

Contracting Entity Name

# Household Application for Free and Reduced-Price Summer Meals

(For use by camps, closed enrolled sites, and conditional non-congregate sites).

## SUMMER FOOD SERVICE PROGRAM

### STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12

If more spaces are needed, use the Additional Names section on the back.

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read the directions for more information.

Child's First Name

MI

Child's Last Name

Student?

Yes No

Grade

Head Start Foster Child Homeless, Migrant, Runaway

Check all that apply







### STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If **NO** → Go to STEP 3

If **YES** → Write the Eligibility Determination Group (EDG) number here, then go to STEP 4 (do not complete STEP 3)

EDG Number or FDPIR Number

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### STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

A. Last four digits of Social Security Number (SSN) of an Adult Household Member

XXX- XX-

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Check if no SSN

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B. Income for Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If more spaces are needed, use the Additional Names section on the back.

Name of Adult Household Members (First & Last)	Work Earnings	Frequency					Public Assistance/ Child Support/Alimony	Frequency					Pensions/Retirement/ All Other Incomes	Frequency				
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					

C. Income for Children in the Household

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here (include income from additional children listed on back).

Total Child Income

	W	E	T	M	A
\$					

D. Total Household Members (Children & Adults)

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### STEP 4 Contact information and adult signature. Return this application to: insert mailing address, fax number and/or return to the summer site.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	Apt #	City	State	Zip code	Daytime Phone and Email (optional)

Printed name adult signing the form	Signature of adult	Today's date

### Additional Names

List any additional **child** household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name	Student?		Grade	Check all that apply	Head Start	Foster Child	Homeless, Migrant, Runaway
			Yes	No					

List any additional **adult** household members not listed in STEP 2. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually

Name of Adult Household Members (First & Last)	Work Earnings	Frequency					Public Assistance/ Child Support/Alimony	Frequency					Pensions/Retirement/ All Other Incomes	Frequency				
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					

### Optional: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):                      Hispanic or Latino                                      Not Hispanic or Latino

Race (check one or more):                      American Indian or Alaskan Native                      Asian                      Black or African American                      Native Hawaiian or Pacific Islander                      White

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, it may affect your child's eligibility to receive free meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: Program.Intake@usda.gov

### DO NOT FILL OUT. This section for sponsor use only.

Annual income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

<b>Household Size</b>	<b>Total Income</b>	<b>Frequency</b>					<b>Reviewing/Determining Official's Signature</b>	<b>Date</b>
	\$	W	E	T	M	A		
<b>Categorical Determination</b>		<b>Eligibility</b>			<b>Confirming Official's Signature</b>			<b>Date</b>
		Free	Reduced	Denied				