

Ohio Summer Food Service Program – 2009 Income Eligibility Application

INSTRUCTIONS: *Part 1* of this form is to be used only for children receiving **OWF**, Ohio Works First (was formerly TANF and AFDC) or for children living in a household receiving Food Stamp benefits. *Part 2* is only for children not receiving Food Stamp benefits or OWF benefits. Fill in the part which addresses your situation. An Adult signature is needed when completing both Part 1 or 2. If you need more space, use a separate piece of paper. (*** Asterisk items must be filled in for each part you complete.**)

*** PRINT CHILD INFORMATION WHEN COMPLETING EITHER PART 1 OR PART 2:** Enter **ONLY** name of those children who will be participating in the Summer Food Service Program.

* NAME	AGE	* NAME	AGE
1.		3.	
2.		4.	

PART 1 - FOR CHILDREN RECEIVING FOOD STAMPS OR OHIO WORKS FIRST (OWF)

____ YES, I received Food Stamp or OWF benefits for the child(ren) listed above this month and request meal benefits. My Food Stamp or OWF number is:

_____* FOOD STAMP NUMBER (10-12 digit number) **OR**
 _____* OHIO WORKS FIRST NUMBER **OR**
 _____* FDPIR Identification Number (Food Distribution Program on Indian Reservations)

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp and OWF numbers are correctly reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

_____*
SIGNATURE OF ADULT HOUSEHOLD MEMBER **ADDRESS** **DAYTIME PHONE** **DATE**

PART 2 - FOR CHILDREN NOT RECEIVING FOOD STAMPS OR OWF

HOUSEHOLD MEMBERS AND MONTHLY INCOME: List the names of everyone living in your household including yourself, all related and non-related individuals and children. Include children listed above. List all income received last month on the same line with the person who received it. List each amount under the correct title. You must list gross income **BEFORE** deductions, taxes, or social security, etc. To figure monthly income, if income is received: every week, multiply the total gross income x 4.33; every two weeks, multiply the total gross income x 2.15; twice a month, multiply the total gross income x 2; or once a year, divide the total gross income by 12.

* HOUSEHOLD MEMBERS	* INCOME BY SOURCE			
LIST ALL HOUSEHOLD MEMBERS' NAMES (LAST NAME, FIRST NAME)	MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY	ALL OTHER MONTHLY INCOME
1.				
2.				
3.				
4.				
5.				
6.				

FOSTER CHILD: Complete a separate application for each foster child. In certain cases, meals served to foster children may be reimbursed regardless of the foster family's income. If you are applying for foster children living with you, complete the application as if for a family of one. List the child's name and monthly personal use income or enter "0" if the child has no personal use income. An adult signature is needed. Personal Use Income \$ _____

PENALTIES FOR MISREPRESENTATION: 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 for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

_____* **SIGNATURE OF ADULT HOUSEHOLD MEMBER** _____* **SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER**
 Write "None" if adult signer does not have a SSN

HOME ADDRESS ZIP CODE DAYTIME PHONE DATE

Total Household Monthly Income **FOR SPONSOR USE ONLY** **Signature of Authorized Official** **DATE**
 \$ _____ **ELIGIBILITY DETERMINATION** _____ **APPROVED** _____ **DENIED** _____

Ohio Summer Food Service Program For Children Income Eligibility Application For Camps and Enrolled Sites

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program for Children (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for the SFSP, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

RACIAL/ETHNIC CATEGORY: You are not required to answer this question. If you choose, please check one or more of the following racial or ethnic identities.

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 Hispanic or Latino
 Not Hispanic or Latino

NON-DISCRIMINATION: This facility is operated in accordance with USDA policy which prohibits discrimination because of race, color, national origin, gender, age or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD)

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). USDA is an equal opportunity provider and employer.

2009 SFSP Family Size/Income Guidelines					
Guidelines to be effective from July 1, 2008 through June 30, 2009					
Households with incomes less than or equal to the reduced price values are eligible for free meal benefits.					
<u>HOUSEHOLD SIZE</u>	<u>YEAR</u>	<u>MONTH</u>	<u>TWICE PER MONTH</u>	<u>EVERY TWO WEEKS</u>	<u>WEEK</u>
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
Each additional household member add:	6,660	555	278	257	129

Privacy Act Statement: Section 9 of the National School Lunch Act (NSLA) requires that, unless your child's food stamp or OWF 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 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. This notice must be brought to the attention of the household member whose social security number is disclosed. 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 or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. 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 welfare office to determine current certification for receipt of food stamps or OWF 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 action if incorrect information is reported.

State Distribution: Week of 6/10/08