

2004 / 2005 CONFIDENTIAL INCOME STATEMENT – Summer Food Service Program

INSTRUCTIONS

- If your household receives FOOD STAMPS, TANF or FDPIR, complete parts 1-2, and 4; part 3 is optional.
- If you do not receive these benefits and your income is below the guidelines, complete all parts of this form.
- If you do not receive these benefits and if your income is above the guidelines, you do not need to complete this form.
- If you are applying for a FOSTER CHILD, complete part 1 (Foster Child Information only) and part 4.

1 HOUSEHOLD INFORMATION

Print name of person completing this application (last name, first name) _____ Street Address – apt # _____ City, State, Zip Code _____	Home Phone _____ Work Phone _____ Total Number of persons Living in this household _____
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Public Benefits Information:

- FOOD STAMP CASE NUMBER _____ (Oregon Trail card not acceptable)
- TANF (Temporary Assistance to Needy Families)
- FDPIR (Food Distribution Program on Indian Reservations)**

FOSTER CHILD INFORMATION

Child's Name _____	Birth date _____	Age _____	Child's Monthly Personal Use Income \$ _____
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2 CHILD INFORMATION

Child's Name (last name, first name)	Birth date	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

3 HOUSEHOLD MEMBERS & MONTHLY INCOME - Sponsor may require income verification

Do not include the names of children listed above unless they receive regular income (Last name, first name)	MONTHLY INCOME Total earnings & wages before deductions	MONTHLY CHILD SUPPORT, WELFARE, ALIMONY	MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	OTHER MONTHLY INCOME -Including unemployment and workers comp.
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____

4 SIGNATURE & SOCIAL SECURITY NUMBER

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds; that state officials may verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Signature of Adult Household Member X _____	Date Signed _____ Month/day/year	Social Security Number * (See privacy statement) □□□-□□-□□□□	<input type="checkbox"/> Check here if signer does not have a SSN
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DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Section 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 4.33. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 2.15. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 2. The resulting amount is the total monthly income.

Note: Money received from a business or farm owned by you should be reported as "net income". *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS

Section 9 of the National School Lunch Act requires that, unless your child's food stamp case number/FDPIR case number or other identifier or TANF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the 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, TANF or FDPIR office to determine current certification for receipt of these 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 a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

NON-DISCRIMINATION STATEMENT

The United States Department of Agriculture (USDA) and the State of Oregon prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, religion, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD) or (888) 271-5983 Extension 516 (toll free). USDA and the State of Oregon are equal opportunity providers and employers.

FOR SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE

ELIGIBILITY (check applicable box)

- FOOD STAMPS
- TANF
- FDPIR
- HOUSEHOLD INCOME
Household size: _____
Total household income: \$ _____
- FOSTER CHILD
Household size: _____
Total personal use income: \$ _____

APPROVED

Monthly Income Conversions:

If required, use these figures to convert household income to a monthly amount.

- Weekly x 4.33
- Every 2 weeks x 2.15
- Twice a month x 2

APPROVED

NOT ELIGIBLE

Signature of Official Determining Eligibility _____

Date _____

Double Check _____
(recommended but not required)

Instructions for Completing the Confidential Application for Free & Reduced Price Meals

- Your meal application must contain all required information before an eligibility determination can be made.
- Return the completed meal application to your child’s camp or sponsoring organization.

NOTE: If a doctor has determined that your child is disabled, and the disability restricts the child’s diet, then the sponsor will make meal substitutions according to the doctor’s written diet order.

Households Receiving Food Stamps, TANF, or FDPIR Benefits

If you received a *Notice of Eligibility* letter from Adult and Family Services, you may give that *Notice* to the sponsor rather than complete a meal application. If you do not have a *Notice of Eligibility* letter, complete a meal application.

PART 1: List your mailing address with zip code and phone number, if available. Indicate which benefits your House hold receives: Food Stamps, TANF, or FDPIR. If your household receives Food Stamps or TANF you must list a Food Stamp or TANF case number.

PART 2: List the names of all children in your household, their birth date and age.

PART 3: Skip this part.

PART 4: Sign the application (must be signed by an adult in the household). A social security # is not required.

Households Applying Based on Income

You may qualify for free or reduced-price meals if your total household income is at or below the amount shown on this Income Chart:

INCOME CHART – 2004-2005			
Household Size	Annual	Month	Week
-1-	17,224	1,436	332
-2-	23,107	1,926	445
-3-	28,990	2,416	558
-4-	34,873	2,907	671
-5-	40,756	3,397	784
-6-	46,639	3,887	897
-7-	52,522	4,377	1,011
-8-	58,405	4,868	1,124
For each additional family member add	5,883	491	114

PART 1: List your mailing address, including zip code and phone number. List number of persons in the household.

PART 2: Write the names of all children in your household, their birth date and age.

PART 3: List the names of ALL household members not listed in PART 2. For household members earning income, list the monthly income amount and source. See the back page of the application to determine how to change wages and earnings into monthly income. If a student listed in PART 2 receives a regular income, list the student again in PART 3 along with his or her monthly income information.

PART 4: Sign the application (must be signed by an adult in the household) and list the signer’s social security number. If the signer does not have a social security number, check the appropriate box.

Households Applying For a Foster Child

PART 1: List your mailing address and phone number, if available. Complete the last question regarding a “Foster Child,” including the child’s name, birth date, age, and Monthly Personal Use Income (if no income, put “0”).

PART 2: Skip this part.

PART 3: Skip this part.

PART 4: Sign the application (must be signed by an adult in the household). A social security # is not required.

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