

Dear Parent or Guardian:

COA Youth & Family Centers' Camp Helen Brachman 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, we ask that you return a form to us with your child's name and to write "Not Eligible" on the form for our recordkeeping.

Instructions for Completing the Household Size – Income Statement

If anyone in your household receives benefits from FoodShare, W-2 Cash Benefits - Eligible 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 each participant's name and a case number for one household member (adult or child) who receives FoodShare, W-2 Cash Benefits or FDPIR.

Part 2: Skip this part.

Part 3: Sign and date the form. Print your name; provide address and phone number. A Social Security Number is not necessary.

Part 4: 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: 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 section 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 section 2, list the amount each person got last month from welfare, child support, alimony.
- In section 3, list Social Security, pensions, and retirement.
- In section 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and 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 3: An adult household member must sign and date the form, provide an address and phone, and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 4: Answer this question if you choose to.

If your household includes a FOSTER CHILD or Workforce Investment Act (WIA) participant, use one application for the whole household and follow these instructions: 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 each participant's name and check box indicating child is a foster child or WIA participant.

Part 2: Complete this part if you are applying for other children in the household and you did not enter a FoodShare, TANF or FDPIR case number in Part 1.

Part 3: Sign and date the form. Print your name; provide address and phone number. If Part 2 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 4: Answer this question if you choose to.

Household Size	Monthly Income Level <i>Effective July 1, 2016, through June 30, 2017</i>
1	\$ 1,832
2	2,470
3	3,108
4	3,747
5	4,385
6	5,023
7	5,663
8	6,304
For each additional household member add	+ 642

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 civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

HOUSEHOLD SIZE-INCOME STATEMENT FOR THE SUMMER FOOD SERVICE PROGRAM (SFSP)
INSTRUCTIONS: An adult household member must complete and return to sponsor. (Rev. 11/12)

Part 1. List all children attending enrolled program or camp (INCLUDING FOSTER CHILDREN)

Names of all children attending enrolled program or camp (First, Middle Initial, Last)	Check box below if Foster Child	Provide FoodShare Wisconsin, W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case # (if any). Skip to Part 3 if you listed one of the above case numbers.
	<input type="checkbox"/>	Case #
	<input type="checkbox"/>	Case #
	<input type="checkbox"/>	Case #
	<input type="checkbox"/>	Case #
	<input type="checkbox"/>	Case #

Steps to completing Part 1. First, list **all** children attending enrolled program or camp. If this application includes a child who is the legal responsibility of a welfare agency or court include name of child/children above and check the box indicating Foster Child. Next, provide the case number if the household receives FoodShare, TANF or FDPIR benefits.

DO NOT LIST: Forward Card (IL residents do not list Link Card number) or Medicaid, SSI, W-2 Childcare case numbers.

Complete Part 2 below, if you are applying for children, other than foster children, in your household and are *not* receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

Part 2. Total Household Gross Income—Tell us how much and how often

A. Name List everyone in household, Including children listed in Part 1. (Example) Jane Smith	B. Gross income and how often it was received				C. Check if NO income
	Example: \$100/monthly Earnings from work before deductions	\$100/twice a month Welfare, child support, alimony	\$100/every other week Pensions, retirement, Social Security	\$100/weekly All Other Income	
	\$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 3. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. **If Part 2 is completed, the adult signing the form must also list the last four digits of 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 FoodShare, 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: _____

Last four digits of Social Security Number: ___ ___ ___ ___ I do not have a Social Security Number

Part 4. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

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"/> FoodShare/W-2 Cash Benefits/FDPIR Recipient	<input type="checkbox"/> Non-Needy	