Hello Campers and Parents!

Welcome to your 2010 summer camping season! Summertime is fast approaching and we are looking forward to a fun filled camp week June 28- July 2, 2010 at Camp Ocala. We are glad you will be joining us this year! Campers will have an exciting week of outdoor recreation and educational activities planned for them this summer. There’s fun on the horizon!

This packet contains all the information that you need to get started. Please thoroughly read, complete and return all forms. Any missing information will hold up the registration process and possibly cause the camper to miss out on a preferred activity or cabin assignment. All forms must be completed and signed. A description of required forms is listed below. We appreciate your time and effort in this area!

Also enclosed is a summer food service application. If you are currently eligible for free or reduced lunch, food stamps or AFDC you will qualify for the discount by completing this application. If you do not qualify, please write “Not Applicable” across the page and sign the bottom. This way we can show the Florida Department of Education that every camper was given the opportunity to apply. In order to subtract the food service from your fees, I must receive the completed application with your camper registration form.

Make sure that all of your paperwork is complete and turned in by May 17th, along with a $25.00 non-refundable deposit. Camp fills up very quickly, so the first 75 registration forms will receive priority. Last year we took 94 youth from Lake County so be sure to get your paperwork in today. Camp fee is $200.00. Refunds will not be given after the campers arrival on Monday.

In the packet: □ Camp information □ Camp Registration form □ Barbra Eveland Scholarship form
□ Participation form □ Medication form □ Cell phone & graffiti Policy
□ Cabin request & Special Dietary form □ Camp pick up release
□ Packing list □ Food Service Program

SEE YA AT CAMP!!!

Mark June 9th on your calendar, Wednesday, 6:30 at the AG Center in Tavares, for a campers Q and A.
Theme: "Super-Heros"

Evening activities and counselor workshops will be related to this theme.

COST: 4-H Camp costs $200.00, this includes meals, insurance, lodging, snacks and program materials for 5 days and 4 nights. This reduced rate, compared to other Florida youth camps, is made possible because this 4-H Camp is an IFAS Extension sponsored activity with the support of Florida 4-H Foundation.

SCHOLARSHIPS: You may qualify for a discount from 25% to 75% if you meet certain scholarship criterion which includes completing a record book, participating in county events day, and entering share the fun and/or fashion revue. An application is included with this registration packet.

CLOTHING CANTEEN: Campers may bring money to buy souvenir items at the canteen. Please see list of items attached. Parents you may send money or a check payable to “Florida 4-H Foundation” for the cost of clothing canteen. This will be the only opportunity to buy clothing during the week of camp. Items may also be purchased Friday after camp adjourns.

DUE DATE & ADDRESS: Camp registration, including all paperwork must and a $25.00 non-refundable deposit must be in the Lake County Extension 4-H Office no later than 5pm on Mon, May 17th. The remaining balance of fees is due by May 27th. The check should be made payable to Lake County Board of County Commissioners (LCBCC) and mailed to: UF/IFAS * 4-H 1951 Woodlea Road, Tavares, FL 32778

ARRIVAL: Plan to arrive at Camp Ocala between 10:30 and 11:00 a.m. on June 28th. You must arrange your own transportation. The camp is located approximately 9 miles north of Altoona on Hwy 19 in Lake County. Turn left at the sign “Fire Control Station”/4-H Camp Ocala. Go 1 mile. Unload at semi-circle parking area.

RETURN: Camp will close at 11:00 a.m. Friday, July 2nd. Parents should arrive between 10:30 and 11:00 a.m. to pick up campers. Campers are not allowed to leave until cabins are inspected and have been given permission by Agent in charge.

Can I pick my child up early from camp? For safety reasons and so all campers may enjoy the entire 4-H camping experience, campers are encouraged to arrive on time, not miss mid-week days, or leave camp early. We enjoy having each camper fully participate from the beginning to the closing of each camp week.

MAIL: You can write to: 4-H Camp Ocala, 18533 NFS Road 535, Altoona, FL 32702. Parents, we suggest you mail on Monday so it will arrive before we leave camp.

EMERGENCY PHONE NUMBER: The phone number to the office at Camp Ocala is 352-759-2288, this number can only be used for emergency purposes. As a reminder, cell phones are not allowed to be used by campers while at camp.

DAY TIME PROGRAMS: All campers will participate in four organized recreational activities each day. These activities are listed on the 4-H Camp Registration Form. Late afternoons will be organized free time for swimming, canoeing, crafts, and games.

EVENING PROGRAMS: TBA

Tuesday -
Wednesday-
Thursday-
Friday-
OUT TRIPS: Many campers ages 11 and over will be going on an out trip. The campers, according to age, will be going swimming at Alexander Springs. Campers will be transported by buses and vans.

SUPERVISION: Campers will be busy learning, recreating and making new friends. They will be well supervised by Extension Agents, county adult volunteers and camp staff. There will be a trained youth counselor in each cabin. How are behavioral and disciplinary problems handled at 4-H camp? Behavioral expectations and consequences are communicated through the 4-H Code-of-Conduct, which campers and parents/guardians must sign prior to camp. During camp, expectations for behavior are reviewed the first day, and good behavior is facilitated through positive reinforcement and role-modeling. Corporal punishment is never allowed at 4-H camp. Contact your local 4-H Extension Agent for more information regarding this question.

CAMP DRESS CODE: NO open toed shoes outside of cabin, except to waterfront NO spaghetti straps
   NO half shirts  NO underwear showing at any time  NO T-Shirts with questionable messages

Only one piece swim suits allowed or dark colored T-Shirts over two piece suits. Only casual attire may be worn to the dance. Shorts must be pinky length visit the web site at http://lake.ifas.ufl.edu/4-H/CAMP.htm to view approved dress.
If you break the dress code you will be asked to change. If you do not abide by the rules you will be sent home and your parents will be responsible for coming to get you.

REMINDERS: Label everything, including sheets and shoes. Your parents don’t want you to lose anything. You have to carry all your gear a long way to your cabin, so pack as lightly as possible. Two small bags are better than one large bag.

DAMAGE POLICY: There is a damage police at camp. If you damage any equipment, buildings or facilities you will be charged a minimum of $25 or the cost of fixing it. This means if you write your name on a wall it will cost $25. We want our camp to remain in good shape for everyone to enjoy.

Camp Ocala and Florida 4-H has a zero tolerance policy for brining any illegal substances.
2010 Summer Camp Registration
Lake and Osceola Counties DEADLINE: May 17, 2010 to our Lake County Office
June 28 – July 2, 2010 – Camp Ocala – This Year’s Theme “Super-Heroes”

Name: _________________________________________    Gender: _____    4-H Age by 9/1/09: __________
Address: _____________________________________________City ____________________ Zip____________
Club: _____________________________________  Years in 4-H: ______ Phone: ________-_____________
Email Address: _________________________________________________ County: LAKE

Emergency Contact Information:
Primary Contact: _______________________________ Phone: (____)____________Cell (___) _________
Secondary Contact: _____________________________ Phone: (____)___________Cell (___)__________
Tertiary Contact: _______________________________ Phone: (____)___________ Cell (___)__________

I will be attending as a:    Camper _____    CIT ______     Counselor _____ Chaperone _____

All campers will be participating in the following activities: Organized free time for Swimming, Archery, Canoeing, and Crafts will be in the late afternoon. During one activity period each day campers will have a choice of the following classes to be taught by camp counselors. Choose five and number them in order of preference, RANK with 1 being your highest choice and 5 being your least. We will do our best to make sure you receive at least one of your choices.

_____ Horse Colors     _____ Soccer         _____Basketball 101
_____Guitar for Dummies   _____Improvisation               _____Camp Fire Fun
_____Public Speaking      _____Friendship Bracelets 101           _____Dancing with Clovers
_____ Make your own Soap   _____ Common Speed Events   _____ Capture the Memories

CAMP FEES:         Registration Fee (includes canteen)                $ ________
*Scholarship Discount -- $ ________ for office

The amounts for scholarships cannot be determined until all registration is received

*Counselor Scholarship -- $ ________ for office

The amounts for scholarships cannot be determined until all registration is received

Summer Food Service Program Qualification -- $ ________ for office
Non-refundable Deposit due with registration -- $ 25.00
= $ ________ for office

We will bill for the balance which will be due May 27th. Call the office if you don’t receive a bill.
Checks must be made payable to Lake County Board of County Commissioners(LCBCC)

Send COMPLETED Registration to: Lake County 4-H
RE: 4-H Summer Camp
1951 Woodlea Road Tavares FL, 32778
Barbara Eveland Memorial Lake County 4-H Camp Scholarship

The Barbara Eveland Memorial Camp Scholarship was established in honor and memory of Mrs. Eveland and her belief in the value of the 4-H camping program. She was a faithful financial supporter of 4-H summer camp for years, and desired for that tradition to continue into the future. She and her family have provided resources in order that all those who meet the criteria as listed below can be assured of receiving scholarship support.

**Criteria:**

*Mandatory:* Completion of at least one 4-H project book

*Optional:* Participation in County Events Day (Speech or Demonstration)

*Optional Participation in Fashion Revue – or – Share-the-Fun

Available scholarship funds will be distributed according to the total points earned by eligible applicants.

Scholarship applications are due: **by May 17, 2010 @ 5:00pm**

*All recipients are required to write a thank you note to the Eveland Family for their thoughtfulness*

__________________________________________________________ 4-H age: _________

Club: ______________________________ Date: ____________________________

Years in 4-H: ______  Attended camp before? Yes_____ No_____

List current 4-H projects

1.__________________________________ 2.______________________________

3.__________________________________ 4.______________________________

**Check Scholarship requirement(s) that you have met:**

Completed Record Book for County Judging (Mandatory): ______ 20 points

Demonstration or Speech at County Events Day (Optional): ______ 20 points

Entered Fashion Revue and/or Share-the-Fun (Optional): ______ 20 points

***On the back of this form, in 100 words or less, state why you desire a camp scholarship***

Signature of camper_______________________ Parent: __________________________________________

Leader: ________________________________
Florida 4-H Participation Form

Note: This form must be completed by the participant and/or parent/guardian in order to participate in the 4-H program. All items must be completed, even if the response is not applicable – indicate by using N/A. This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name_________________________________________________________      Birth Date____/____/____   Age_______
Last                                       First
Home Address__________________________________________________ □ Youth □ Adult □ Female □ Male
City ST Zip _______________________________FL______________  Home: (        ) ___________________
Primary Emergency Contact ________________________________ Work: (        ) ___________________
Email_________________________________________________________ Cell: (        ) ___________________
Alternate Emergency Contact ________________________________ Phone: (        ) _________________
Name of Family Doctor_______________________________________ Phone: (        ) _________________
Health Insurance Company ___________________________________ Policy # ________________________
Name of Insured_____________________________________________ Relationship  to Participant __________

HEALTH HISTORY Does the participant have, or at any time had, any of the following? Check “Yes” or “No” to each item. Please explain any “Yes” answers (noting the # of the item in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

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<td>3) Convulsions</td>
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<td>6) Fainting</td>
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<td>12) Wear Contact Lenses</td>
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<td>17) Food Allergies</td>
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<td>18) Poison Ivy, Oak, or Sumac</td>
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<td>19) Other Allergies</td>
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<td>20) Other Health Conditions</td>
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Date of last Tetanus shot: _______________________

The following over-the-counter medications may be administered to my child, without contacting me:

- Antihistamine
- Antacid
- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- Decongestant
- Dramamine
- Hydrocortisone
- Polysporin (topical antibiotics)
- Other __________

Please contact me for permission to administer ANY over-the-counter medications.

Parent/Guardian Signature: ___________________________________________ Date: ________________

You must complete both sides.
FLORIDA 4-H EVENTS – YOUTH/ADULT CODE OF CONDUCT

As a participant in Florida 4-H events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family, and 4-H. To do that I must:

1) Obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event.
2) Speak and act in a responsible, courteous and respectful way.
3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant.
4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events.
5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program.
6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal.
7) Help others have a pleasant experience by making every attempt to include all participants in activities.
8) Be in the assigned program areas (example – dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge.
9) Dress appropriately for each event.
10) Not use a cell phone during any scheduled events.

Participant: Yes ☐ No ☐ I have read the Florida 4-H Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

Verification by Parent/Guardian or Adult Participant –

Yes ☐ No ☐ I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above – considered a Parent/Guardian or Adult Participant Signature.

Medical Release: I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event’s insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. You must complete the medical info on the back of this sheet.
Yes ☐ No ☐ I understand & agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.

General Release: I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.
Yes ☐ No ☐ I understand & agree to the General Release, considered a Parent/Guardian or Adult Participant Signature.

If you, or your child, may not participate in any of the below items you must ☑ “No”.

PUBLICITY RELEASE I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and/or the Florida 4-H Foundation.

☐ No, I do not authorize use of my – or my child’s individual image or voice.

SURVEY & EVALUATION RELEASE I hereby establish my willingness to participate as an adult (i.e. 4-H Leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child’s eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

☐ No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

Member Signature: ___________________________ Date: _______________________
Parent/Guardian Signature: ___________________________ Date: _______________________
Florida 4-H Medication Form

Parent/Guardian: Please complete this form for any medication your child will be taking while attending any 4-H event, including non-prescription drugs, lotions, inhalers or any other items. This form must accompany your child’s medication for camp and the office needs one on file, please make a copy. Write your child’s name on a zip lock bag and place this form along with the medication inside the bag.

4-Hers name: __________________________________________________________
Parent/Guardian name: _________________________________________________
Address: __________________________________________________________________
Phone (day): ____________________________ Phone (evening): ____________________________
County/City: ____________________________________________________________ Gender: __________

The following will need to be completed for each medication your child will be taking while at any 4-H event, including non-prescription medications such as allergy medicine.

Medication name: __________________________________________________________
Dosage: __________________________________________________________________
Time of day for administration: ____________________________________________
Special instructions or warnings: ____________________________________________

Medication name: __________________________________________________________
Dosage: __________________________________________________________________
Time of day for administration: ____________________________________________
Special instructions or warnings: ____________________________________________

Medication name: __________________________________________________________
Dosage: __________________________________________________________________
Time of day for administration: ____________________________________________
Special instructions or warnings: ____________________________________________

Medication name: __________________________________________________________
Dosage: __________________________________________________________________
Time of day for administration: ____________________________________________
Special instructions or warnings: ____________________________________________
Cell phone policy agreement form:

- Campers are not allowed to bring cell phones or any other electronic devices to camp. If a cell phone is brought with a camper it will be held by the County Agent until we return to the county office.

I, __________________________________________, understand that I am not to bring a cell phone to camp.

______________________________      ___________________________
(Print name of 4-H'er)      (Signature of 4-H'er)      (Date)

I know in this technology age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Often time’s homesickness, which is a normal part of a week at camp, can be worsened by talking to mom and dad. We respect and appreciate the wonderful relationship youth and families have, but if our campers are to enjoy camp fully they must to able to develop this independence. If there is an emergency or we are concerned about the youth’s well-being, campers will be allowed to call home.

I, __________________________________________, (Parent Name) have read the above cell phone policy and agree to the guidelines stated, including that the cell phone will be taken to be returned at the conclusion of Camp if the policy is violated. I understand that if there is an emergency and I cannot reach my child on their cell phone, I may contact the Camp Ocala at 352-759-2288.

______________________________      ___________________________
(Signature of Parent)      (Date)

Graffiti Policy

Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces. Campers are not allowed to defame or deface ANY camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

I, Print name of 4-H’er __________________________________________, understand that I am not to deface or defame any camp property

I, Print name of 4-H’er Parent/Legal Guardian ____________________________, understand the above 4H graffiti policy.
Cabin Assignment Request

Please indicate the name and age of a friend going to camp that you would like to be in the cabin with, 1 person of the same sex and age. We will do our best to accommodate the request. Also have your friend put your name on his/her form.

Friend: ____________________________ 4-H Age_________ Female or Male

Special Dietary needs form

The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Name: ____________________________ County: LAKE

Check One:

☐ Camper (5-13 years old) ☐ Counselor –in-Training
☐ Teen Counselor (14-18 years old) ☐ Adult volunteer or Extension faculty/staff

In the space provided below, please list all food allergies for the person listed above and any necessary precautions that should be taken:

In the space below, indicate and food restrictions (non-allergy) for the person listed above and food substitutes that may be considered:
This authorization form must be completed in full for someone other than the signing parent to pick up a child from camp. Full time participation is strongly encouraged. I __________________________ as parent/guardian of the person listed above authorize the persons listed below to pick up my child in the case of an unexpected emergency. Names of person(s) who are authorized to pick up my child (Remember, we do not know you so list both parents/guardians names also). Persons leaving camp will be required to check out and show their license or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

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<th>Authorizer</th>
<th>Date</th>
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Signature of Parent or Legal Guardian  
Signature of 2nd Parent or Legal Guardian

If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.
**Clothes should be modest and appropriate for active play in an outdoor setting.**

1. Girls must wear one-piece bathing suits and boys are not allowed to wear Speedo swimwear.
2. No underwear of any kind showing, pants/shorts must be worn at reasonable waist length.
3. No see-through clothing without a shirt underneath.
4. Shorts must be mid-thigh or longer.
5. No bare midriffs—shirt sleeves must be at least 1” wide, no spaghetti straps and no bra straps showing.

Comfortable Clothes – appropriate for casual dress:

___ Shorts, jeans, slacks, T-shirts, at least 5 changes.
___ Tennis shoes or other closed toe shoes
___ Underclothing/socks, at least 5 changes.
___ 1 sweater/jacket/sweatshirt for cool nights.
___ Bathing suit/swim clothes.
___ Rain Gear
___ Pajamas

Personal Articles: ___ Toothbrush, toothpaste ___ Deodorant ___ Wash cloth & 2 towels
___ Soap & shampoo ___ Comb or brush ___ Shower shoes
___ plastic bag for dirty clothes ___ Insect repellant ___ Sunscreen

Bedding for bunk beds: ___ Pillow & case ___ 2 sheets & light blanket or sleeping bag

Other optional items: ___ Hat ___ Alarm clock ___ Water shoes
___ Flashlight ___ Camera & film ___ Sunglasses
___ Athletic attire for sports ___ Water bottle ___ Pen, paper, stamps

- Label all items clearly with camper’s name. Do not bring expensive items to camp such as jewelry, radios, electronic games, etc.
- No money, candy, gum, snacks, knives or fireworks should be taken to camp.
- Please try to pack all clothing in a small suitcase of duffel bag, campers have to carry their suitcase to and from the car to their cabins.
FLORIDA INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS

Effective from July 1, 2009, to June 30, 2010

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For each additional family member, add: 0,919 0,577 0,269 0,207

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<td>79,797</td>
<td>6,415</td>
</tr>
<tr>
<td>8</td>
<td>46,290</td>
<td>85,607</td>
<td>7,137</td>
</tr>
</tbody>
</table>

For each additional family member, add: 3,460 6,200 7,227 7,561

HAWAII

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>FEDERAL POVERTY GUIDELINES</th>
<th>REDUCED PRICE MEALS - 135%</th>
<th>FREE MEALS - 135%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12,480</td>
<td>23,051</td>
<td>1,921</td>
</tr>
<tr>
<td>2</td>
<td>12,480</td>
<td>31,000</td>
<td>2,384</td>
</tr>
<tr>
<td>3</td>
<td>12,480</td>
<td>38,401</td>
<td>2,847</td>
</tr>
<tr>
<td>4</td>
<td>25,300</td>
<td>46,016</td>
<td>3,919</td>
</tr>
<tr>
<td>5</td>
<td>29,660</td>
<td>54,871</td>
<td>4,573</td>
</tr>
<tr>
<td>6</td>
<td>33,560</td>
<td>62,600</td>
<td>5,236</td>
</tr>
<tr>
<td>7</td>
<td>38,560</td>
<td>70,761</td>
<td>5,899</td>
</tr>
<tr>
<td>8</td>
<td>42,560</td>
<td>79,726</td>
<td>6,562</td>
</tr>
</tbody>
</table>

For each additional family member, add: 3,950 5,650 7,350 7,900 8,450

To determine annual income:
- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.

Privacy Act Statement: The Richard B. Russell National 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 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 or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you 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 Program.

Non-discrimination Statement: 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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Please complete the following form using the instructions below or write N/A. Sign the form and return it.
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
Campers name: __________________________________________  MUST RETURN THIS FORM SIGNED.

Summer Food Service Program Meal benefit Income Eligibility Form
(For Campers and Closed Enrolled Sites)

Part 1. Children enrolled in Camp or Closed Enrolled Sites. (Use a separate application for each foster child)

Names (First, Middle Initial, Last)  Food Stamp, TANF or FDPIR case #. Skip to Part 4 if you listed a case #.

<table>
<thead>
<tr>
<th>Name</th>
<th>Food Stamp case #</th>
<th>TANF case #</th>
<th>FDPIR case #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part 2. Foster Child  In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact [name of Sponsor] at [phone number]. Skip to Part 4.

Part 3. Total Household Gross Income—you must tell us how much and how often

<table>
<thead>
<tr>
<th>A. Name (List everyone in household, including children)</th>
<th>B. Gross income and how often it was received</th>
<th>C. Check if NO income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: (Example) Jane Smith</td>
<td>$200/weekly</td>
<td>$150/weekly</td>
</tr>
<tr>
<td>$__<strong>/</strong>____</td>
<td>$__<strong>/</strong>____</td>
<td>$__<strong>/</strong>____</td>
</tr>
<tr>
<td>$__<strong>/</strong>____</td>
<td>$__<strong>/</strong>____</td>
<td>$__<strong>/</strong>____</td>
</tr>
<tr>
<td>$__<strong>/</strong>____</td>
<td>$__<strong>/</strong>____</td>
<td>$__<strong>/</strong>____</td>
</tr>
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<td>$__<strong>/</strong>____</td>
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</tr>
<tr>
<td>$__<strong>/</strong>____</td>
<td>$__<strong>/</strong>____</td>
<td>$__<strong>/</strong>____</td>
</tr>
<tr>
<td>$__<strong>/</strong>____</td>
<td>$__<strong>/</strong>____</td>
<td>$__<strong>/</strong>____</td>
</tr>
</tbody>
</table>

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 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 certify that all information on this form is true and that all income is reported. I understand that 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.

Sign here: X______________________________Print Name:_____________________________Date: ______________

Address:_______________________________________________________Phone Number:______________________

Social Security Number: __ __ __ - __ __ - __ __ __ __ ☐ I do not have a Social Security Number

Part 5. Participant’s ethnic and racial identities (optional)

Mark one ethnic identity: ☐ Hispanic or Latino  ☐ Not Hispanic or Latino

Mark one or more racial identities: ☐ Asian  ☐ American Indian or Alaska Native  ☐ Black or African American  ☐ White  ☐ Native Hawaiian or Other Pacific Islander

Don’t 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: ☐ Week  ☐ Every 2 Weeks  ☐ Twice A Month  ☐ Month  ☐ Year

Household size: ________

Categorical Eligibility:  Date Withdrawn: ________ Eligibility: Free___ Reduced___ Denied___

Reason: ________________________________________________________________________________________

Temporary: Free_____ Reduced_____ Time Period: ___________________________ (expires after _____ days)

Determining Official’s Signature: _______________________________________________ Date: ______________

Confirming Official’s Signature: ________________________________________________ Date: ______________

Follow-up Official’s Signature: _________________________________________________ Date:______________