

SFSP Household Letter
For Camps / Enrolled Sites outside Eligible Areas

Dear Parent/Guardian,

YMCA Camp Cormorant (Sponsoring Authority) provides nutritious meals to children without charge to you. We receive assistance from the Summer Food Service Program (SFSP) based on Household Income Statements completed by households. 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.

Please complete and return the enclosed Household Income Statement if:

- Your household income is within the income guidelines shown on the enclosed instructions.
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.

- **Who should I include as members of my household?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include anyone who is temporarily away, for example a college student.
- **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. Include overtime pay if you regularly work overtime.
- **Do I need to provide my Social Security number?** If household incomes are on the form, the person signing the form must write in just the last four digits of their Social Security number. If you don't have a Social Security number, indicate that on the form.
- **May I fill out a Household Income Statement if someone in my household is not a U.S. citizen?** Yes. You or your children or other household members do not have to be U.S. citizens for you to fill out a CACFP Household Income Statement.
- **How will my information be kept?** We will keep your information on file as private data. The back page of the form has more information about data privacy.
- If you have other questions or need help, call **Dee Jones at 218-359-2326**.

How to Complete the SFSP Household Income Statement

Fill out a *Summer Food Service Program - Household Income Statement* if any of the following apply to your household:

- Any person in your household already is approved for one of these programs: *Minnesota Family Investment Program (MFIP)*, *Supplemental Nutrition Assistance Program (SNAP)* or *Food Distribution Program on Indian Reservations (FDPIR)*.
- You have one or more *foster children* in the household (a welfare agency or court has legal responsibility for the child).
- Your *total household income* (income before deductions, not take-home pay) is less than or equal to the income shown below for your household size. Include any foster children as members of the household. Do *not* include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do *not* include combat pay or Military Privatized Housing Initiative payments. The income guidelines are effective from January 1, 2018 through Dec 31, 2018.

Maximum Household Gross Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	22,311	1860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Add for each additional person	7,733	645	323	298	149

Step 1 Children List all infants and children in the household, even if they are not related. Attach another page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child).

Step 2 Case Number Circle Yes or No to show whether any household member currently participates in any of the three assistance programs listed in Step 2. If you answer Yes, write in the case number and go to Step 4 (skip Step 3). If you answer No, continue to Step 3. WIC and Medical Assistance (M.A.) do not qualify for this purpose.

Step 3 Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if needed to list all adults.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income after business expenses. Write in whether the reported net income is per month or per year. A loss from farm or self-employment must be listed as a 0 and does not reduce other incomes.
- Last four digits of Social Security number – The adult household member signing the application must provide the last four digits of their Social Security number, or check the box if they do not have a Social Security number.
- Regular incomes to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children. Do not include occasional earnings like babysitting or lawn mowing.

Step 4 Signature and Contact Information An adult household member must sign the form.

Summer Food Service Program—Household Income Statement

Organization Name: **YMCA Camp Cormorant**

Step 1 List all infants, children, and students through grade 12 in the household, even if they are not related. Attach an additional page if necessary.

First Name	Last Name	Age	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	- Optional - Ethnicity	- Optional - Racial Identity Fill in one or more circles for each child.				
				Is the child Hispanic / Latino? If yes, fill in the circle.	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 2 Do any Household Members, including yourself, currently participate in any of these assistance programs: SNAP, MFIP or FDPIR? Circle one: **Yes No**

Medical Assistance and WIC payments do not qualify. If **No** > Go to STEP 3. If **Yes** > Write the **CASE NUMBER** here: then go to STEP 4.

Step 3 A. List ALL Adult Household Members including yourself and report all incomes. Attach an additional page if necessary. (Skip STEP 3 if you answered Yes to STEP 2 or if all participants are foster children.)

Adults - Full Name <small>For the purpose of this program, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." Include any college students temporarily away from home. List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) that there is no income to report.</small>	Gross Pay from Work <i>Do not write in an hourly wage.</i>					Farm or Self-Employment	Public Assistance, Child Support, Alimony					All Other Incomes				
	Gross pay before deductions (Not take-home pay).	Weekly	Bi-Weekly	2x Month	Monthly	Net Income after business expenses. State if annual or monthly.	Payments received.	Weekly	Bi-Weekly	2x Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Last four digits of signer's Social Security Number or no SSN (required): Or I don't have a Social Security Number. **C. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages?**

- - Or I don't have a Social Security Number.

TOTAL regular incomes of children, if any:

\$	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that I am applying for federal benefits in the form of free program meals and that program officials may verify the information on the application and that purposely providing untrue or misleading statements may result in prosecution under state or federal criminal laws.

Signature of Adult Household Member (required) _____ **Print Name:** _____ **Date:** _____

Sponsor Use Only Approved: <input type="checkbox"/> Foster <input type="checkbox"/> Case Number <input type="checkbox"/> Income		Total Household Members: _____	Total Income: \$ _____ per _____
Denied: <input type="checkbox"/> Incomplete application <input type="checkbox"/> Income exceeds guidelines <input type="checkbox"/> Other _____			
Sponsor Signature: _____		Date: _____	

Farmer or Self-Employed

Income is *net* monthly income (after deducting business expenses). A loss from self-employment must be listed as 0 income and does not reduce other income for the purpose of completing this form.

Seasonal Worker or Fluctuating Income

Income is your average gross income (before deductions, not take-home pay) during the year. List average gross income per month or other frequency.

Foster Child

A child formally placed for foster care by a court or state agency.

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the form. The last four digits of the Social Security number are not required when the form is completed on behalf of a foster child, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA *Program Discrimination Complaint Form (AD-3027)* found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or (2) fax to (202) 690-7442; or (3) email to program.intake@usda.gov. This institution is an equal opportunity provider.