### 2017-2018 SUMMER FOOD SERVICE PROGRAM

## **LETTER TO PARENTS**

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (U.S.D.A.), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

<u>Eligibility</u>: Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for reduced price meals is included in this letter for your information. If your income is less than or equal to these reduced price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

#### July 1, 2017 to June 30, 2018 FAMILY SIZE/INCOME SCALE FOR FREE MEALS

(As announced by the United States Department of Agriculture)

#### SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

| HOUSEHOLD                     | FREE MEALS |         |        |  |  |
|-------------------------------|------------|---------|--------|--|--|
| SIZE                          | Annual     | Monthly | Weekly |  |  |
| 1                             | 22,311     | 1,860   | 430    |  |  |
| 2                             | 30,044     | 2,504   | 578    |  |  |
| 3                             | 37,777     | 3,149   | 727    |  |  |
| 4                             | 45,510     | 3,793   | 876    |  |  |
| 5                             | 53,243     | 4,437   | 1,024  |  |  |
| 6                             | 60,976     | 5,082   | 1,173  |  |  |
| 7                             | 68,709     | 5,726   | 1,322  |  |  |
| 8                             | 76,442     | 6,371   | 1,471  |  |  |
| Each Additional Family Member | +7,733     | +645    | +149   |  |  |

A <u>FOSTER CHILD</u> who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of <u>your</u> household income. A <u>FOSTER CHILD'S PERSONAL USE INCOME</u> is defined as follows:

- 1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
- 2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

Nondiscrimination 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: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, 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.

Please help maintain quality nutrition on a regular basis for your child. Thank you for your cooperation.

Karen m. Stackhause

# 2018 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

| PROGRAM NAME: Collier School - Kateri  |  |                                    |                             |                |   |                                       |                          |  |  |  |
|--|--|------------------------------------|-----------------------------|----------------|---|---------------------------------------|--------------------------|--|--|--|
| To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by  |  |                                    |                             |                |   |                                       |                          |  |  |  |
| June 1, 2018 . An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: |  |                                    |                             |                |   |                                       |                          |  |  |  |
| 1  | ENROL<br>Name of   | LMENT INFORM<br>Child:             | MATION                      |                |   | Age                                   | ə:                       |  |  |  |
| <u> </u>   |  | Last Name                          |                             | 1.9            |   |                                       |                          |  |  |  |
| 2  | FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.                                 |                                    |                             |                |   |                                       |                          |  |  |  |
|  | If this is a foster child, check this box . Write the child's monthly personal use income. Write "0" if the child has no income \$ . |                                    |                             |                |   |                                       |                          |  |  |  |
|  |  | <br>Duseholds N                    | OW GETTING                  | SNAP OR        | R TANF BENEFITS F   | OR THEIR CHILDRE                      | <u> </u>                 |  |  |  |
| 3A   | Co   | omplete this pa                    | rt and sign th              | ne applicat    | ion in Part 4 – DO N                                      | OT complete Part 3                    | B.                       |  |  |  |
|  | SNAP Ca  | IAP Case Number: TANF Case Number: |                             |                |   |                                       |                          |  |  |  |
|  | ALL OTHER HOUSEHOLDS – If you did not write a SNAP/TANF case number nor checked  |                                    |                             |                |   |                                       |                          |  |  |  |
| 3B   | Foster   | Child, complet                     | e this part ai              | na sign the    | application in Part                                       | 4.                                    |                          |  |  |  |
|  |  | MES                                | Į.                          |                | MONTHLY INCOME  |                                       |                          |  |  |  |
|  | Names of<br>ne in Your   | No Income                          | MONT<br>Gross Earning       | s from Work    | MONTHLY Welfare, Child Support,                           | MONTHLY Payments from                 | MONTHLY Any Other Income |  |  |  |
| Hous   | sehold   |                                    | (Before De                  | ductions)      | Alimony,<br>Unemployment Benefits                         | Pensions, Retirement, Social Security |                          |  |  |  |
|  |  |                                    | Job 1.                      | Job 2.         |   |                                       |                          |  |  |  |
| 1.   |  |                                    | \$                          | \$             | \$  | \$                                    | \$                       |  |  |  |
| 2.   |  |                                    | \$                          | \$             | \$  | \$                                    | \$                       |  |  |  |
| 3.   |  |                                    | \$                          | \$             | \$  | \$                                    | \$                       |  |  |  |
| 4.   |  |                                    | \$                          | \$             | \$  | \$                                    | \$                       |  |  |  |
| 5.   |  |                                    | \$                          | \$             | \$  | \$                                    | \$                       |  |  |  |
| 6.   |  |                                    | \$                          | \$             | \$  | \$                                    | \$                       |  |  |  |
| 7.   |  |                                    | \$                          | \$             | \$  | \$                                    | \$                       |  |  |  |
| 8.   |  |                                    | \$                          | \$             | \$  | \$                                    | \$                       |  |  |  |
| 9.   |  |                                    | \$                          | \$             | \$  | \$                                    | \$                       |  |  |  |
|  | OLONIAT  | TIDE AND LAC                       | F FOLID DIO!                | TO OF 000      | NAL OF OUR TY NUE   | ADED. As a deal to a                  |                          |  |  |  |
| 4  |  |                                    |                             |                | CIAL SECURITY NUM<br>an be approved.                      | IBER: An adult no                     | usenoia                  |  |  |  |
|  |  | •                                  |                             |                | all of the above information                              | on is true and correct an             | d that the SNAP or       |  |  |  |
|  | TANF nur   | mber is correct or th              | at all income is            | reported. I un | nderstand that this informa<br>e application and that del | tion is being given for the           | e receipt of Federal     |  |  |  |
|  |  | ect me to prosecutio               |                             |                |   | iberate misrepresentation             | ir or the information    |  |  |  |
|  | SIGNATU  |                                    | RE OF ADULT HO              | OUSEHOLD ME    | MRFR  | HOME ADDRESS                          |                          |  |  |  |
| SIGNATURE  |  |                                    | E OF ABOUT HOUSEHOLD MEMBER |                |   | HOME ADDRESS                          |                          |  |  |  |
| LAST FOUR D  |  | DIGITS OF SOCIAL SECURITY N        |                             | NUMBER* TOW    | TOWN/CITY   |                                       |                          |  |  |  |
|  |  | PRINTED                            | NAME OF ADULT               | SIGNING APP    | LICATION DATE SIGNE                                       | D HOME TELEPHONE                      | WORK TELEPHONE           |  |  |  |
| 5  | -  | ant's ethnic an                    |                             | • •            | =   |                                       |                          |  |  |  |
| Mark one ethnic identity: Mark one or more racial identities:  Hispanic or Latino Asian American Indian or Alaska Native   |  |                                    |                             |                |   |                                       |                          |  |  |  |
| ☐ Not Hispanic or Latino ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American   |  |                                    |                             |                |   |                                       |                          |  |  |  |
| Do   | o Not Wr   | ite Below This                     | <del></del>                 |                |   |                                       |                          |  |  |  |
| Total Inc  |  |                                    |                             |                | /eeks x 26, Twice a Month                                 |                                       |                          |  |  |  |
| Total Income: Per:   |  |                                    |                             |                |   |                                       |                          |  |  |  |
| Reason:  |  |                                    |                             |                |   |                                       |                          |  |  |  |
| Temporary: FreeReducedTime Period:   |  |                                    |                             |                |   |                                       |                          |  |  |  |
| Commining Chicai 9 dignature.  |  |                                    |                             |                |   |                                       |                          |  |  |  |
| Follow-up Official's Signature: Date:  |  |                                    |                             |                |   |                                       |                          |  |  |  |