



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)  
 SUMMER FOOD SERVICE PROGRAM (SFSP)  
**INCOME ELIGIBILITY FORM**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program.

**PART 1 CHILDREN ENROLLED IN THE PROGRAM**

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. ***In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.***

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)**

Hispanic or Latino:  YES  NO

Race:	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 4 SIGNATURE**

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

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (last four digits only) XXX - XX - _____	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

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, we cannot approve your child for free or reduced price meals. 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, Temporary Assistance (TA) Program case number for your household 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 is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide 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.

**FOR SPONSOR USE ONLY**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):					SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Eligibility Determination:  Eligible  Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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Dear Parent or Guardian:

To provide attractive and nutritious meals for your children, we are participating in the Missouri Department of Health and Senior Services – Summer Food Service Program. We do not charge families separately for meals however we are partially reimbursed by the federal government for some meal costs.

Each year the federal government sets income guidelines based on the number of people in your family and your family income. If your yearly income is equal to or less than the amount determined by the federal government your child is eligible for the program. If your child is a member of a household that qualifies for the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance (TA), the child is automatically eligible for the program.

We require each family to complete the attached form as part of the camp registration process. Please make sure to complete each section by following the directions below, sign, and date the form. **EVEN IF YOU DO NOT QUALIFY, WE MUST HAVE ONE COPY OF THIS FORM PER FAMILY. This form must be filled out in its entirety. It is mandatory for enrollment in the summer camp program.**

#### Part 1: Children Enrolled in the Program

List all of the children in the household who are attending camp. Indicate the birth date of each child. If you have a foster child placed by the State, that child is most likely eligible for free meals regardless of household income. If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, your signature, and the date. If your child received TA payments or SNAP, please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete part 2. If you do not list a SNAP or TA case number for your children, you must complete parts 2 and 4.

#### Part 2: Household and Income Information

List all members of the household. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). Report the monthly income by source for each household member. The income reported on the application must include all income before deductions.

#### Part 3: Ethnic and Racial Information – Completion is voluntary

#### Part 4: Signature

The adult household member completing the application must sign and date the application. If the child/children is not a TA or SNAP, the adult signing the application must provide the last four digits of their social security number. If you do not have a social security number, write "none" in the space provided. Failure to provide the social security number will make the income application invalid if the child/children is not a SNAP or TA recipient.

Thank you!

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](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

2708 Sutton Boulevard | Saint Louis, MO 63143 | P (314) 644-3322 | F (314) 644-3330 | [office@sherwoodforeststl.org](mailto:office@sherwoodforeststl.org)

[sherwoodforeststl.org](http://sherwoodforeststl.org)



United Way  
of Greater St. Louis

