

HOUSEHOLD SIZE-INCOME STATEMENT FOR THE SUMMER FOOD SERVICE PROGRAM (SFSP)
INSTRUCTIONS: An adult household member must complete and return to sponsor. (Rev. 1/09)

Part 1. List all children attending enrolled program or camp (Use a separate application for each foster child)

Names of all children attending enrolled program or camp (First, Middle Initial, Last)	Provide FoodShare (Food Stamps), W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case # (if any). Skip to Part 4 if you listed one of the above for each child.
_____	Case # _____
_____	Case # _____
_____	Case # _____
_____	Case # _____
_____	Case # _____

DO NOT LIST: Forward or Quest Card numbers (IL residents do not list Link Card number) or Medicaid, SSI, W-2 Childcare case numbers. Please fill in Part 3 if you are *not* receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 4.

Part 3. Total Household Gross Income—Tell us how much and how often

1. Name List everyone in household, Including children listed in Part 1.	2. Gross income and how often it was received				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	\$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"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box** (See Privacy Act Statement on the parent letter).

I CERTIFY that all of the above information is true and correct and that all income is reported unless eligibility is established by receiving food stamps, W-2 Cash Benefits and/or FDPIR. I understand that this information is being given so that the sponsoring agency may receive federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable federal laws. The signature on this application is that of an adult household member.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 5. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

<input type="checkbox"/> Asian	<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	<input type="checkbox"/> Other

Mark one ethnic identity:

<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino

Don't fill out this part. This is for sponsor use only.

Annual Income Conversion = Weekly x 52 or Every 2 Weeks x 26 or Twice A Month x 24 or Monthly x 12
 Monthly Income Conversion = weekly x 4.33 or Every 2 weeks x 2.15

Basis for Eligibility Determination	Eligibility Determination	Determining Official's Initials and Date
<input type="checkbox"/> Total Household Size = _____ Total Monthly Income = _____	<input type="checkbox"/> Needy	
OR	OR	
<input type="checkbox"/> Food Stamp/W-2 Cash Benefits/FDPIR Recipient	<input type="checkbox"/> Non-Needy	