INCOME ELIGIBILITY FORM
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to: **Boys & Girls Clubs of Schenectady**
_____.

If you need help, call **518-374-4714**

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is <u>NOT</u> required.
Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.
Part 2: Please contact us at **518-374-4714**
Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.
Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
Part 5: 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: Skip this part.
Part 3: 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 Box 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. <u>Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).</u>

    In box 2, list the amount each person got last month from welfare, child support, alimony.

    In box 3, list Social Security, pensions, and retirement.

    In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. <u>Next to the amount, write how often the person got it</u>. 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 4: An adult household member must sign the form 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 5: Answer this question if you choose to.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.	
Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). **Skip to Part 4 if you listed a case #.**

Part 2. Foster Child

Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **Boys & Girls Clubs of Schenectady** at **518-374-4714.** Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List **everyone** in household, including children)	B. Gross income and how often it was received *Example: $100/monthly $100/twice a month $100/every other week $100/weekly*				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
2.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
3.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
4.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
5.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
6.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
7.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
8.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
9.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
10.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
11.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏
12.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❏

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X_____Print name:_____Date: _____
Address:_____Phone Number:_____
Last four digits of Social Security Number: __ __ __ __   ❏ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
❏ Hispanic or Latino ❏ Not Hispanic or Latino	❏ Asian ❏ American Indian or Alaska Native ❏ White ❏ Native Hawaiian or Other Pacific Islander ❏ Black or African American

Don't fill out this part. This is for official use only.

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Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
Total Income: _____ Per: ❏ Week, ❏ Every 2 Weeks, ❏ Twice A Month, ❏ Month, ❏ Year
Household size: _____
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___
Reason: _____
Determining Official's Signature: _____ _____
Confirming Official's Signature: _____ _____
Follow-up Official's Signature: _____ _____

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