

# 2009-2010 SUMMER FOOD SERVICE PROGRAM

## LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (U.S.D.A.), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

**Eligibility:** Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for reduced price meals is included in this letter for your information. If your income is less than or equal to these reduced price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

July 1, 2009 to June 30, 2010  
**FAMILY SIZE/INCOME SCALE  
FOR FREE MEALS**

(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	FREE MEALS		
	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
<b>Each Additional Family Member</b>	<b>+6,919</b>	<b>+577</b>	<b>+134</b>

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

**Nondiscrimination Statement:** The Summer Food Service Program is a federal program of the Food and Nutrition Service, United States Department of Agriculture. It is operated in accordance with U.S.D.A. policy, which does not permit discrimination because of race, color, national origin, disability, age or sex in the meal service, admissions policy, ability to pay or use of the Summer Food Service Program facility. Any person who believes that he or she has been discriminated against in any Director USDA, 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."

Please help maintain quality nutrition on a regular basis for your child. Thank you for your cooperation.

\_\_\_\_\_  
Signature of Institutional Representative

# 2010 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

PROGRAM NAME: \_\_\_\_\_

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by \_\_\_\_\_ . An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: \_\_\_\_\_

**1 ENROLLMENT INFORMATION**

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
Last Name First Name

**2 FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.**

If this is a foster child, check this box . Write the child's monthly personal use income. Write "0" if the child has no income \$ \_\_\_\_\_.

**3A HOUSEHOLDS NOW GETTING FOOD STAMPS OR TANF BENEFITS FOR THEIR CHILDREN – Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.**

Food Stamp Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

**3B ALL OTHER HOUSEHOLDS – If you did not write a Food Stamp/TANF case number nor checked Foster Child, complete this part and sign the application in Part 4.**

NAMES List the Names of Everyone in Your Household	MONTHLY INCOME				
	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
	Job 1.	Job 2.			
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$

**4 SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.**

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the Food Stamp number or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE: \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
SIGNATURE OF ADULT HOUSEHOLD MEMBER  
 \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
SOCIAL SECURITY NUMBER\*  
 \_\_\_\_\_ DATE SIGNED \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_  
PRINTED NAME OF ADULT SIGNING APPLICATION

**5 RACE/ETHNIC IDENTITY: You are not required to answer this question.**

- WHITE, not of Hispanic Origin       BLACK, not of Hispanic Origin       HISPANIC  
 ASIAN or PACIFIC ISLANDER       AMERICAN INDIAN OR ALASKAN NATIVE

**PRIVACY ACT STATEMENT:** SECTION 9 OF THE NATIONAL SCHOOL LUNCH ACT REQUIRES THAT, UNLESS YOUR CHILD'S FOOD STAMP OR TANF CASE NUMBER IS PROVIDED, YOU MUST INCLUDE THE SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER SIGNING THE APPLICATION OR INDICATE THAT THE HOUSEHOLD MEMBER DOES NOT HAVE A SOCIAL SECURITY NUMBER. PROVISION OF A SOCIAL SECURITY NUMBER IS NOT MANDATORY, BUT IF A SOCIAL SECURITY NUMBER IS NOT GIVEN OR AN INDICATION IS NOT MADE THAT THE SIGNER DOES NOT HAVE SUCH A NUMBER, THE APPLICATION CANNOT BE APPROVED. THE SOCIAL SECURITY NUMBER MAY BE USED TO IDENTIFY THE HOUSEHOLD MEMBER IN CARRYING OUT EFFORTS TO VERIFY THE CORRECTNESS OF INFORMATION STATED ON THE APPLICATION. THESE VERIFICATION EFFORTS MAY BE CARRIED OUT THROUGH PROGRAM REVIEWS, AUDITS, AND INVESTIGATIONS AND MAY INCLUDE CONTACTING EMPLOYERS TO DETERMINE INCOME, CONTACTING A FOOD STAMP OR TANF OFFICE TO DETERMINE CURRENT CERTIFICATION FOR RECEIPT OF FOOD STAMPS OR TANF BENEFITS, CONTACTING THE STATE EMPLOYMENT SECURITY OFFICE TO DETERMINE THE AMOUNT OF BENEFITS RECEIVED AND CHECKING THE DOCUMENTATION PRODUCED BY HOUSEHOLD MEMBERS 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.

**FOR PROGRAM USE ONLY - DO NOT WRITE BELOW THIS LINE**

Determination: Eligible _____ Ineligible _____ Signature of Determining Official: _____ Date _____	<b>TOTAL MONTHLY INCOME \$</b> _____ TO FIGURE MONTHLY INCOME: WEEKLY X 4.33 TWICE A MONTH X 2 EVERY 2 WEEKS X 2.15
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