

# 2019 CAMP JOY / OHIO SUMMER FOOD SERVICE PROGRAM APPLICATION

FOR OFFICE USE ONLY:  
 \$ \_\_\_\_\_ Monthly Income  
 \_\_\_\_\_ Approved  
 \_\_\_\_\_ Denied  
 Signature of Authorized Official \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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!

**Pick One!**

**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:  
 \$ \_\_\_\_\_  
 "0" if the child has no personal use income.

\_\_\_\_\_

Signature of Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

↓ **OR**

**3 FOR CHILDREN NOT CURRENTLY RECEIVING FOOD STAMPS OR OWF and NOT IN FOSTER CARE**

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.

REDUCED INCOME ELIGIBILITY GUIDELINES – 185% Guidelines					
Effective from July 1, 2018 to June 30, 2019					
Households with incomes less than or equal to the reduced-price values are eligible for free or reduced-price meal benefits.					
HOUSEHOLD SIZE	ANNUAL	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each add'l family member, add	7,992	666	333	308	154

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 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 Supplemental Nutrition Assistance Program (SNAP), W-2 Cash Benefits (Temporary Assistance for Needy Families or 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 administration and enforcement of the program.

**FULL 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](#), (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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