

**SUMMER FOOD SERVICE PROGRAM
LETTER TO PARENTS**

Dear Parent/Guardian:

Providing nutritious meals to children at a reasonable cost is an increasing growing challenge. To assist our program in offsetting the costs for meals served to the children, we receive federal reimbursement funds through the Summer Food Service Program (SFSP). This reimbursement allows us to afford and offer better service to children. Please complete, sign, and return the attached confidential Income Eligibility Form for Camps and Enrolled Sites as soon as possible.

Instructions for completing the eligibility information are on the reverse side of the form. Please contact Pathfinder Ranch at (951) 659-2455 if you have questions or need assistance in completing form.

The chart below is used to determine the children’s/child’s eligibility to receive SFSP meals. If the children’s/child’s family household income is at or below the dollar amount in the chart, the children/child are/is eligible to receive free Summer Food Service Program meals.

Please complete the attached form and return it to:

**Pathfinder Ranch
35510 Pathfinder Rd.
Mountain Center, CA 92561**

Thank you for your participation and cooperation.

THIS SCALE DOES NOT APPLY TO HOUSEHOLDS THAT RECEIVE CALFRESH, CALWORKS, FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), WORKFORCE INVESTMENT ACT (WIA), OR KIN-GAP BENEFITS. THOSE CHILDREN ARE AUTOMATICALLY ELIGIBLE FOR FREE MEAL BENEFITS.

ELIGIBILITY SCALE FOR CAMPS AND CLOSED ENROLLED SITES July 1, 2016–June 30, 2017					
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 21,978	\$ 1,832	\$ 916	\$ 846	\$ 423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,106	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

* A household of one means a child who is his or her sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are

not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

Camp and Closed Enrolled Sites Income Eligibility Form

1. CHILD INFORMATION
 (List names of all enrolled children)

Check a box to identify a foster child (the legal responsibility of a welfare agency or court).

If all children listed below are foster children, go to #4 to sign this form.

Last	First	M.I.	
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>

2. CATEGORICAL ELIGIBILITY: If you are getting CalFresh, CalWORKs, Food Distribution Program on Indian Reservations (FDPIR), or Kin-Gap benefits for your child, list the case number. If your child participates in the Workforce Investment Act (WIA) check the box. DO NOT complete #3. Go to #4.

CalFresh Case Number:
CalWORKs Case Number:
FDPIR Case Number:
Kin-GAP:
WIA: <input type="checkbox"/>

3. HOUSEHOLD INCOME: Complete this section if you DID NOT complete #2. List all household members and all income. Go To #4.

Enter Gross Income and how often it is received (e.g., weekly, every 2 weeks, twice a month, monthly, or annually)				
NAMES OF HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME
	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1.	\$ /	\$ /	\$ /	\$ /
2.	\$ /	\$ /	\$ /	\$ /
3.	\$ /	\$ /	\$ /	\$ /
4.	\$ /	\$ /	\$ /	\$ /
5.	\$ /	\$ /	\$ /	\$ /
6.	\$ /	\$ /	\$ /	\$ /
7.	\$ /	\$ /	\$ /	\$ /
8.	\$ /	\$ /	\$ /	\$ /

4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE:

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, Kin-GAP, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is provided for the receipt of federal funds; that agency officials may verify the information on the Income Eligibility Form for Camp and Enrolled Sites and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

Printed Name:	
Last Four Digits of SSN:	<input type="checkbox"/> Check here if no SSN
Signature of Adult:	Date:

Privacy Act Statement: Unless you list the child's CalFresh, CalWORKs, FDPIR, WIA or Kin-GAP case number, Section 9 of the National School Lunch Act (NSLA) requires that you include the last four digits of the SSN for the household member signing the form, or indicate that the household member signing the form does not have a SSN. You do not have to list the last four digits of a SSN, but if they are not listed, or the "Check here if no SSN" is not marked, we cannot approve your child for free or reduced price meals. The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, FDPIR, or Kin-GAP office to determine current certification for CalFresh, CalWORKs, FDPIR, or Kin-GAP benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member 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. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

5. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so, please mark one or more of the following **racial** identities:

- American Indian or Alaska Native
- Asia
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Please mark one of the following **ethnic** identities: Hispanic or Latino Not Hispanic or Latino

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

- (1) 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
- (3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

For Agency Use Only	
CATEGORICAL ELIGIBILITY	
CalFresh/CalWORKs/FDPIR/Kin-GAP household categorically eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foster child automatically eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
INCOME ELIGIBILITY Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Total income:	Household size:
Eligibility classification: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	
Determining official (print name):	
Determining office signature:	Certification Date:

HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Using the instructions below, please complete, sign, and return the Income Eligibility Form to:

If you need help, call:

1. **CHILD INFORMATION:**
 - a) Print your child's name.
 - b) Check a box in the right column to identify a foster child.
2. **CATEGORICAL ELIGIBILITY:** Complete this section and sign the form in section #4.
 - a) List your current CalFresh, CalWORKs, FDPIR or Kin-GAP case number(s) for your child(ren).
 - b) Sign the form in section #4. An adult household member must sign. You do not have to list a SSN.
3. **HOUSEHOLD INCOME:** Complete this section if the child does not qualify as Categorical Eligibility and sign the form in section #4.
 Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. **If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.**
 - a) Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, CalWORKs, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
 - b) If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
 - c) Sign the form and include the last four digits of your SSN in section #4. *If you do not have a SSN, check the box "Check here if no SSN."*
4. **LAST FOUR DIGITS OF SSN AND SIGNATURE:**
 - a) The form must have a **signature** of an adult household member.
 - b) The adult household member who signs the statement must include the last four digits of his/her **SSN**. *If he/she does not have a SSN, check the box "Check here if no SSN".* The last four digits of your SSN is not needed if you listed a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number.
5. **RACIAL/ETHNIC IDENTITY:** You **are not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work:	Pensions/Retirement/Social Security	Other Monthly Income
<ul style="list-style-type: none"> • Wages/salaries/tips • Strike benefits • Unemployment compensation • Worker's compensation • Net income from self-employment • Public assistance payments • CalWORKs payments • Alimony/child support payments 	<ul style="list-style-type: none"> • Pensions • Supplemental security income • Retirement income • Veteran's payments • Social Security 	<ul style="list-style-type: none"> • Disability benefits • Cash withdrawn from savings • Interest dividends • Income from estates/trusts/investments • Regular contributions from persons not living in the household • Net royalties/annuities/net rental income • Military allowance for off-base housing • Any other income

“FOR AGENCY USE ONLY” SECTION

The sponsor must complete this section to indicate whether the enrolled participant is or is not eligible to receive meals. Failure to complete this final step could cause loss of reimbursement.

DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

RACE:

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ETHNICITY:

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino