

**LETTER TO PARENTS FROM Thousand Pines Camp
Regarding the Eligibility Form on the Reverse Side
(Used for Scholarships and for Summer Food Service Program)**

Dear Parent/Guardian:

The form on the reverse is an important form. It will be used to assist Thousand Pines in receiving reimbursement funds as well as to determine eligibility for our summer camp scholarships.

Providing nutritious meals to children at a reasonable cost is an increasing growing challenge. To assist us in providing children nutritious meals and snacks we are receiving federal cash reimbursement for the children we serve through the Summer Food Service Program (SFSP). The reimbursements allow us to afford and offer better service to children.

To assist our program in receiving these reimbursement funds, please **if you are eligible based on the chart below or if your student is a foster child**, complete, sign, and return the **confidential Eligibility Form on the reverse side of this letter**. The eligibility form also acts as a scholarship application for the summer camp season. (*Summer Camp Scholarships will be awarded to income eligible students while funds last.*)

You have the option of returning this completed form directly to Thousand Pines Camp (**fax # 909-338-3511**) or returning it to your event organizer. Be sure your form is filled out completely and that it indicates the name of the organization your child is attending with and the date they are attending, along with your email address. Please do not call to inquire about your allocation as we will be informing your organizer directly or emailing you if you include your email address.

Thank you for your participation and cooperation.

THIS SCALE DOES NOT APPLY TO MEMBERS OF FOOD STAMP HOUSEHOLDS OR RECIPIENTS OF SUPPLEMENTAL SECURITY INCOME, MEDICAID/MEDI-CAL, OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS BENEFITS, THOSE PARTICIPANTS ARE CATEGORICALLY ELIGIBLE FOR FREE MEALS.

Income Eligibility Guidelines

HOUSEHOLD SIZE*	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 18,889	\$ 1,575	\$ 788	\$ 727	\$ 364
2	\$ 25,327	\$ 2,111	\$ 1,056	\$ 975	\$ 488
3	\$ 31,765	\$ 2,648	\$ 1,324	\$ 1,222	\$ 611
4	\$ 38,203	\$ 3,184	\$ 1,592	\$ 1,470	\$ 735
5	\$ 44,641	\$ 3,721	\$ 1,861	\$ 1,717	\$ 859
6	\$ 51,079	\$ 4,257	\$ 2,129	\$ 1,965	\$ 983
7	\$ 57,517	\$ 4,794	\$ 2,397	\$ 2,213	\$ 1,107
8	\$ 63,955	\$ 5,330	\$ 2,665	\$ 2,460	\$ 1,230
For each additional family member, add:	\$ 6,438	\$ 537	\$ 269	\$ 248	\$ 124

*HOUSEHOLD INCLUDES THE ADULT PARTICIPANT AND, IF RESIDING WITH THE PARTICIPANT, THE SPOUSE, AND ANY PERSONS WHO ARE ECONOMICALLY DEPENDENT ON THE ADULT PARTICIPANT.

**THOUSAND PINES CAMP SCHOLARSHIP AND
SUMMER FOOD SERVICE PROGRAM
ELIGIBILITY FORM**

Name of Organization student is attending with: _____
Dates Student is Attending: _____
Type of Camp: Outdoor School ____; Junior ____; JH ____; HS ____
Email Address: _____

PART 1 – CHILD’S NAME

LAST NAME	FIRST NAME	M. I.
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If foster child, check (✓) here and complete PART 2C.

PART 2A -- HOUSEHOLDS RECEIVING FOOD STAMPS, CalWORKs, Kin-GAP, FOOD DISTRIBUTION ON INDIAN RESERVATION (FDPIR) BENEFITS, OR PARTICIPATE IN THE WORKFORCE INVESTMENT ACT (WIA) PROGRAM: Fill in one of the boxes below and complete PART 3. **DO NOT COMPLETE PART 2B.**

FOOD STAMP CASE NUMBER	CALWORKS NUMBER	KIN-GAP NUMBER	FDPIR NUMBER
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Check (✓) here if the child is a Workforce Investment Act (WIA) participant.

PART 2B – HOUSEHOLD MEMBERS AND MONTHLY INCOME: Complete this part and sign the statement in PART 3 **only** if you do not receive food stamps, CalWORKS, Kin-GAP, FDPIR Benefits, or participate in the WIA program, and did not complete PART 2A.

NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE PARTICIPATING CHILD, PARENTS, SIBLINGS AND ANY OTHER PERSONS LIVING IN HOUSEHOLD)	CHECK (✓) FOR EACH PARTICIPATING CHILD	GROSS MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS, INCLUDE ALL JOBS	WELFARE, CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	ANY OTHER MONTHLY INCOME
1.	<input type="checkbox"/>	1.	1.	1.	1.
2.	<input type="checkbox"/>	2.	2.	2.	2.
3.	<input type="checkbox"/>	3.	3.	3.	3.
4.	<input type="checkbox"/>	4.	4.	4.	4.
5.	<input type="checkbox"/>	5.	5.	5.	5.

PART 2C -- FOSTER CHILD: List only one foster child per eligibility form. Complete this part and sign the statement in PART 3.

Enter foster child's total monthly income: \$

PART 3 -- SIGNATURE: An adult household member must sign this statement and complete the requested information before the application can be approved.

I certify that all of the above information is true and correct, that the food stamp, CalWORKS, Kin-GAP, FDPIR Benefits, or WIA Program participation information is correct and that all income has been reported. I understand that this information is being given for the receipt of federal funds and that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER	PRINTED NAME	SOCIAL SECURITY NUMBER*
ADDRESS	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
		DATE

*Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, CalWORKs, Kin-GAP, or FDPIR number is provided, you must include the Social Security Number of the household member signing the statement or an indication that the household member signing the statement does not possess a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. Verification efforts may be carried out through program reviews, audits and investigations, and may include contacting employers to determine income, contacting a social service office to determine current certification of food stamp, CalWORKS, Kin-GAP, FDPIR benefits, contacting the State Employment Development Department to determine benefits received, and checking documentation provided 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.

PART 4 – RACIAL AND ETHNIC IDENTITY: This part is optional. The requested information is for statistical purposes only.

1. Check (✓) racial identity: Alaskan Native or Asian Black or Native Hawaiian or White
 American Indian African American Other Pacific Islander

2. Is participant of Hispanic or Latino origin? Yes No

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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

MONTHLY INCOME CONVERSION WEEKLY X 4.33 EVERY 2 WEEKS (BI-WEEKLY) X 2.15 TWICE A MONTH (SEMI-MONTHLY) X 2	HOUSEHOLD SIZE	TOTAL HOUSEHOLD MONTHLY INCOME \$	NOT ELIGIBLE <input type="checkbox"/> CATEGORICALLY ELIGIBLE <input type="checkbox"/> HOUSEHOLD SIZE/INCOME ELIGIBLE <input type="checkbox"/>
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SIGNATURE OF AUTHORIZED REPRESENTATIVE /TITLE	DATE
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