

SUMMER FOOD SERVICE PROGRAM – HOUSEHOLD INCOME STATEMENT

Organization Name _____

The information requested in this application is private and will be used to determine whether the organization that provides meals to your child will receive assistance from the Summer Food Service Program. Please return the completed form to the organization listed at the right. You may refuse to provide this information, but refusal will affect the organization's ability to receive benefits. Persons authorized to receive the information you provide are officials of the organization, the Minnesota Department of Education and the U.S. Department of Agriculture. If any child in the household receives benefits from the Minnesota Family Investment Plan (MFIP), Food Assistance (Stamps) or Food Distribution Program on Indian Reservations (FDPIR), all children in the household are eligible, subject to completion of this form as requested. Please fill out the voluntary civil rights information on the other side of this form.

I. ENROLLED CHILDREN

Enter the name and age of each enrolled child from the household. Attach additional page if needed.

• If ANY child in the household receives benefits from the Minnesota Family Investment Plan (MFIP), Food Assistance (Stamps) or Food Distribution Program on Indian Reservations (FDPIR), provide the active case number and identify the program in the box to the right below, and sign below in Section IV (skip Section III).

Last Name	First Name	Age	Last Name	First Name	Age	If applicable, active Case Number _____
						<input type="checkbox"/> Minnesota Family Investment Plan
						<input type="checkbox"/> Food Assistance (Stamps)
						<input type="checkbox"/> Food Distribution Program on Indian Reservations

II. FOSTER CHILD

A foster child is usually eligible for free or reduced-price meals regardless of your household income. For an enrolled foster child, complete only this section and sign in Section IV. *A separate application must be completed for each enrolled foster child.*

Foster Child Last Name	First Name	Age	Foster Child Monthly Personal Use Income
			Check One: <input type="checkbox"/> The Foster Child is receiving \$ _____ per month for personal use. <input type="checkbox"/> No income received for personal use of the child.

III. OTHER HOUSEHOLD MEMBERS

Complete this section unless MFIP, Food Assistance (Stamps) or FDPIR case number was provided in Section I or this application is for a foster child. Write in each income and how often it is received: *weekly, bi-weekly* (every other week), *twice per month, monthly, or yearly*. If income fluctuates, write in the amount normally received. Attach additional page if needed.

HOUSEHOLD MEMBERS List the names of all adults in your household, and any children not listed in Section I	GROSS Earnings from work. Include ALL jobs.	Social Security, Pension, Retirement	Unemployment, Workers Compensation, Strike Benefits	Welfare, Child Support, Alimony	Farm/Self-Employment Net Income (see other side)	ALL Other Income Received Last Month
1.	\$ per	\$ per	\$ per	\$ per	\$ per	\$ per
2.	\$ per	\$ per	\$ per	\$ per	\$ per	\$ per
3.	\$ per	\$ per	\$ per	\$ per	\$ per	\$ per
4.	\$ per	\$ per	\$ per	\$ per	\$ per	\$ per
5.	\$ per	\$ per	\$ per	\$ per	\$ per	\$ per
6.	\$ per	\$ per	\$ per	\$ per	\$ per	\$ per

IV. CERTIFICATION OF INFORMATION / SIGNATURE

I certify that the information I have given on this application is true and correct and that all household members and all incomes are reported. I understand that this information is being given for the receipt of federal funds, that officials may verify the information, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

Typed/Printed Name of Adult Household Member	Home/Work Telephone Number
Household Address (Street or Box Number)	City
	Zip Code
Signature of Adult Household Member	Social Security Number (see other side of form)
	Date

FOR SPONSOR USE ONLY – DO NOT WRITE BELOW THIS LINE

For eligibility based on family size/income:

Total Household Members	
Total Household Monthly Income	\$

Approved: <input type="checkbox"/> Categorical eligibility (Case number in Section I) <input type="checkbox"/> Household size / income	Denied: <input type="checkbox"/> Income exceeds guidelines <input type="checkbox"/> Incomplete application
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Signature – Approving Official	Date
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CIVIL RIGHTS INFORMATION

Provision of this information is voluntary, is not part of the application, and has no effect on the determination of eligibility to receive benefits. This information will be used to determine whether or not the institution is complying with applicable provisions of civil rights laws. If you do not provide this information, a representative of the SFSP organization is required to identify the racial/ethnic category of the participant.

1. The child is (check one): Hispanic or Latino
 Not Hispanic or Latino
2. The race of the child is (check one or more):
 American Indian or Alaskan Native Asian Black
 Native Hawaiian or Other Pacific Islander White

Identified by Household Identified by Organization Representative

SOCIAL SECURITY NUMBER

Section 9 of the National School Lunch Act requires that an adult household member signing this form provide their Social Security number, unless a Food Stamp, SSI or Medicaid assistance identification number is provided for the adult participant. If the person signing the form has no Social Security number, write "None." Provision of a Social Security number is not mandatory, but if you do not provide a Social Security number as requested, the participant will not be eligible for free or reduced-price meals.

The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on this 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 Social Security office to determine current certification for receipt of Food Stamps, Medicaid or SSI 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 loss or reduction of benefits, administrative claims, or legal action, if incorrect information is reported.

FLUCTUATING INCOME

FARMER OR SELF-EMPLOYED: Income is net business income (after deducting expenses) during the year. List average net income per month or other frequency. A loss from self-employment must be listed as zero income and does not reduce other income for the purpose of completing this form.

SEASONAL WORKER: Income is the average gross income (before deductions) during the year. List average gross income per month or other frequency.

FOSTER CHILD

DEFINITION: A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one.

INCOME FOR FOSTER CHILDREN: In determining income for the foster child, ONLY the following should be considered:

1. Funds provided by the welfare agency which are specifically identified by category for personnel use of the child, such as clothing, school fees, and allowances. Welfare funds identified by category for shelter and care and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.
2. Other funds received by the child. This includes, but is not limited to, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time jobs.

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 Ave. S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.