



Dear Parent or Guardian:

To provide attractive and nutritious meals for your children, we are participating in the Missouri Department of Health and Senior Services – Summer Food Service Program. We do not charge families separately for meals because we are partially reimbursed by the federal government for some meal costs.

Each year the federal government sets income guidelines based on the number of people in your family and your family income. If your yearly income is equal to or less than the amount determined by the federal government your child is eligible for the program. If your child is a member of a food stamp household or Temporary Assistance (TA) unit, the child is automatically eligible for the program.

We require each family to complete the attached form as part of the camp registration process. Please make sure to complete each section by following the directions below, sign, and date the form. **EVEN IF YOU DO NOT QUALIFY, WE MUST HAVE ONE COPY OF THIS FORM PER FAMILIES.**

Part 1: Children Enrolled in the Program

List all of the children in the household who are attending camp. Indicate the birth date of each child. If you have a foster child, that child is eligible for free meals regardless of household income. If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, your signature, and the date. If your child received TA payments or food stamps, please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete part 2. If you do not list a food stamp or TA case number for you children, you must complete parts 2 and 4.

Part 2: Household and Income Information

List all members of the household. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). Report the monthly income by source for each household member. The income reported on the application must include all income before deductions.

Part 3: Ethnic and Racial Information – Completion is voluntary

Part 4: Signature

The adult household member completing the application must sign and date the application. If the child/children is not a TA or food stamp recipient, the adult signing the application must provide a social security number. If you do not have a social security number, write "none" in the space provided. Failure to provide the social security number will make the income application invalid if the child/children is not a food stamp or TA recipient.

Thanks!

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, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6381 (TTY). USDA is an equal opportunity provider and employer.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 SUMMER FOOD SERVICE PROGRAM
INCOME ELIGIBILITY FORM

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program

PART 1 CHILDREN ENROLLED IN THE PROGRAM

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. *In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.*

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)

Hispanic or Latino: YES NO

Race: AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE

PART 4 SIGNATURE

I hereby certify that all information provided is correct and true and that all income is reported.. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER XXX - XX - ____	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

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 (TA) Program case number for your household 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 lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide 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.

FOR SPONSOR USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> 2 X A MONTH <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> WEEKLY <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Determination: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible			DATE	
SIGNATURE OF CENTER REPRESENTATIVE			DATE	