

SUMMER FOOD SERVICE PROGRAM INCOME ELIGIBILITY GUIDANCE

for

CAMPS AND ENROLLED SITES



March 2017

Missouri Department of Health & Senior Services
Bureau of Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102
Toll Free: 1-888-435-1464

**Summer Food Service Program
Income Eligibility Guidance
for Camps and Enrolled Sites**

TABLE OF CONTENTS

General Information..... 3
Instructions for Completing the Income Eligibility Form 4
Parent Letter for Camps and Enrolled Sites..... 7
Income Eligibility Form..... 9
Income Guidelines 10

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; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
This statement implementation date is November 2015.

GENERAL INFORMATION

For the Summer Food Service Program (SFSP), the Income Eligibility Form must be used by closed enrolled sites and camps to determine the income eligibility of enrolled children. The information collected on the Income Eligibility Form (IEF) includes household size and income or the case number for benefits received under the Supplemental Nutrition Assistance Program (SNAP) or the Temporary Assistance to Needy Families (called Temporary Assistance in Missouri). The IEF and the Income Guidelines are included in this booklet.

Important points to remember:

- An IEF documenting program eligibility must be on file with the sponsor for each child claimed for SFSP meal reimbursement in residential camps.
- For enrolled sites, at least 50% of the children enrolled in the program must be eligible for free or reduced-price meals and IEFs must be on file for these children. “Enrolled”, for purposes of the SFSP may be defined as any child who attended the site at any time during the claim period (usually one month).
- IEFs are only effective for one year. They must be updated annually.
- The parent letter included in this packet must be given to the parent/guardian with the IEF. This letter provides required information and instructions to the parent/guardian for completing the IEF.
- The Income Guidelines are updated each year. When reviewing the IEFs, be sure to use the current year’s Income Guidelines.
- If during a review of the sponsor, it is found that children were incorrectly classified, the sponsor may be required to reimburse funds to the Missouri Department of Health and Senior Services – Bureau of Community Food and Nutrition Assistance. Therefore, it is important that you review the IEF very carefully.
- Income information must be kept confidential.
- The IEF must be kept on file for three years after the final reimbursement claim for the fiscal year was submitted. If audit findings have not been resolved, the IEFs must be kept on file until all issues are finalized.
- If a School Food Authority (SFA) is operating as a sponsor of the SFSP, IEFs collected during the previous school year may be used to determine an individual’s eligibility in the SFSP. If direct certification was used for some of the IEFs, it is permissible that these applications remain part of the SFSP site eligibility data.

INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM

PART 1

- The first and last name of the child(ren) enrolled in the camp or enrolled site must be listed. Check the appropriate box if the child is a foster child.

A foster child, whose care and placement is the responsibility of the State child welfare agency or who is placed by a court with a caretaker household is eligible for free meal benefits without completing an IEF, if the sponsor obtains documentation verifying that the child's placement in the household is the responsibility of the State or court. The eligibility of foster children applies only to children formally placed by a State child welfare agency or court. It does not apply to informal arrangements that may exist outside of State or court based systems.

Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income* earned by the foster child, on the same household application that includes their non-foster children. This may help the foster family's non-foster children qualify for free or reduced price meals based on household size and income. The Bureau of Community Food and Nutrition Assistance will certify the foster child for free meals (with appropriate supporting documentation as described above) and will then make an eligibility determination for the remainder of the household based on the household's income. As before, foster payments received by the family from the State child welfare agency is not considered income and does not need to be reported on the IEF.

*Personal income for foster children is defined as:

1. Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income.
 2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.
- If the household receives benefits from SNAP or TANF and lists the case number, the child(ren) are automatically eligible for SFSP reimbursement. SNAP and TANF case numbers are eight (8) digits in length. They may or may not be preceded by a three digit county code. At a minimum, the eight digit portion of the case number must be provided on the IEF for the child(ren) to be automatically eligible for reimbursement.

PART 2

- If a parent or guardian does not report a SNAP or TANF case number in Part 1, then Part 2 must be completed in order to determine eligibility.
- List all other household members including the child(ren) and foster child(ren) listed in Part 1. A household is defined as a group of related or non-related individuals who are not residents of an institution or a boarding house, but who are living as one economic group.

- For each household member, indicate monthly income by source of current gross income before any deductions are made. Current income is defined as income received during the month prior to the application. If the prior month's income is not representative of the household's annual rate of income, the household should report projected annual income.

PART 3

- Identify the ethnic and racial category(ies) of the child. Completion of this information is not mandatory and the failure to complete this information shall not affect eligibility.

PART 4

- The adult household member completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of federal funds, that it is subject to verification and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes. If the household does not receive benefits from SNAP or TANF, the adult signing the application must provide the last four digits of their social security number. If the adult does not have a social security number, "none" should be written in the space provided.
- The adult household member must provide a signature, date, address, telephone number and printed name. The IEF cannot be approved unless the form is signed and dated by the parent or guardian.

GENERAL

- The parent/guardian must fully complete the IEF. Sponsor personnel shall complete only the section labeled "For Sponsor Use Only." The IEF is effective from the date the sponsor representative signs and dates the form.
- Each parent/guardian shall be given the parent/guardian letter and IEF form on a yearly basis. If the parent does not return the completed form, the child may not be counted toward site eligibility requirements at enrolled sites, or if at a camp, meals served to the child may not be claimed for SFSP reimbursement.

Income To Report

Earnings from Employment

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm

Foster Child's Income

- Only funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.)
- Funds from child's family for personal use
- Earnings from other than occasional or part-time employment
- Do not count funds from welfare agency for shelter, care, etc.

Pensions/Retirement/Social Security

- Pensions
- Supplemental security income
- Retirement income
- Veteran's payments
- Social Security

Welfare/Child Support/Alimony

- Public Assistance Payments
- Welfare Payments
- Alimony/Child Support Payments

Other Income

- 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

SAMPLE PARENT LETTER FOR CAMPS AND ENROLLED SITES

Dear Parent or Guardian:

The (name of SFSP sponsor) serves nutritious meals every day. We participate in the Summer Food Service Program, which is funded by the U.S. Department of Agriculture and administered by the Missouri Department of Health and Senior Services.

Our program receives reimbursement for meals served to children meeting the eligibility requirements for free or reduced-price school meals. We must document eligibility by obtaining family-size and income data. If your yearly income is equal to or less than the amount listed below for your family size, your child is eligible for free or reduced-price meals. **If your child is a member of a household receiving assistance under the Supplemental Nutrition Assistance Program (formerly known as food stamps) or the Temporary Assistance for Needy Families (TANF) program, he or she is automatically eligible when your case number is listed on the IEF.**

In order to apply for meal benefits, the attached form must be completed according to the directions below:

Part 1: Children Enrolled in the Program

List all of the children in the household for whom the application is made, this includes foster children. Indicate the birth date of the child.

Foster Children: Children whose care and placement is the responsibility of the State or have been placed by a court with a caretaker are eligible for free meal benefits without completing an IEF. You must provide appropriate documentation for verification. You may include a foster child as a household member on the application if also claiming non-foster children.

Supplemental Nutrition Assistance Program (SNAP) or TANF households: If you currently receive benefits from SNAP or TANF please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete Part 2.

Part 2: Household and Income Information

List the names of everyone who lives in your household. Include parents, grandparents, all children, foster children, other relatives, and unrelated people who live in your household. Report the monthly income by source for each household member. The income reported on the application must include all income before deductions.

Part 3: Ethnic and Racial Information - Completion is voluntary.

Part 4: Signature

The adult household member completing the application must sign and date the application. If the household does not receive SNAP or TANF benefits, the adult signing the application must provide the last four digits of their social security number. If the adult does not have a social security number, write "none" in the space provided.

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; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
This statement implementation date is November 2015.

Sincerely,

(Name)
(Title)
(Phone Number)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 SUMMER FOOD SERVICE PROGRAM
INCOME ELIGIBILITY FORM

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program

PART 1 CHILDREN ENROLLED IN THE PROGRAM

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. ***In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.***

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)

Hispanic or Latino: YES NO

Race:	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 SIGNATURE

I hereby certify that all information provided is correct and true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER XXX-XX-_____	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

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 last four 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 or you list a SNAP, Temporary Assistance (TA) Program case number for your household 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 lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide 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.

FOR SPONSOR USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Eligibility Determination: Eligible Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE
▶	

**Summer Food Service Program
Income Eligibility Guidance
for Camps and Enrolled Sites**

***INCOME GUIDELINES
July 1, 2016 to June 30, 2017**

FAMILY SIZE	INCOME		
	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each additional member add:	+7,696	+642	+148

*“Income” means income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following: (1) Monetary compensation for services, including wages, salary, commissions or fees; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement, or pensions or veterans payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources that would be available to pay the price of a child’s meal.

“Income” does **NOT** include any income or benefits received under any Federal programs that are excluded from consideration as income by any statutory probation. These programs include: (1) Supplemental Nutrition Assistance Program (SNAP); (2) National Flood Insurance Program (NFIP) payments; (3) Military combat pay received by service members during deployment.