SUMMER FOOD SERVICE PROGRAM INCOME ELIGIBILITY APPLICATION

Part 1. Children in Camp (Use a	separate application	on for each foster chi	ild.)		
Names of all children in Camp (First, Middle Initial, Last)		Camp Session(s)	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #		
Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box.					
Homeless ☐ Mig		grant 🗖	Runaway 🗖		
Part 3. Foster Child					
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box \square and then list the amount of the child's personal use monthly income: \$ Skip to Part 5.					
Part 4. Total Household Gross Income — INCOME MUST BE ENTERED ON THIS FORM – NO ATTACHMENTS					
1. Name (List everyone in household) Part 5. Signature and Social Social	Example: \$100/mor A. Earnings from work before deductions \$/_ \$/_ \$/_ \$/_ \$/_ \$/_ \$/_ \$/_ \$/_ \$/_ \$/ \$/ \$/ \$/ \$/ \$/			D. All Other Income \$/_ \$/ \$/ \$/ \$/ \$/ \$/ \$/ \$/ \$/ \$/ \$/	3. Check if NO income
An adult household member must sign the application. If Part 4 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. (See Privacy Act Statement on the back of page 3.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the camp will get Federal funds based on the information I give. I understand that the PA Department of Education may verify the information. I understand that if I purposely give false information I may be prosecuted. Sign here: X					
Part 6. Children's racial and ethnic identities (optional)					
Mark one or more racial identities: Mark one ethnic identity: □ Asian □ American Indian or Alaska Native □ Hispanic or Latino □ White □ Native Hawaiian or Other Pacific Islander □ Not Hispanic or Latino □ Black or African American					
DO NOT COMPLETE – TO BE COMPLETED BY CAMP DIRECTOR/OFFICIAL					
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12					
Total Income: Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size:					
Eligibility: SFSP Eligible Over Income Incomplete Application					
I understand that if I purposely and/or knowingly provide false information I may be prosecuted.					
Signature of Camp Official Determining Eligibility: Date:					