost is an increasing growing challenge. To assist our program in offsetting the costs for meals served to the children, we receive federal reimbursement funds through the Summer Food Service Program (SFSP). This reimbursement allows us to afford and offer better service to children. Please complete, sign, and return the attached confidential Eligibility Form for Camps and Enrolled Sites as soon as possible.

Instructions for completing the eligibility information are on the reverse side of the form. Please contact if you have questions or need assistance in completing form.

The chart below is used to determine the children's/child's eligibility to receive SFSP meals. If the children's/child's family household income is at or below the dollar amount in the chart, the children/child are/is eligible to receive free Summer Food Service Program meals.

Please complete the attached form and return with your other camper paperwork:

Thank you for your participation and cooperation.

THIS SCALE DOES NOT APPLY TO MEMBERS OF FOOD STAMP HOUSEHOLDS OR RECIPIENTS OF SUPPLEMENTAL SECURITY INCOME, MEDICAID/MEDI-CAL, OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS BENEFITS, THOSE PARTICIPANTS ARE CATEGORICALLY ELIGIBLE FOR FREE MEALS.

Income Eligibility Guidelines
Effective July 1, 2011 to June 30, 2012

HOUSEHOLD SIZE*	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 20,147	\$ 1,679	\$ 840	\$ 775	\$ 388
2	\$ 27,214	\$ 2,268	\$ 1,134	\$ 1,047	\$ 524
3	\$ 34,281	\$ 2,857	\$ 1,429	\$ 1,319	\$ 660
4	\$ 41,348	\$ 3,446	\$ 1,723	\$ 1,591	\$ 796
5	\$ 48,415	\$ 4,035	\$ 2,018	\$ 1,863	\$ 932
6	\$ 55,482	\$ 4,624	\$ 2,312	\$ 2,134	\$ 1,067
7	\$ 62,549	\$ 5,213	\$ 2,607	\$ 2,406	\$ 1,203
8	\$ 69,616	\$ 5,802	\$ 2,901	\$ 2,678	\$ 1,339
For each additional family member, add:	\$ 7,067	\$ 589	\$ 295	\$ 272	\$ 136

* A household of one means a child who is his or her sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

SUMMER FOOD SERVICE PROGRAM ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES

PART 1 . CHILD'S NAME							
LAST NAME		FIRST NAME			M. I.		
PART 2A -- HOUSEHOLDS RECEIVING FOOD STAMPS, CALWORKS, KIN-GAP, FOOD DISTRIBUTION ON INDIAN RESERVATION (FDPIR) BENEFITS, OR PARTICIPATE IN THE WORKFORCE INVESTMENT ACT (WIA) PROGRAM: Fill in one of the boxes below and complete PART 3. DO NOT COMPLETE PART 2B.							
FOOD STAMP CASE NUMBER		CALWORKS NUMBER		KIN-GAP NUMBER	FDPIR NUMBER		
Check (✓) here <input type="checkbox"/> if the child is a Workforce Investment Act (WIA) participant.							
PART 2B . HOUSEHOLD MEMBERS AND MONTHLY INCOME: Complete this section and sign the statement in PART 3 only if you do not receive food stamps, CalWORKS, Kin-GAP, FDPIR Benefits, or participate in the WIA program, and did not complete PART 2A.							
NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE PARTICIPATING CHILD, PARENTS, SIBLINGS AND ANY OTHER PERSONS LIVING IN HOUSEHOLD)		CHECK (✓) FOR EACH PARTICIPATING CHILD	GROSS MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS, INCLUDE ALL JOBS	WELFARE, CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	ANY OTHER MONTHLY INCOME	
1.		<input type="checkbox"/>	1.	1.	1.	1.	
2.		<input type="checkbox"/>	2.	2.	2.	2.	
3.		<input type="checkbox"/>	3.	3.	3.	3.	
4.		<input type="checkbox"/>	4.	4.	4.	4.	
PART 2C -- FOSTER CHILD: List only one foster child per eligibility form. Complete this section and sign the statement in PART 3.							
Check (✓) here <input type="checkbox"/> if the participant is a foster child.							
PART 3 -- SIGNATURE: An adult household member must sign this statement and complete the requested information before the application can be approved.							
<i>I certify that all of the above information is true and correct, that the food stamp, CalWORKS, Kin-GAP, FDPIR Benefits, or WIA Program participation information is correct and that all income has been reported. I understand that this information is being given for the receipt of federal funds and that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.</i>							
SIGNATURE OF ADULT HOUSEHOLD MEMBER		PRINTED NAME		SOCIAL SECURITY NUMBER* <input type="checkbox"/> CHECK HERE IF NO SOCIAL SECURITY NUMBER	XXX-XX-		
ADDRESS		HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER	DATE		
*Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, CalWORKS, Kin-GAP, or FDPIR number is provided, you must include the Social Security Number of the household member signing the statement or an indication that the household member signing the statement does not possess a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. Verification efforts may be carried out through program reviews, audits and investigations, and may include contacting employers to determine income, contacting a social service office to determine current certification of food stamp, CalWORKS, Kin-GAP, FDPIR benefits, contacting the State Employment Development Department to determine benefits received, and checking documentation provided by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.							
PART 4 . RACIAL AND ETHNIC IDENTITY: This section is optional. The requested information is for statistical purposes only.							
1. Check (✓) racial identity: Alaskan Native or <input type="checkbox"/> Asian <input type="checkbox"/> Black or <input type="checkbox"/> Native Hawaiian or <input type="checkbox"/> American Indian African American Other Pacific Islander White <input type="checkbox"/>							
2. Is participant of Hispanic or Latino origin? Yes <input type="checkbox"/> No <input type="checkbox"/>							
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 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.							
MONTHLY INCOME CONVERSION WEEKLY.....X 4.33 EVERY 2 WEEKS (BI-WEEKLY).....X 2.15 TWICE A MONTH (SEMI-MONTHLY)X 2		HOUSEHOLD SIZE	TOTAL HOUSEHOLD MONTHLY INCOME \$	NOT ELIGIBLE <input type="checkbox"/>	CATEGORICALLY ELIGIBLE <input type="checkbox"/>	HOUSEHOLD SIZE/INCOME ELIGIBLE <input type="checkbox"/>	FOSTER CHILD <input type="checkbox"/>
SIGNATURE OF AUTHORIZED REPRESENTATIVE /TITLE					DATE		

SUMMER FOOD SERVICE PROGRAM ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES - INSTRUCTIONS

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Please complete the Summer Food Service Program Eligibility Form for Camps and Enrolled Sites using the instructions below. Sign the form and return it to the sponsoring organization. If you need assistance, call the sponsor

at: TRISTA BRANT 619-445-5945

PART 1 . PARTICIPANT INFORMATION:

1. Print the name of participant.

PART 2A . HOUSEHOLDS RECEIVING FOOD STAMPS OR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CaWORKs) OR KINSHIP GUARDIAN ASSISTANCE PROGRAM (Kin-GAP), FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDIR) BENEFITS, OR PARTICIPATE IN THE WORKFORCE INVESTMENT ACT (WIA) PROGRAM:

1. List your current Food Stamp case number, CaWORKs identification number, Kin-GAP, FDIR identification number, or check the box if the person in Part 1 participates in the WIA Program.
2. Complete PART 3. (Do not complete PART 2B)

PART 2B . ALL HOUSEHOLD MEMBERS AND MONTHLY INCOME: (Income does not include any income of benefits received under any Federal program that are excluded from consideration as income by any legislative prohibition; for instance, income received by volunteers for services performed in the National Older American Volunteer Program.)

1. Write the names of everyone in your household, including participating children.
2. Place a check mark on the appropriate line next to each child that is participating in this program.
3. List all household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. This income is the amount before taxes or any other deductions. Specify the source of the income in the appropriate column such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, enter the usual monthly income. Also, enter any income received by or for a child from full-time or regular part-time employment, SSI, or Adoption Assistance.
4. An adult household member must sign and give the last four digits of his/her social security number in PART 3 (See PART 3 below for exceptions).

PART 2C . FOSTER CHILD: COMPLETE THIS PART and PART 3.

1. Foster children are those whose care and placement is the responsibility of the State or who is placed by the court with a caretaker household. A foster parent or other official representing the child must complete Part 2C and sign the form in Part 3.

PART 3 . SIGNATURE AND SOCIAL SECURITY NUMBER:

1. All eligibility forms must have the signature of an adult household member.
2. The adult household member who signs the statement must include the last four digits of his/her Social Security Number; unless he/she completed PART 2A or he/she does not have a social security number. If he/she does not have a Social Security number, he/she must check the box or he/she can write "none" or "0".

PART 4 . RACIAL/ETHNIC IDENTITY:

You are not required to provide information in this part to receive meal benefits.

DEFINITION OF INCOME:

Income for the Summer Food Service Program is defined as income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, and etc. Income does not include any income of benefits received under any Federal program that are excluded from consideration as income by any legislative prohibition; for instance, income received by volunteers for services performed in the National Older American Volunteer Program.

Income includes the following:

1. Monetary compensation for services, including wages, salary, commissions or fees.
2. Net income from non-farm self-employment.
3. Net income from farm self-employment.
4. Social security.
5. Dividends or interest on savings or bonds, income from estates or trusts, or net rental income.
6. Public assistance or welfare payments.
7. Unemployment compensations.
8. Government civilian employee, or military retirement, or pensions or veteran's payments.
9. Private pensions or annuities.
10. Alimony or child support payments.
11. Regular contributions from persons not living in the household.
12. Net royalties.
13. Other cash income. Other cash income would include cash amounts received or withdrawn from any sources including savings, investment, trust accounts, and other resources which would be available to pay the price of a child's meal.