



Camp Nageela Residential Camps

- Camp Nageela Midwest Girls Camp Nageela Midwest Boys

Dear Parent or Guardian:

Our organization serves nutritious meals as part of the federally funded Summer Food Service Program for children. Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for these federal funds, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep your cost at a minimum.

Please note: Even if you are ineligible for all other government programs, you must fill out this form in order for your child to receive meals in camp.

The following are instructions for filling out the form that may be helpful to you.

Part 1: Skip, if inapplicable.

Part 2: Complete, if receiving SNAP, FIP or FDPIR benefits.

Part 3: *Column one – Names:* List first and last name of each person living in your household, adults and children regardless of whether they are related or not (grandparents, relatives). Attach another sheet of paper if needed.

Column two – Foster Children: Circle yes if applicable

Column three – Session: Fill in the camp name (NAGEELA) for the children attending camp.

Part 4: *Earnings from work-* List the gross income of each person in the family and circle how often the payment is received. Gross income is the amount earned before taxes and other deductions. (Net income should ONLY be reported for self-owned business or rental income). Every person in the household must claim some income or indicate that they receive no income. Circle \$0, in the column labeled "circle if no income" for each person that is not claiming income.

Welfare, Child Support and Alimony - If applicable, list the amount and how often money is received.

Pension, Retirement, Social Security - If applicable, list the amount and how often money is received.

All other income - List any other income including workers compensation, unemployment etc. and how often it is received.

Part 5: An adult household member must sign and date the form, list address, and the last four digits of his/her social security number or check the box "I do not have a social security number".

Part 6: Check one racial/ethnic identity (optional)

If you need help filling out this form, please call us at 773.604.4400 or email us at info@campnageelamidwest.org.

SUMMER FOOD SERVICE PROGRAM FREE MEALS FAMILY APPLICATION

Part 1 - _____Homeless _____Migrant _____Runaway

List the Child's Name, Grade and Session #/Name or Site Name in Part 3.

If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____

Part 2 - Does any child in your household receive Food Assistance Program/Family Independence Program/FDPIR? YES NO (circle one)

If yes, you **MUST** list a case number - Food Assistance Program # _____ Family Independence Program # _____ FDPIR # _____

* Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers

Part 3 - Household Names - List below *all* people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.

Part 4 - Total Household Gross Incomes

Include the amount of money and circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FDPIR number for a child in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Session #/Name or Site Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony			Pensions, Retirement, Social Security			All Other Income			
				weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks		
Example: <i>Jane Doe</i>	Yes		\$0	\$600	monthly			\$250	monthly						
1	Yes		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
2	Yes		\$0		twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
3	Yes		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
4	Yes		\$0		twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
5	Yes		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
6	Yes		\$0		twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
7	Yes		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
8	Yes		\$0		twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)

If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a social security number box". See Privacy Act Statement on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get Federal Funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ **Print Name:** _____ **Date:** _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ **I do not have a Social Security Number**

Address	City	Zip Code	County
Home/Cell Phone	Work Phone	Email Address	By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

Part 6 - Child's Racial/Ethnic Identity (optional)**Check One or More Racial Identities:**

American Indian or Alaskan Native
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Asian
 White
 Other

Check One Ethnic Identity:

Hispanic or Latino
 Neither Hispanic or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell 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 last four (4) digits of 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, list a FAP or FIP case number or other FDPIR identifier for your child, or 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 lunch and breakfast programs. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: *This explains what to do if you believe you have been treated unfairly.*

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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

APPROVAL/DISAPPROVAL - For Sponsor Use Only**Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12****Household Size:** _____**Total Gross Income: \$** _____

Weekly
 Every 2 Weeks
 Twice a Month
 Monthly
 Annual

_____ Categorical Eligibility

Eligibility:

Number of Children Eligible
 Number of Non-eligible Children

Reason for Denial:

Income Too High
 Incomplete Application
 Other (specify) _____

Determining Official's Signature: _____ **Date:** _____ **Date Dropped/Withdrawn:** _____