SAMPLE PARENT LETTER FOR CAMPS AND ENROLLED SITES

Dear Parent or Guardian:

The ___(name of SFSP sponsor)____ serves nutritious meals every day. We participate in the Summer Food Service Program, which is funded by the U.S. Department of Agriculture and administered by the Missouri Department of Health and Senior Services.

Our program receives reimbursement for meals served to children meeting the eligibility requirements for free or reduced-price school meals. We must document eligibility by obtaining family-size and income data. If your yearly income is equal to or less than the amount listed below for your family size, your child is eligible for free or reduced-price meals. **If your child is a member of a household receiving assistance under the Supplemental Nutrition Assistance Program (formerly known as food stamps) or the Temporary Assistance for Needy Families (TANF) program, he or she is automatically eligible when your case number is listed on the IEF.**

In order to apply for meal benefits, the attached form must be completed according to the directions below:

Part 1: Children Enrolled in the Program
List all of the children in the household for whom the application is made, this includes foster children. Indicate the birth date of the child.

Foster Children: Children whose care and placement is the responsibility of the State or have been placed by a court with a caretaker are eligible for free meal benefits without completing an IEF. You must provide appropriate documentation for verification. You may include a foster child as a household member on the application if also claiming non-foster children.

Supplemental Nutrition Assistance Program (SNAP) or TANF households: If you currently receive benefits from SNAP or TANF please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete Part 2.

Part 2: Household and Income Information
List the names of everyone who lives in your household. Include parents, grandparents, all children, foster children, other relatives, and unrelated people who live in your household. Report the monthly income by source for each household member. The income reported on the application must include all income before deductions.

Part 3: Ethnic and Racial Information - Completion is voluntary.

Part 4: Signature
The adult household member completing the application must sign and date the application. If the household does not receive SNAP or TANF benefits, the adult signing the application must provide the last four digits of their social security number. If the adult does not have a social security number, write "none" in the space provided.

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, audiotape, 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: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
This statement implementation date is November 2015.

Sincerely,

(Name)
(Title)
(Phone Number)

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 or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program

PART 1 CHILDREN ENROLLED IN THE PROGRAM

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. ***In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.***

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household including the children listed in Part 1. Indicate source and amount of current 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.

INCOME BASED ON (CHECK ONE) YEARLY ❑ MONTHLY ❑ 2 X A MONTH ❑ EVERY 2 WEEKS ❑ WEEKLY ❑

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

PART 3 PARTICIPANT's ETHNIC AND RACIAL INFORMATION (Optional)

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 true 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 XXX-XX-_____	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP 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

TOTAL HOUSEHOLD SIZE: | INCOME: | INCOME BASED ON (CHECK ONE): YEAR ❑ MONTH ❑ 2 X A MONTH ❑ EVERY 2 WEEKS ❑ WEEKLY ❑ SNAP (Food Stamp) ❑ TEMPORARY ASSISTANCE ❑

Eligibility Determination: ❑ Eligible ❑ Ineligible

SIGNATURE OF CENTER REPRESENTATIVE ►	DATE

Summer Food Service Program
Income Eligibility Guidance
for Camps and Enrolled Sites

*INCOME GUIDELINES
July 1, 2015 to June 30, 2016

FAMILY SIZE	INCOME		
	Annual	Monthly	Weekly
1	21,775	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each additional member add:	+7,696	+642	+148

*"Income" means income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following: (1) Monetary compensation for services, including wages, salary, commissions or fees; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement, or pensions or veterans payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources that would be available to pay the price of a child's meal.

"Income" does **NOT** include any income or benefits received under any Federal programs that are excluded from consideration as income by any statutory probation. These programs include: (1) Supplemental Nutrition Assistance Program (SNAP); (2) National Flood Insurance Program (NFIP) payments; (3) Military combat pay received by service members during deployment.