

Parent or Guardian child lives with: _____

	Name	Relationship to Child	
	<u>Mother</u>	<u>Father</u>	<u>Guardian</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
City:	_____	_____	_____
State and Zip:	_____	_____	_____
Home Phone:	_____	_____	_____
Work Phone:	_____	_____	_____
Cell/Pager:	_____	_____	_____

Ethnicity: (check all which may apply):

African-American Asian Caucasian Latino Native-American Other _____

List names and ages of others in family attending this year: _____

Emergency Contacts/Authorized Pick Up People

<u>Name/Relationship</u>	<u>Address</u>	<u>Phone</u>	Pick up?	Emergency Contact
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Choose one and sign:

After program my child will be picked up, walk home, take a county bus home: _____

Parent/Guardian Signature

Marketing Information:

1. Has your child attended COA programs before this summer? Yes No
 If yes, please specify programs: Day Camp Youth Programs Family Center or HIPPY Child Care Camp Helen Brachman Other _____

2. How did you hear about COA Programs? Brochure or Flyer Newspaper Ad TV/Radio Ad COA Mailing Internet
 From a friend or family member School Medical referral ACA guide Other _____

Guardian's Consent and Emergency Authorization:
We will photocopy this form for use on day camp field trips.

- I hereby give permission to the medical personnel selected by the Program Director to order x-rays, routine tests, injections and/or anesthesia and/or surgery, to secure proper treatment and hospitalization for my child, named above, if I CANNOT be reached at the time of emergency.
- I consent to my child's participation in all activities and trips that are part of the COA Day Camp program and under the direction of COA staff, and I permit COA to transport my child as necessary.
- I give permission to COA to use photographs or videotapes of my child in publicizing and promoting the agency's work.
- I understand that the camp participates in the USDA Federal food program under which it may receive reimbursements for meals served to children from families whose incomes fall below certain federally determined levels. Day Camp complies with USDA policy, which prohibits discrimination because of race, color, sex, age, handicap, or national origin.

Guardian's signature: _____ Date: _____

For Credit Card Payments:



Master Card VISA Expiration Date: ____/____ Card Number: _____

Amount of Charges: \$ _____ Cardholder's name: _____

Check here if you wish to authorize credit card to pay balance 2 weeks before camp session.

For office use only: Number of campers from this family _____ Fee for this camper: \$ _____
 Less deposit paid: \$ _____
 Balance Due: _____

Date application received: _____ Fee Established By: _____

Referring Agency: _____ Contact: _____

Dear Parent or Guardian:

COA serves nutritious meals to children without an additional charge to you. This is possible because federal reimbursement is received for meals served in accordance with regulations governing the USDA Summer Food Service Program (SFSP). To document eligibility for these funds, statements of household size and income must be obtained from parents or guardians. This information is kept confidential. If your income is higher than the amount indicated on page 2 of this letter for your household size, you do not need to complete the attached Household Size-Income Statement for the Summer Food Service Program.

Instructions for Completing the Household Size – Income Statement

If your household gets FOOD STAMPS (FoodShare), Wisconsin Works (W-2)—Cash Benefits Only - Eligible Wisconsin Works (W-2 - Cash Benefits) programs are Trial Job, Community Service Job (CSJ), Caring for a Newborn (CMC), and W-2 Transition (W-2 T), **and/or Food Distribution Program on Indian**

Reservations (FDPIR) follow these instructions:

Part 1: List participant's name and a Food Stamp, W-2 Cash Benefits or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign and date the form. Print your name; provide address and phone number. 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: A foster child placed in a home is reported as a household of one on the income statement. In terms of completing the Household Size - Income Statement, a child who is the legal responsibility of a welfare agency or the court may be considered a foster child.

Part 1: Enter the child's name.

Part 2: Check the box and provide the child's personal use, monthly income.

Part 3: Skip this part.

Part 4: Sign and date the form. Print your name; provide address and phone number. 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 and date the form, provide an address and phone, 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.

Household Size	Monthly Income Level <i>Effective July 1, 2009, through June 30, 2010</i>
1	\$ 1,670
2	2,247
3	2,823
4	3,400
5	3,976
6	4,553
7	5,130
8	5,706
For each additional household member add	+ 577

Part 4: **Privacy Act Statement:** 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, the application cannot be approved and the sponsoring agency will not be able to receive federal funds to help pay for the meals served to the child. 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 FoodShare (Food Stamp), W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier 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's income eligibility status, and for administration and enforcement of the Program.

Non-discrimination Statement: 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.

HOUSEHOLD SIZE-INCOME STATEMENT FOR THE SUMMER FOOD SERVICE PROGRAM (SFSP)
INSTRUCTIONS: An adult household member must complete and return to sponsor. (Rev. 1/09)

Part 1. List all children attending enrolled program or camp (Use a separate application for each foster child)

Names of all children attending enrolled program or camp (First, Middle Initial, Last)	Provide FoodShare (Food Stamps), W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case # (if any). Skip to Part 4 if you listed one of the above for each child.
_____	Case # _____
_____	Case # _____
_____	Case # _____
_____	Case # _____
_____	Case # _____

DO NOT LIST: Forward or Quest Card numbers (IL residents do not list Link Card number) or Medicaid, SSI, W-2 Childcare case numbers. Please fill in Part 3 if you are *not* receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 4.

Part 3. Total Household Gross Income—Tell us how much and how often

1. Name List everyone in household, Including children listed in Part 1.	2. Gross income and how often it was received				3. Check if NO income <input type="checkbox"/>
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	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"/>
_____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

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

An adult household member must sign the application. **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 parent letter).

I CERTIFY that all of the above information is true and correct and that all income is reported unless eligibility is established by receiving food stamps, W-2 Cash Benefits and/or FDPIR. I understand that this information is being given so that the sponsoring agency may receive federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable federal laws. The signature on this application is that of an adult household member.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

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

<u>Mark one or more racial identities:</u>	<u>Mark one ethnic identity:</u>
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Other	

Don't fill out this part. This is for sponsor use only.

Annual Income Conversion = Weekly x 52 or Every 2 Weeks x 26 or Twice A Month x 24 or Monthly x 12
 Monthly Income Conversion = weekly x 4.33 or Every 2 weeks x 2.15

Basis for Eligibility Determination	Eligibility Determination	Determining Official's Initials and Date
<input type="checkbox"/> Total Household Size = _____ Total Monthly Income = _____	<input type="checkbox"/> Needy	
OR	OR	
<input type="checkbox"/> Food Stamp/W-2 Cash Benefits/FDPIR Recipient	<input type="checkbox"/> Non-Needy	