SUMMER FOOD SERVICE PROGRAM
MEAL BENEFITS FORM FOR CAMPS AND ENROLLED SITES

1 **CHILD'S NAME:** _____
Last **First** **M.I.**

2 **Are you getting Food Stamps, POWER, or FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) benefits for your child?** List the CASE NUMBER. DO NOT complete section #4. Go to Section #5.
Food Stamp Case Number: _____ **FDPIR Case Number:** _____ **POWER Case Number:** _____

3 **Is this a FOSTER CHILD?** If this is a foster child, check here [ ] and write the child's monthly personal use income here: $ _____. Go to section #5.

4 **ALL OTHER HOUSEHOLDS:** (Complete this part only if you did not complete sections #2 or #3.) List all household members, including the child listed above. List all income. Go to section #5.

Names	**Current Monthly Income**			
Names of Household Members (include the child listed above)	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
1. _____	$ _____	$ _____	$ _____	$ _____
2. _____	$ _____	$ _____	$ _____	$ _____
3. _____	$ _____	$ _____	$ _____	$ _____
4. _____	$ _____	$ _____	$ _____	$ _____
5. _____	$ _____	$ _____	$ _____	$ _____
6. _____	$ _____	$ _____	$ _____	$ _____
7. _____	$ _____	$ _____	$ _____	$ _____

5 **SIGNATURE AND SOCIAL SECURITY NUMBER:** ***PENALTIES FOR MISREPRESENTATION:*** *I certify that all of the above information is true and correct and that the Food Stamp, FDPIR or POWER case number is current, correct and 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 Meal Benefits Form and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Signature of Adult: _____ **Social Security #:** ___ ___ ___ - ___ ___ - ___ ___ ___ ___

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

Home Address: _____
City: _____ **State:** _____ **Zip Code:** _____ **Date:** _____

Privacy Act Statement: Unless you list the child's Food Stamp, FDPIR or POWER case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the Social Security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a Social Security number, but if a Social Security number is not listed or an indication is not made that the adult household member signing the form does not have a Social Security number, we cannot approve this form. The Social Security number may be used to identify the household member in verifying the correctness of information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp, FDPIR, or POWER office to determine current certification for Food Stamps, FDPIR, or POWER 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. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The Social Security number may also be disclosed to programs as authorized under the National School Lunch and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose investigating violations of certain Federal, State and local education, health and nutrition programs.

6 **RACIAL / ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so:**
Please mark one or more of the following racial identities:
[ ] American Indian /Alaskan Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White
Please mark one of the following ethnic identities: [ ] Hispanic or Latino [ ] Not Hispanic or Latino

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 Civil Rights,1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Official Use Only: Food Stamp / FDPIR / POWER household categorically eligible free: [ ] Yes [ ] No
MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2
Total Monthly Income: _____ Household Size: _____ Eligible: _____ NOT Eligible: _____
Determining Official: _____ Signature: _____ Date: _____