

Part 1. Children enrolled in Camp or Closed Enrolled Sites. (Use separate application for each foster child)

Names
(First, Middle Initial, Last)

Food Stamps, TANF or FDPIR case # (if any). **Skip to Part 4 if case # is listed.**

Part 2. Foster Child. In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact KYC @ 859-252-1793. **Skip to Part 4.**

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/weekly				C. Check if there is no income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Soc. Sec., pensions, retirement	4. All other income	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

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 his or her Social Security number or mark the "I do not have a Social Security Number" space. (See Privacy Act Statement at the bottom 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: _____
 Social Security Number: _____ - _____ - _____ OR _____ (check) "I do not have a Social Security Number"

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

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Don't fill out this part. Official use only.

Annual Income Conversion: Weekly X 52, Every 2 weeks X 26, Twice a Month X 24, Monthly X 12

Total income: _____ Per: (Circle one) Week, Every 2 Weeks, Twice a Month, Month, Year
 Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: (Circle one) Free, Reduced, Denied
 Reason: _____
 Temporary: (Circle one) Free, Reduced Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

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, 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 Food Stamp, Temporary Assistance for Needy Families (TANF) Program 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 is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.