

**HOW TO COMPLETE THE SUMMER FOOD SERVICE PROGRAM  
MEAL BENEFIT INCOME ELIGIBILITY FORM  
(For Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**

---

If you need help, call **[phone number of Sponsor]**

**Follow these instructions, if your household gets FOOD STAMPS, TANF or FDPIR:**

**Part 1:** List participant's name and a Food Stamp, TANF or FDPIR case number.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 5:** Answer this question if you choose to.

**If you are applying on behalf of a FOSTER CHILD, use a separate application for each foster child and follow these instructions:**

**Part 1:** Enter the child's name.

**Part 2:** Please contact us at **[phone number of Sponsor]**

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 5:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each participant's name.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B–Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.

In box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column C–Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 5:** Answer this question if you choose to.

**Privacy Act Statement:** This explains how we will use the information you give us.

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