



SUMMER FOOD SERVICE PROGRAM – HOUSEHOLD INCOME STATEMENT

ED02045-06

GENERAL INFORMATION AND INSTRUCTIONS: The information requested in this application is private and will be used to determine whether the organization which provides meals to your child will receive benefits through 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. Please fill out the voluntary civil rights information on side two of this form. If a child is a member of a Food Stamp/FDPIR household or an MFIP recipient, the child is automatically determined eligible, subject to completion of this form as requested.

Organization's Name and Address

Enter the name and age of each enrolled household child. **MFIP / FOOD STAMP / FDPIR RECIPIENTS:** If you are **NOW** receiving MFIP, Food Stamps, or FDPIR for your child(ren), enter the MFIP, Food Stamp, or FDPIR case number in the space provided. If **ALL** enrolled children receive MFIP, Food Stamps, or FDPIR, you need only provide their names and assistance numbers and sign below in Section IV. If there are any enrolled household children that do **NOT** receive MFIP, Food Stamps, or FDPIR, you **MUST** complete Section III **HOUSEHOLD MEMBER INFORMATION** and Section IV below.

Last Name	First Name	Age	MFIP / Food Stamp / FDPIR No.	Last Name	First Name	Age	MFIP/Food Stamp/FDPIR No.

II. IDENTIFICATION OF HOUSEHOLD FOSTER CHILDREN

A foster child is usually eligible for free or reduced price meals regardless of your household income. If you are enrolling a foster child, refer to the "Foster Child" section on the reverse side. Complete this section and sign below in Section IV. **You MUST complete a separate application for EACH foster child.**

Foster Child Last Name	First Name	Age	Foster Child Monthly Personal Use Income

Check One:
 The Foster Child is receiving \$ _____ per month for personal use. No income received for personal use of the child.

III. HOUSEHOLD MEMBER INFORMATION

If you did **NOT** give an MFIP, Food Stamp, or FDPIR case number or foster child information for **ALL** enrolled children listed above, you **MUST** complete this section. Read and follow the instructions for each column below and provide the information for **ALL** household members. Following completion, continue with the SIGNATURE section IV below.

INCOME: List **ALL** income received last month on the same line as the person who received it. List **GROSS** income **BEFORE** deductions. **To convert income to a monthly figure, see directions on the reverse side.** List each amount of income in the correct column below.

HOUSEHOLD MEMBERS List the names of everyone living in your household, except any children you have identified above.	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.	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$

IV. CERTIFICATION OF INFORMATION / SIGNATURE

I certify that the information I have given on this application is true and correct and that all income is 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 _____

Qualifies Under Guidelines

Income Exceeds Guidelines

Incomplete Application

Signature – Approving Official

Date

From: _____
Month/Year

Through: _____
Month/Year

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 institution which provides you with care 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):
- | | |
|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

- Identified by Participant or Other Adult Family Member Identified by Institution 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 of reduction of benefits, administrative claims, or legal action if incorrect information is reported.

HELP WITH INCOME

To determine monthly income:

- If paid every week, multiply the total gross by 4.33.
- If paid every two weeks, multiply the total gross by 2.15.
- If paid once a month, use the total gross income.
- If paid twice a month, use the total gross income by 2.
- If paid once a year, divide the total gross income by 12.

FARMER OR SELF-EMPLOYED

Monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.

FARMER, SELF-EMPLOYED OR SEASONAL WORKER

If you or a member of your household received higher or lower than usual income last month, please list the expected average monthly income on the front of this application.

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 are 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.