

2016 CAMP JOY / OHIO SUMMER FOOD SERVICE PROGRAM APPLICATION

FOR OFFICE USE ONLY:
 \$ _____ Monthly Income
 _____ Approved
 _____ Denied
 Signature of Authorized Official

Joy serves nutritious meals as part of the federally funded Summer Food Service Program for Children.
 Thank you for your time to help JOY in this reimbursement program!

COMPLETE & SIGN SECTION 1, 2 or 3

I certify that all of the below information is true and correct. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws

Camper's Name _____

1 FOR CHILDREN RECEIVING FOOD STAMPS OR OWF

____ Yes, I received Food Stamp or OWF benefits for the child listed above this month and request meal benefits.

Food Stamp Case Number (10 digit #)

Your 10 digit case number can be found on your certification letter from SNAP or OWF.

OR

OWF/TANF Identification #

 Signature of Adult Household Member Date

OR

2 FOR FOSTER CARE CHILDREN

____ Yes, the camper is under the legal responsibility of a human service agency and is living in our household.

Personal Use Income of Foster Child:

\$ _____
 "O" if the child has no personal use income.

 Signature of Adult Household Member Date

Income Eligibility Information for Section 3:

REDUCED INCOME ELIGIBILITY GUIDELINES – 185% Guidelines to be effective from July 1, 2015 through June 30, 2016
 Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.

HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
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

OR

3 FOR CHILDREN NOT CURRENTLY RECEIVING FOOD STAMPS OR OWF

LIST <u>ALL</u> HOUSEHOLD MEMBERS' NAMES	Gross Monthly Earnings	Monthly Welfare/ Child Support / Alimony / OWF	Monthly Pensions/ Retirement / Social Security	Monthly Other income

 Signature of Adult Household Member

 Last 4 Digits of Social Security #

 Date

Section 9(d) of the National School Lunch Act requires that the primary wage earner, or adult household member signing the application, include their social security number but if you refuse, your child may not receive free meals. The social security number may be used to identify you for verifying the information reported on this application. Verification may include audits; investigations; contacting the state employment security office, Food Stamp or welfare office, and employers; and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to the household member whose Social Security number is reported on this form.

NON-DISCRIMINATION: No child will be discriminated against because of race, color, national origin, sex, age or disability. This facility is operated in accordance with USDA policy, which does not permit discrimination because of race, color, national origin, sex, age or disability. Any person who believes that he or she has been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington D.C., 20250.