

**HOW TO COMPLETE THE SUMMER FOOD SERVICE PROGRAM
INCOME ELIGIBILITY FORM**

Please complete the Income Eligibility Form using the instructions below. Sign the form and return it to FMGW
1509 16th St., NW, Washington, DC 20036. If you need help, call this phone number:
202-289-1510 x 1187.

1. CHILD INFORMATION:

- (a) Print your child's name. If you have more than one child enrolled in this same summer program, please write each child's name on this form in the space provided.
- 2. FOSTER CHILDREN:** Complete this Part and sign the form in #5.
- (a) Write the foster child's monthly "personal use" income. Write "O" if the foster child does not get "personal use" income.
- (b) A foster parent or other official representing the child must sign the form in #5. You do not have to list a social security number.
- (c) Complete a separate form for each foster child.

3. OTHER BENEFITS: Complete this Part and sign the form in #5.

- (a) List your current food stamp, FDPIR or TANF case number(s) for your child(ren).
- (b) A child that is enrolled as a participant in Even Start or Head Start (families that meet the low-income criteria), or a child or youth that is homeless or runaway is automatically eligible to receive meal benefits without completing this form or further eligibility determinations.
- (c) Sign the form in #5. An adult household member must sign. You do not have to list a social security number; however, if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form.

4. ALL OTHER HOUSEHOLDS: Complete this Part and sign the form in #5.

- (a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child or children you are applying for and all other household members.
- (b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.
- (c) If anyone is self employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the number at the top of the form if you need help.
- (d) Sign the form and include your social security number in #5. *If you do not have a social security number, write "none". Read #3 (d) above.*

5. SIGNATURE AND SOCIAL SECURITY NUMBER:

- (a) The form must have the **signature** of an adult household member.
- (b) The adult household member who signs the statement must include his/her **social security number**. *If he/she does not have a social security number, write "none" or check the box in #5 on the form that indicates you do not have a social security number. A social security number is not needed if you listed a food stamp, FDPIR or TANF case number or if you are applying for a foster child.*

- 6. RACIAL/ETHNIC IDENTITY:** You are **not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

<u>Earnings from Work</u>	<u>Pensions/Retirement/Social Security</u>	<u>Other Monthly Income/Self-employment</u>
Wages/salaries/tips	Pensions	Disability benefits
Strike benefits	Supplemental Security Income	Cash withdrawn from savings
Unemployment compensation	Retirement income	Interest/dividends
Worker's compensation	Veteran's payments	Income from estates/trusts/ investments
Net income from self-owned business, day care business or farm	Social security	Regular contributions from persons not living in the household
<u>Welfare/Child Support/Alimony</u>		Net royalties/annuities/net rental income
Public assistance payments		Military allowance for off-base housing
Welfare payments		Any other income
Alimony/child support payments		

**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Complete, sign and return the form to FMGW 1509 16th, St., NW Washington, DC 20036.
Please read the instructions. If you need help completing this form, call: 202-289-1510 x 1187

1. CHILD'S NAME: _____
Last
First
M.I.

2. Is this a FOSTER CHILD? (See the instructions). If this is a foster child, check here [] and write the child's monthly personal use income here: \$ _____. Go to section #5.

3. Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.

Food stamp case number: _____ FDPIR case number: _____

TANF case number: _____

Are you enrolled in any other eligible subsidized benefit program? If so, write in the program and any identification number. _____

4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child/children listed above. List all income. Go to section #5.

Names	Current Monthly Income			
	Names of Household Members (include the child listed above)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$
11.	\$	\$	\$	\$

5. SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the Income Eligibility Form and that the deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.

Signature of Adult: _____

Social Security Number: _____ - _____ - _____ Check here if you do not have a social security number. (NOTE: if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form.)

Printed Name: _____ Home Phone: _____

Work Phone: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

Privacy Act Statement: Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

6. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so, please mark one of the following ethnic identities:

[] Hispanic or Latino [] Not Hispanic or Latino

Please mark one or more of the following racial identities:

[] American Indian or Alaskan Native [] Asian [] Black or African American [] Native Hawaiian or Other Pacific Islander [] White

"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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

For Official Use Only:
Food Stamp/FDPIR/TANF or other eligible benefit program household categorically eligible free: [] Yes [] No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: _____ Household size: _____ Eligible: _____ NOT Eligible: _____

Eligibility Classification: Free _____ Reduced Price _____ Paid _____ Temporary: Free _____ Reduced Price _____

Determining official: _____

Signature: _____ Date: _____