

**SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (SFSP)
INCOME ELIGIBILITY APPLICATION**

PART 1. INDICATE NAMES AND AGES OF CHILDREN FOR WHOM THE APPLICATION IS MADE:

NAME	AGE	NAME	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART 2. HOUSEHOLDS NOW RECEIVING BENEFITS FROM SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM), FDIPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), OR TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES): COMPLETE THIS PART AND SIGN THE STATEMENT IN PART 4. DO NOT COMPLETE PART 3.

SNAP Case #: _____ FDIPIR I.D. #: _____ TANF Case #: _____

PART 3. ALL OTHER HOUSEHOLD INFORMATION: IF YOU DID NOT COMPLETE PART 2, COMPLETE THIS PART AND PART 4.

a.) Names of Household Members. List all related and unrelated persons who live in your household and share living expenses or meals. **(Do not include children listed above.)**

NAME	NAME	NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL NUMBER IN HOUSEHOLD:

b.) Household Income - Total per month before taxes: Indicate the source and amount of current income for all members of your household. Follow the definition of income specified in the income eligibility standards. If you receive more than one check from any of these sources, indicate the total monthly amount received.

Wages, Salary: \$ _____	Child Support/Alimony: \$ _____	TOTAL MONTHLY INCOME:
Social Security: \$ _____	Pension/Retirement: \$ _____	
Unemployment: \$ _____	Other Income: \$ _____	\$ _____

PART 4. SIGNATURE AND PENALTIES FOR MISREPRESENTATION:

I certify that the above information is true and correct and that the SNAP, FDIPIR or TANF numbers are correct or that all income is reported. I understand that this application is being made with the receipt of Federal funds and that program officials may verify the information on this application. I further understand that deliberate misrepresentation of any of the information on this application may subject me to prosecution under applicable State and Federal Laws.

- - _____
 _____ Social Security Number
Signature of Adult Family Member

Households with incomes of less than or equal to the values indicated on the attached SFSP Income Eligibility Standards are eligible for free Program meals. If the child/children, for whom this application is being completed, is a member of a household that receives SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDIPIR (Food Distribution Program on Indian Reservations) benefits, they are automatically eligible to receive free meals in the Program. Foster children are categorically (automatically) eligible for free and reduced price meals regardless of household income. 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 when you list a SNAP, FDIPIR or TANF case number for your child or other FDIPIR 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 is eligible for free or reduced price meals, and for administration and enforcement of the Program. We may share your information with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will be used to identify eligible children and seek to enroll them in Medicaid or SCHIP. 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, gender identity, sexual orientation, 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, audiotape, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

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_____ Eligible _____ Ineligible

Sponsoring Organization _____ Official Signature _____ Date _____