

2020 Summer Food Service Program Application

1. Complete, sign and return along with camper application. If you need help completing this form, please call Camp Sebago #207-642-3771.

_____ Child's Last Name	_____ First	_____ M.I.	
_____ <input type="checkbox"/> SNAP Number	_____ <input type="checkbox"/> Letter	_____ <input type="checkbox"/> TANF Number	_____ <input type="checkbox"/> Letter _____ <input type="checkbox"/> Foster Child

2. **TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS** _____

ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income.

ANNUAL INCOME CONVERSION: WEEKLY X 52, BI-WEEKLY X 26, SEMI-MONTHLY X 24, MONTHLY X 12

Names	Current Monthly Income				
All Other Household Members	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income	Check if NO Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
2. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
3. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
4. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
5. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

3. **SIGNATURE: An adult household member must sign the application and list the last 4 digits of his/her social security number before it can be approved.**

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ **Last 4 Digits of Social Security Number:** _____ **I do not have a Social Security Number**

Printed Name: _____ **Home Phone:** _____ **Work Phone:** _____

Home Address _____ **Zip Code** _____ **Date** _____

Privacy Act Statement. Unless you list the child's SNAP or TANF case number, Section 9 of the National School Lunch Act requires that you include the last 4 digits of the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if the last 4 digits of a social security number are not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The last 4 digits of the social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine current certification for SNAP or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received and checking the documentation produced by the household member to 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 Office Use Only: Approved: ___ Denied: ___ Initials of Approving Official: _____ Date: _____

4. **CHILDREN'S ETHNIC and RACIAL IDENTITIES:** Optional. You are **not required** to answer this question.

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

Household Size	Monthly Income
1	1,926
2	2,607
3	3,289
4	3,970
5	4,652
6	5,333
7	6,015
8	6,696
For each additional family member add:	\$682

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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