

Dear Parent/Guardian,

The Minnesota Elks Youth Camp provides nutritious meals to children without additional charge to you. We receive assistance from the Summer Food Service Program (SFSP) based on Household Income Statements completed by households.

Please complete and return the enclosed Household Income Statement if:

- Your household income is within the income guidelines shown below.
Or
- Your household participates in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Food Distribution Program on Indian Reservations (FDPIR)
Or
- You have one or more foster children in your household (child who is formally placed by a court or the state welfare agency).

The information you provide will be used only to document that meals may be claimed for Summer Food Service Program assistance and will be maintained as private data.

The locations, dates of operation, and types and times of meals are shown here or attached.

Meals are available to children 18 years of age and under and to persons over age 18 who are determined by a state or local public educational agency to be mentally or physically disabled.

Total Household Income – Maximum
SFSP Guidelines Effective July 1, 2014 – June 30, 2015

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Add for each additional household member	7,511	626	313	289	145

If you have any questions about this information, contact:

Kim Baumgarten, MN Elks Youth Camp Director
Contact Name

320-237-3855
Phone Number

Summer Food Service Program Instructions for Completing the Household Income Statement

Complete the Household Income Statement if any of the following apply:

- Any household member currently participates in the *Minnesota Family Investment Program* (MFIP), or *Supplemental Nutrition Assistance Program* (SNAP), or *Food Distribution Program on Indian Reservations* (FDPIR), or
- One or more children in the household are foster children (formally placed by a court or the state child welfare agency), or
- Total household income (gross earnings, not take-home pay) is within the income guidelines for your household size as shown on the household letter.

Section 1 - Children and Foster Status

List all children in the household.

- Indicate foster care status for a child by checking the box. If all children on the form are foster children, skip Sections 2 and 3.
- Include any regular income, for example Supplemental Security Income (SSI), to children other than foster children (do not list occasional earnings like babysitting).

Section 2 - Benefits

Complete Section 2 if any household member currently participates in a program listed in that section. If Section 2 is completed, skip Section 3.

Section 3 - Adults / Household Incomes

List all adult household members, whether related or not. Include any adults temporarily away, such as a student away at college.

List each adult household member's gross incomes, not take-home pay, and how often each income is received. For example, "W" for Weekly.

- List gross incomes before deductions. If a person has no income, check "No Income."
- If an income varies, list the amount usually received.
- For farm/self-employment income only, list net income after subtracting business expenses.
- Examples of "other income" to include in the last column are farm/self-employment, Veterans benefits and disability benefits.
- Do *not* include as income: foster care payments, federal education benefits, MFIP payments, combat pay, or value of assistance received from SNAP, Women, Infants and Children (WIC), FDPIR or Military Privatized Housing Initiative.

Section 4 – Signature and Social Security Number

The form must be signed by an adult household member. The person signing the application must provide the *last four digits* of their Social Security number unless one of the following applies:

- All children in Section 1 are foster children, or
- A qualifying assistance number was provided in Section 2, or
- The person signing does not have a Social Security number and indicates this in Section 4.

Summer Food Service Program – Household Income Statement

Organization Name: MN Elks Youth Camp

1. Names of all Children in Household including Foster Children* (attach additional page if necessary).

2. Benefits (if applicable)

Last Name	First Name	Age	<input checked="" type="checkbox"/> if Foster Child*	Any Regular Income to Child (Example: SSI)	If any household receives benefits from a program listed below, write in the name of the person and their assistance number, check the appropriate box, and skip Section 3. Name _____ Case Number _____ <input type="checkbox"/> Minnesota Family Investment Program (MFIP) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) (Medical Assistance and WIC do not qualify)
			<input type="checkbox"/>	\$ _____ per _____	
			<input type="checkbox"/>	\$ _____ per _____	
			<input type="checkbox"/>	\$ _____ per _____	
			<input type="checkbox"/>	\$ _____ per _____	

*Child who is formally placed by a court or the state child welfare agency. If all children applied for are foster children, skip Sections 2 and 3.

3. Names of all Adults in Household (all household members not listed in Section 1) **and Household Incomes:** Write in each gross income and how often it is received: weekly (W), bi-weekly (every other week) (BW), twice per month (TM) or monthly (M). Do *not* write in hourly pay. If income fluctuates, write in the amount normally received. Attach additional page if necessary.

Last Name	First Name	Check if NO income	Gross Wages and Salaries – all jobs – before deductions	Pension, SSI, Retirement, Social Security, Disability	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including net Farm/Self-employment
		<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
		<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
		<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

4. Certification of Information / Signature: I certify that the information I have given on this form 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.

Printed Name of Adult Household Member _____ Household Address (Street or Box Number) _____ City _____ Zip Code _____ Home/Work Phone _____

Signature of Adult Household Member _____ **OR** I don't have a Social Security Number _____
 Last 4 digits of Social Security Number (required if Section 3 completed) _____ Date _____

LEAVE THIS SECTION BLANK – FOR SPONSOR USE ONLY

For eligibility based on family size/income: Total Household Members: _____ Total Household Income: \$ _____ per _____

APPROVED: _____ Household size/Income _____ Assistance Number _____ Foster Child _____

DENIED: _____ Incomplete application _____ Income exceeds guidelines _____ Other: _____

Signature – Approving Official

Date

CIVIL RIGHTS – Please provide this 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 the SFSP organization is complying with civil rights laws. If you do not provide this information, a representative of the organization is required to identify the race and 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 White
 Native Hawaiian or Other Pacific Islander
3. Race of child identified by: Household Organization Representative

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

DEFINITION OF FOSTER CHILD: Child who is formally placed by a court or the state child welfare agency.

PRIVACY STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not we cannot approve your child for free or reduced price meals. The person signing the form must include the last four digits of their Social Security number. The last four digits of the Social Security number are not required when you apply on behalf of a foster child or you list an assistance number from one of the programs listed in Section 2 of the form, or when you indicate that the adult household member signing the application does not have a Social Security number. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, and with auditors for program reviews and law enforcement officials to help them look into violations of program rules.

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Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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