

**SUMMER FOOD SERVICE PROGRAM
 MEDIA RELEASE
 CAMPS AND CLOSED ENROLLED SITES**

**VENDOR #: V27500
 CNIPS ID #: 04085-
 SFSP-38**

The BOYS & GIRLS CLUBS OF SAN FRANCISCO CAMP MENDOCINO is participating in the Summer Food

AGENCY NAME

Service Program (SFSP). Meals will be provided to all eligible children free of charge. To be eligible to receive free meals at a residential or non-residential camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program. The income guidelines for reduced-price meals by family size are listed below. Children who are part of households that receive Supplemental Nutrition Assistance Program (SNAP), California Work Opportunity and Responsibility for Kids (CalWORKs), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits are automatically eligible to receive free meals.

Acceptance and participation requirements for the SFSP and all activities are the same for all children regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided as follows::

MEAL THAT WILL BE OFFERED Select Meal TypeBREAKFAST	MEAL THAT WILL BE OFFERED Select Meal TypeLUNCH
MEAL SERVICE START AND END DATES 06 / 22 / 19 to 8 / 8 / 19	MEAL SERVICE START AND END DATES 6 / 22 / 19 to 8 / 8 / 19
SITE NAME CAMP MENDOCINO	SITE NAME CAMP MENDOCINO
ADDRESS FORT BRAGG, CA	ADDRESS FORT BRAGG, CA
MEAL SERVICE START AND END TIMES 8AM to 9:30 AM	MEAL SERVICE START AND END TIMES 12PM to 1:30PM

**SUMMER FOOD SERVICE PROGRAM
 LETTER TO PARENTS**

Dear Parent/Guardian:

Providing nutritious meals to children at a reasonable cost is an increasing growing challenge. To assist our program in offsetting the costs for meals served to the children, we receive federal reimbursement funds through the Summer Food Service Program (SFSP). This reimbursement allows us to afford and offer better service to children. Please complete, sign, and return the attached confidential Income Eligibility Form for Camps and Enrolled Sites as soon as possible.

Instructions for completing the eligibility information are on the reverse side of the form. Please contact Camp if you have questions or need assistance in completing form.

The chart below is used to determine the children’s/child’s eligibility to receive SFSP meals. If the children’s/child’s family household income is at or below the dollar amount in the chart, the children/child are/is eligible to receive free Summer Food Service Program meals.

Please complete the attached form and return it to: Megan Kummer at mkummer@kidsclub.org or 380 Fulton Street, San Francisco, CA 94102

Thank you for your participation and cooperation.

THIS SCALE DOES NOT APPLY TO HOUSEHOLDS THAT RECEIVE CALFRESH, CALWORKS, FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), WORKFORCE INVESTMENT ACT (WIA), OR KIN-GAP BENEFITS. THOSE CHILDREN ARE AUTOMATICALLY ELIGIBLE FOR FREE MEAL BENEFITS.

ELIGIBILITY SCALE FOR CAMPS AND CLOSED ENROLLED SITES					
July 1, 2018–June 30, 2019					
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member, add:	\$ 7,992	\$ 666	\$ 333	\$ 308	\$ 154

* A household of one means a child who is his or her sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Using the instructions below, please complete, sign, and return the Income Eligibility Form to:

If you need help, call:

1. CHILD INFORMATION:

- a) Print your child's name.
- b) Check a box in the right column to identify a foster child.

2. CATEGORICAL ELIGIBILITY: Complete this section and sign the form in section #4.

- a) List your current CalFresh, CalWORKs, FDPIR or Kin-GAP case number(s) for your child(ren).
- b) Sign the form in section #4. An adult household member must sign. You do not have to list a SSN.

3. HOUSEHOLD INCOME: Complete this section if the child does not qualify as Categorical Eligibility and sign the form in section #4.

Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. **If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.**

- a) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, CalWORKs, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
- b) If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
- c) Sign the form and include the last four digits of your SSN in section #4. *If you do not have a SSN, check the box "Check here if no SSN."*

4. LAST FOUR DIGITS OF SSN AND SIGNATURE:

- a) The form must have a **signature** of an adult household member.
- b) The adult household member who signs the statement must include the last four digits of his/her **SSN**. *If he/she does not have a SSN, check the box "Check here if no SSN".* The last four digits of your SSN is not needed if you listed a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number.

5. RACIAL/ETHNIC IDENTITY: You **are not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work:	Pensions/Retirement/Social Security	Other Monthly Income
<ul style="list-style-type: none"> • Wages/salaries/tips • Strike benefits • Unemployment compensation • Worker's compensation • Net income from self-employment • Public assistance payments • CalWORKs payments • Alimony/child support payments 	<ul style="list-style-type: none"> • Pensions • Supplemental security income • Retirement income • Veteran's payments • Social Security 	<ul style="list-style-type: none"> • Disability benefits • Cash withdrawn from savings • Interest dividends • Income from estates/trusts/investments • Regular contributions from persons not living in the household • Net royalties/annuities/net rental income • Military allowance for off-base housing • Any other income

"FOR AGENCY USE ONLY" SECTION

The sponsor must complete this section to indicate whether the enrolled participant is or is not eligible to receive meals. Failure to complete this final step could cause loss of reimbursement.

DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

RACE:

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ETHNICITY:

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino

For Agency Use Only	
CATEGORICAL ELIGIBILITY	
CalFresh/CalWORKs/FDPIR/Kin-GAP household categorically eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foster child automatically eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
INCOME ELIGIBILITY Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Total income:	Household size:
Eligibility classification: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	
Determining official (print name):	
Determining office signature:	Certification Date:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) E-mail: program.intake@usda.gov

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