

Contracting Entity Name

Household Application for Free and Reduced-Price Summer Meals *(For use by camps and closed enrolled 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? | | Grade | Head Start | Foster Child | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|----------|----|-------|------------|--------------|----------------------------|
| | | | Yes | No | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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**

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- Check if no SSN

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)

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."

| | | | | | |
|-------------------------------------|----------------------|----------------------|----------------------|----------------------|------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address (if available) | Apt # | City | State | Zip code | Daytime Phone and Email (optional) |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | | |
| Printed name adult signing the form | Signature of adult | | Today's date | | |

