

Part 1. Children enrolled in Camp or Closed Enrolled Sites					
Name of Camper (First, Middle Initial, Last)			SNAP or TAFDC case # (if any). Skip to Part 4 if you listed a case # or indicate Head Start or Homeless.		
			#		
Part 2. Foster Child					
Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact Catholic Charities at 508-587-0815 x229 . Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP or TAFDC case number or indicate Head Start or homelessness in Part 1.					
Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List everyone in household, including ALL children) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
Part 4. Signature and Social Security Number (Adult must sign)					
An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)					
<i>I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.</i>					
Sign here: X _____ Print name: _____ Date: _____					
Address: _____ Phone Number: _____					
Last four digits of Social Security Number: ____-____-____-____ <input type="checkbox"/> I do not have a Social Security Number					
Part 5. Participant's Ethnic and Racial Identities (optional)					
Mark one ethnic identity:		Mark one or more racial identities:			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian			
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native			
		<input type="checkbox"/> White			
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
		<input type="checkbox"/> Black or African American			
***** DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY. *****					
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12					
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year					
Household size: _____ Categorical Eligibility: _____ Eligible _____ Not Eligible _____					
Reason: _____					
Determining Official's Signature: _____ Date: _____					
Confirming Official's Signature: _____ Date: _____					