

Income Eligibility Form (Attachment 10)

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(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. If you need help, call the Sponsor. Please sign and return this form to

NAME OF SPONSOR	PHONE
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Follow these instructions if your household gets FOOD STAMPS, TANF or FDPIR:

- Part 1:** List participant's name and a Food Stamp, TANF or FDPIR case number.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. 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:

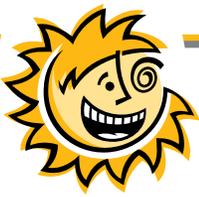
- Part 1:** Enter the child's name.
- Part 2:** Please contact us at [phone number of Sponsor]
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

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 the form 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.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.



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Part 1. Children enrolled in Camp or Closed Enrolled Sites. (Use a separate application for each foster child)

Skip to Part 4 if you list a case #.

Table with 2 columns: NAME (FIRST, MIDDLE INITIAL, LAST) and SNAP*, TANF OR FDPIR CASE # (IF ANY). Contains 5 rows for child information.

Part 2. Foster Child – In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact [name of Sponsor] at [phone number]. Skip to Part 4.

Part 3. Total Household Gross Income – You must report HOW MUCH and HOW OFTEN

Table for Gross Income and How Often it was Received. Includes columns for Name, Check if NO Income, Earnings from work, Welfare, Pensions, and All Other Income, with sub-columns for How Much and How Often.

Part 4. Signature and Social Security Number (Adult must sign) – An adult household member must sign this form. 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.

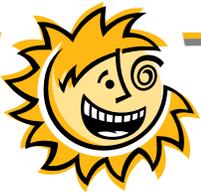
Form fields for PRINT NAME, ADDRESS, PHONE, SOCIAL SECURITY NUMBER, and Signature/Date lines.

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

Form for marking racial and ethnic identities with checkboxes for various groups.

DON'T FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Form for official use only, including Annual Income Conversion, Total Income, Categorical Eligibility, and signature lines for various officials.



Income Eligibility Form

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***SNAP**: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

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, 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 you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program 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 is eligible for free or reduced price meals, 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.