INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS OR FREE MILK (Effective July 1, 2023 through June 30, 2024)

Free Eligibility Scale
Free Lunch, Breakfast, Milk

Reduced Price Eligibility Scale Reduced Price Lunch, Breakfast

House hold Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	House hold Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 18,954	\$ 1,580	\$ 790	\$ 729	\$ 365	1	\$ 26,973	\$ 2,248	\$ 1,124	\$ 1,038	\$ 519
2	\$ 25,636	\$ 2,137	\$ 1,069	\$ 986	\$ 493	2	\$ 36,482	\$ 3,041	\$ 1,521	\$ 1,404	\$ 702
3	\$ 32,318	\$ 2,694	\$ 1,347	\$ 1,243	\$ 622	3	\$ 45,991	\$ 3,833	\$ 1,917	\$ 1,769	\$ 885
4	\$ 39,000	\$ 3,250	\$ 1,625	\$ 1,500	\$ 750	4	\$ 55,500	\$ 4,625	\$ 2,313	\$ 2,135	\$ 1,068
5	\$ 45,682	\$ 3,807	\$ 1,904	\$ 1,757	\$ 879	5	\$ 65,009	\$ 5,418	\$ 2,709	\$ 2,501	\$ 1,251
6	\$ 52,364	\$ 4,364	\$ 2,182	\$ 2,014	\$ 1,007	6	\$ 74,518	\$ 6,210	\$ 3,105	\$ 2,867	\$ 1,434
7	\$ 59,046	\$ 4,921	\$ 2,461	\$ 2,271	\$ 1,136	7	\$ 84,027	\$ 7,003	\$ 3,502	\$ 3,232	\$ 1,616
8	\$ 65,728	\$ 5,478	\$ 2,739	\$ 2,528	\$ 1,264	8	\$ 93,536	\$ 7,795	\$ 3,898	\$ 3,598	\$ 1,799
Each Add'l person add	\$ 6,682	\$ 557	\$ 279	\$ 257	\$ 129	Each Add'l person add	\$ 9,509	\$ 793	\$ 397	\$ 366	\$ 183

Please note: Incomes indicated on the free and reduced price eligibility scales are maximum amounts.

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: [Name of Sponsor]

If you need help, call [phone number of Sponsor]

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 NOT 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 [phone number of Sponsor]
- 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. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). In box 2, list the amount each person got last month from welfare, child support, alimony.

in box 2, list the amount each person got last month from wehale,

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. Next to the amount, write how often the person got it. 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.

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 SNAP, 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.

Non-discrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- 2. fax:
 - (833) 256-1665 or (202) 690-7442; or
- 3. email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

Part 1. Children enrolled in Camp	or Closed Envelled Sites				2023	SFSP				
Names	or Closed Enrolled Sites	SNAP (Food Stamp), TANF or FDPIR case # (if any). Skip to Part								
(First, Middle Initial, Last)		4 if you listed a case #.								
Part 2. Foster Child			1							
Foster children eligible for free and of Sponsor] at [phone number]. (Stamp), TANF or FDPIR case number)	Complete Part 3 if you are a per in Part 1.	applying for o	ther childre	en in your household and						
Part 3. Total Household Gross Inc	ome—You must tell us he B. Gross income and he					To				
A. Name			vas received c a month \$100/every other week \$100/weekly C. Check							
(List everyone in household, including children)	1. Earnings from work	2. Welfare, child		3. Social Security,	4. All Other Income	if NO				
inolaumy children	before deductions	support, alimony		pensions, retirement,		income				
1.	\$ <u>/</u>	\$/	 	\$/	\$/_					
2.	\$/	\$/	 	\$/	\$/					
3.	\$/	\$/		\$/	\$/					
4.	\$/_	\$/		\$/	\$/					
5.	\$/	\$/		\$/	\$/					
6.	\$/	\$/		\$/	\$/					
7.	\$/	\$/		\$/	\$/					
8.	\$/_	\$/_		\$/	\$/					
9.	\$/_	\$/		\$/	\$/					
10.	\$/_	\$/		\$/	\$/_					
11.	\$/	\$/		\$/	\$/					
12.	\$/	\$/_		\$/	\$/					
Part 4. Signature and Social Secu										
An adult household member must s Social Security Number or mark the										
I certify that all information on this fo		•	•	•		,				
Federal funds. I understand that SF			understan	nd that if I purposely give fa	alse information, the par	rticipant				
receiving meals may lose the meal Sign here: X				Date:						
Sign here: X Print name: Date: Address: Phone Number: Last four digits of Social Security Number: I do not have a Social Security Number										
Last four digits of Social Security No	umber: 🗖 l d	do not have a	Social Se	curity Number						
Part 5. Participant's ethnic and ra		: d = u 4;4; = = .								
Mark one ethnic identity: Mark one or more racial identities: □ American Indian or Alaska Native										
☐ Hispanic or Latino	☐ American Indian or Alaska Native ☐ White ☐ Native Hawaiian or Other Pacific Islander									
☐ Not Hispanic or Latino	Black or African American									
Don't fill out this part. This is for	official use only.									
	me Conversion: Weekly x 5				nthly x 12					
Household size:	☐ Week, ☐ Every 2 Weeks									
Categorical Eligibility: Date Wi										
Determining Official's Signature: Date: Date:										
Follow-up Official's Signature: Date:										