

Dear Parent or Guardian:

The (name of sponsor) serves nutritious meals to children without an additional charge to you. This is possible because federal reimbursement is received for meals served in accordance with regulations governing the USDA Summer Food Service Program (SFSP). To document eligibility for these funds, statements of household size and income must be obtained from parents or guardians. This information is kept confidential. If your income is higher than the amount indicated on page 2 of this letter for your household size, you do not need to complete the attached Household Size-Income Statement for the Summer Food Service Program.

### **Instructions for Completing the Household Size – Income Statement**

**If anyone in your household receives benefits from FoodShare, W-2 Cash Benefits - Eligible W-2 Cash Benefits programs are: Trial Job, Community Service Job (CSJ), Caring for a Newborn (CMC), and W-2 Transition (W-2 T), and/or Food Distribution Program on Indian Reservations (FDPIR) follow these Instructions:**

**Part 1:** List each participant's name and a case number for one household member (adult or child) who receives FoodShare, W-2 Cash Benefits or FDPIR.

**Part 2:** Skip this part.

**Part 3:** Sign and date the form. Print your name; provide address and phone number. A Social Security Number is not necessary.

**Part 4:** Answer this question if you choose to.

### **ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each participant's name.

**Part 2:** Follow these instructions to report total household income from last month.

**Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B–Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.

- In section 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
- In section 2, list the amount each person got last month from welfare, child support, alimony.
- In section 3, list Social Security, pensions, and retirement.
- In section 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column C–Check if no income:** If the person does not have any income, check the box.

**Part 3:** An adult household member must sign and date the form, provide an address and phone, and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 4:** Answer this question if you choose to.

**If your household includes a FOSTER CHILD or Workforce Investment Act (WIA) participant, use one application for the whole household and follow these instructions:** In terms of completing the Household Size - Income Statement, a child who is the legal responsibility of a welfare agency or the court may be considered a foster child.

**Part 1:** Enter each participant's name and check box indicating child is a foster child or WIA participant.

**Part 2:** Complete this part if you are applying for other children in the household and you did not enter a FoodShare, TANF or FDPIR case number in Part 1.

**Part 3:** Sign and date the form. Print your name; provide address and phone number. If Part 2 was completed, provide the last four digits of the signing adult's Social Security Number.

**Part 4:** Answer this question if you choose to.

Household Size	Monthly Income Level <i>Effective July 1, 2016, through June 30, 2017</i>
1	\$ 1,832
2	2,470
3	3,108
4	3,747
5	4,385
6	5,023
7	5,663
8	6,304
For each additional household member add	+ 642

Part 4: **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 FoodShare (Food Stamp), 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 for administration and enforcement of the Program.

**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 [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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