

Dear Parent or Guardian:

To provide attractive and nutritious meals for your children, we are participating in the Missouri Department of Health & Senior Services – Summer Food Service Program. We do not charge families separately for meals because we are partially reimbursed by the federal government for some meal costs. We are requesting the ALL families complete the Income Eligibility form.

Part 1: Children Enrolled in the Program

List all of the children in the household that are enrolled in camp. Indicate the birth date of the child. If you have foster child, that child is eligible regardless of household income. If you are applying for a foster child, the application must have the child's "personal use" income, your signature and the date. If your child receives TA payments or food stamps, please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete part 2. If you do not list a food stamp or TA case number for your children, you must complete parts 2 and 4.

Part 2: Household and Income Information

List all members of the household. A household is a group of related or unrelated individuals, who are living as one economic unit (i.e., sharing living expenses). Report the monthly income by source for each household member. The income reported on the application must include all income before deductions.

Part 3: Racial Ethnic Information – Completion is voluntary

Part 4: Signature

The adult household member completing the application must sign and date the application. If the child(ren) is not a TA or food stamp recipient, the adult signing the application must provide a social security number. If you do not have a social security number, write "none" in the space provided. Failure to provide the social security number will make the income application invalid if the child(ren) is not a food stamp or TA recipient.

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 Right, 1400 Independence Avenue, SW Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 SUMMER FOOD SERVICE PROGRAM
INCOME ELIGIBILITY FORM

To apply for free meal eligibility for your child(ren), fill out this form and return it to your sponsor.

PART 1 CHILDREN ENROLLED IN THE PROGRAM

Complete information below for children enrolled in the program. If child(ren) are receiving food stamps or Temporary Assistance (TA), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a food stamp case number or TA case number **for all of the children listed in Part 1.**

NAME	BIRTH DATE	FOSTER CHILD	FOOD STAMP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all other members of the household besides the children listed in Part 1. For each household member, indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the sponsor for more information.

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER
	MONTHLY	MONTHLY	MONTHLY	MONTHLY

PART 3 ETHNIC AND RACIAL INFORMATION

Please check the ethnic and racial identity of the participant. You are not required to answer this question.

Ethnic Identity: Hispanic or Latino YES NO
 Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

PART 4 SIGNATURE

I hereby certify that all information provided is correct and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number, food stamp, FDIPIR, or TANF number may be used to identify the household member

in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide 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 SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE

Monthly Income Conversion Weekly x 4.33 Every 2 Weeks x 2.15 Twice a Month x 2

TOTAL HOUSEHOLD SIZE:	MONTHLY INCOME:	FOOD STAMP:	TEMPORARY ASSISTANCE:
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Eligibility Determination: Eligible Ineligible

SIGNATURE OF SPONSOR REPRESENTATIVE	DATE
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