Ohio Summer Food Service Program 2018 Income Eligibility Application INSTRUCTIONS: Part 1 of this form is to be used only for children receiving Ohio Works First (OWF) or for children living in a household receiving food assistance (SNAP) benefits. Part 2 is to be used only for children not receiving (SNAP) benefits or OWF benefits. Please complete the appropriate section of the form which applies to you. An adult signature is required to submit both sections. If you need more space, please attach a separate sheet. t. (* 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 participating in the Summer Food Service Program.

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* NAME	AG	E		* NAME		AGE	
1.	_		3.				
2.			4.				
PART 1 - FOR CHILDREN RECEIVING SNAP (FOOD ASSISTANCE) OR OHIO WORKS FIRST (OWF) YES, I received SNAP (Food Assistance) or OWF benefits for the child(ren) listed above this month and request meal benefits. My SNAP or OWF number is: * SNAP BENEFIT 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 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	ŀ	DDRESS		DAYTIME PHON	E DATE		
PART 2 - FOR CHILDREN NOT RECEIVING SNAP OR OWF BENEFITS HOUSEHOLD MEMBERS ANDMONTHLY INCOME: List the names of all individuals 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 determine 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		MONTHLY EARNINGSFRC WORKBEFOR DEDUCTIONS		MONTHLY WELFARE, CHILD SUPPORT,	MONTHLY PENSIONS, RETIREMENT, SOCIAL	ALLOTHER MONTHLY INCOME	
				ALIMONY	SECURITY		
1.							
2.							
3.							
4.							
5.							
6.							
FOSTER CHILD: Complete a separate application for each you are applying for foster children living with you, complete the applic use income. An adult signature is needed. Personal Use Income \$							
PENALTIES FOR MISREPRESENTATION: I certify that for receipt of federal funds; that program officials may verify the inform applicable state and federal laws.			ate misrepr	esentation of the information	may subject me to prosecutio		
*SIGNATURE OF ADULT HOUSE HOLD MEMBER	LAST4DIGITS OF SOCIAL SECURITY# *SIGNATURE OF ADULT HOUSEHOLD MEMBER *SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER						
SIGNATURE OF ADDLT HOUSEHOLD MEMBER SUCIAL SECURITY NUMBER OF ADDLT HOUSEHOLD MEMBER (Write "None" if adult signer does not have a SSN)							
HOMEADDRESS ZIPCODE				DAYTIM	EPHONE	DATE	

Total Household Monthly Income

\$

FOR SPONSOR USE ONLY

APPROVED

DENIED

Signature of AuthorizedOfficial

Date

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 age 18 or older who are determined by a state or local public educational agency to be mentally or physically disabled. 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 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 Latinc

Non Discrimination 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, 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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <u>http://www.ascr.usda.gov/complaint_filing_cust.html</u>, 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:

- 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.

REDUCEDINCOMEELIGIBILITY GUIDELINES-185% Guidelines to be effective from July 1, 2017 through June 30, 2018

Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price

meal benefits.							
HOUSEHOLD SIZE	YEAR	MONTH	TWICEPER MONTH	EVERYTWO WEEKS	WEEK		
1	22,311	1,860	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		
Foreach							
additional family member, add	7,733	645	323	298	149		

Privacy Act Statement: 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, the application cannot be approved and the sponsoring agency will not be able to receive federal funds to help pay for the meals served to the child. You must include 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 (food assistance), W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier 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's income eligibility status and administration and enforcement of the program.

FORMREV 1/18

Ohio Summer Food Service Program Sponsor Instructions for Gathering Income Eligibility Data for Camps and Enrolled Sites

Properly completed, sponsor-approved income eligibility applications must be obtained from children enrolled in (1) residential and non-residential camps, and (2) enrolled sites.

The following criteria will allow a sponsor to receive Summer Food Service Program (SFSP) benefits:

- 1. **RESIDENTIAL and NON-RESIDENTIAL CAMPS** will be reimbursed for only meals served to those enrolled children who have a complete and approved free income eligibility application.
- 2. **ENROLLED SITES** must prove that at least 50% of the children enrolled at the site meet free meal eligibility criteria.

Free meal enrollments qualify by correctly completing *Part 1* or *Part 2* of the Ohio Summer Food Service Program Income Eligibility Application.

Part 1 - For children receiving SNAP (food assistance), Ohio Works First (OWF), or FDPIR.

1. **SNAP (Food Assistance)** - A household receiving food stamps need only provide its current SNAP (*Food Assistance) case number* and the *adult household member signature*. The enrolled child(ren) listed must be members of the food stamp household. The completion of these two items automatically qualifies the child for free meals.

Or

2. Ohio Works First (OWF) - Ohio's equivalent to TANF. The OWF identification number of the enrolled child(ren) and the *adult household member signature* is required. The enrolled child(ren) must have an active OWF identification number. The completion of these two items automatically qualifies the child(ren) for free meals.

Or

3. **Food Distribution Program on Indian Reservations (FDPIR)** - The *FDPIR identification* number of the enrolled child(ren) and the *adult household member signature* is required. The enrolled child(ren) must be a member of a household receiving benefits through FDPIR. The completion of these two items automatically qualifies the child(ren) for free meals.

Or

Part 2 - For Children Not Receiving SNAP, OWF, or FDPIR

- 4. **Family Size and Household Income** List the *names of all household members* and each *member's income* by source. An *adult household member signature* and *social security number* of the signer is required to complete Part 2 of the application. Compare the number of household members and total household income to the family size/ income guidelines on the back of the application. If the household income is the same or less than the amount listed by the applicant, the application qualifies the child(ren) for free meals.
 - Income to Report

Earnings from Employment Wages/salaries/tips Strike benefits Unemployment compensation Worker's compensation Net income from self-owned business or farm

Welfare/Child Support/Alimony Public assistance payments Welfare payments Alimony/child support payments W elfare/Child Support/Alimony Pensions Supplemental Security Income Retirement income Veteran's payments Social Security Pensions/Retirement/Social Security Disability benefits Cash withdrawn from savings Interest/dividends Income from estates/trusts/investments Regular contributions from individuals not living in the household Net royalties/annuities/net rental income Any other income **Household** income is only needed when completing Part 2. Current income means income received during the month prior to the application for meal benefits. If this figure accurately reflects monthly household income, it may be projected as household income for the coming months. Otherwise, the projection should be adjusted to be as accurate as possible.

For Sponsor Use Only: A sponsor representative is responsible for totaling the household income, identifying the application as approved or denied, dating and signing the completed application. All signatures must be original.

FOSTER CHILDREN: For sponsors enrolling children who are living in foster homes, additional information will need to be obtained from the family. In those cases where the human service agency has placed a child in a permanent home and /or subsidizes the adoption of the child, the child is considered as a member of the family household with whom he or she resides. If this describes the foster child, total familysize, including the child, and total gross family income, including subsidy from the human service agency should be used.

In those cases where the human service agency is legally responsible for the child, and the foster home is, in fact, an extension of the agency, the foster child is considered as a household of one. For purposes of determining eligibility, the following guidelines are to be used:

- 1. The foster child is considered a household of one; and the foster parents' household size or income is not used todetermine eligibility.
- 2. Funds provided by the welfare agency, which are specifically identified by category for personal use of the child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter and care, and medical and therapeutic needs are not considered as income for the child. Where welfare funds cannot be identified by category, no portion of the provided funds are considered as income.
- 3. Funds personally received by the child such as funds received from trust accounts, monies provided by the child's family for personal use, and earnings from full-time and regular part-time employment are to be considered as income for the child. Occasional earnings should not be considered as income.
- 4, The application must be signed by an adult member of the foster home; however, a social security number is not needed for the foster child's application.

CIVIL RIGHTS INFORMATION

Households are not required to answer this question to receive meal benefits. However, this information will help ensure that everyone is treated fairly.

MAINTAINING RECORDS

Ohio Summer Food Service Program income eligibility applications received from a child must be kept by the sponsor for at least three (3) years plus the current year, or longer if the form is part of an unresolved audit.

Revised1/18