

# **SUMMER FOOD SERVICE PROGRAM**

## **Income Eligibility Guidance for Camps, Conditional Non-Congregate Sites, and Closed Enrolled Sites**



**July 1, 2024 - June 30, 2025**

**Missouri Department of Health and Senior Services  
Community Food and Nutrition Assistance**

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- 2. fax:**  
(833) 256-1665 or (202) 690-7442; or
- 3. email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

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# Income Eligibility

The Summer Food Service Program (SFSP) requires the use of the Income Eligibility Form (IEF) to determine the income eligibility of enrolled children participating in camps, conditional non-congregate sites, and closed enrolled sites. The information collected on the 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 (TANF). The IEF and the Income Eligibility 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 and conditional non-congregate sites.
- For closed 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 or guardian with the IEF. This letter provides the required information and instructions to the parent or guardian for completing the IEF.
- The Income Eligibility Guidelines are updated each year. When reviewing the IEFs, be sure to use the current year’s Income Eligibility Guidelines.
- If, during a monitoring review, it is found that children were incorrectly classified or the IEF has expired, the sponsor will have to pay back money to the SFSP. Therefore, it is very important that IEFs are reviewed carefully.
- Income information must be kept confidential.
- All IEFs must be kept for three federal fiscal years plus the current contract year after the date the final claim for the fiscal year was submitted. If audit findings have not been resolved, the IEF must be kept as long as necessary to resolve the issues raised by the audit.
- 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.

**Summer Food Service Program  
Parent Letter – Camps, Conditional Non-Congregate Sites,  
and Closed Enrolled Sites  
July 1, 2024 through June 30, 2025**

Dear Parent or Guardian:

(Name of SFSP Sponsor) is participating in the Summer Food Service Program. This program reimburses sponsors for nutritious meals served to children meeting the eligibility requirements for free or reduced-price school meals. Sponsors 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 to receive free or reduced meals.

<b>Family Size</b>	<b>Yearly Income</b>	<b>Family Size</b>	<b>Yearly Income</b>
1	\$27,861	5	\$67,673
2	\$37,814	6	\$77,626
3	\$47,767	7	\$87,579
4	\$57,720	8	\$97,532

For each additional family member, add \$9,953

If your child is a member of a household receiving assistance under the Supplemental Nutrition Assistance Program (SNAP [formerly 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:

Parts 1, 2, and 4 of the IEF are required to be completed, except if SNAP or TANF benefits are documented, then only Parts 1 and 4 are required.

**PART 1: CHILDREN ENROLLED IN THE PROGRAM**

- List all children (first and last name) enrolled in the camp or site.
- List each enrolled child's complete date of birth (month/day/year).
- If you are applying for a foster child, the foster child is eligible for free meals, provided third-party documentation is provided to the sponsor. Mark an X in the space provided, if a foster child is listed in Part 1.
- If your child receives Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) payments, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete Part 2.

- If you have a SNAP or TANF case number for at least one of your children enrolled at the camp or site, the eligibility extends to all of your children enrolled at the camp or site. Skip Part 2.

## **PART 2: HOUSEHOLD AND INCOME INFORMATION**

- Report income by payment cycle (i.e., weekly, monthly, etc.) for each household member.
- List other household members not included in Part 1. A household is a group of related or unrelated individuals who are living as one economic unit (i.e., sharing living expenses). Note: A foster child may be added to increase household size, if applicable.
- Report gross wages in the space provided. This includes all income before taxes and before other deductions.
- Income exclusions not to be reported or counted include:
  - Payments received for the care of foster children.
  - Student financial assistance provided for the costs of attendance at an educational institution, such as grants and scholarships.
  - Bank or student loans, since these funds are only temporarily available and must be repaid.
- Report welfare, child support, alimony, pensions, retirement, social security, and other income in the space provided, if applicable.

## **PART 3: PARTICIPANT'S ETHNIC AND RACIAL INFORMATION – Optional**

## **PART 4: SIGNATURE**

- Sign the form.
- For the IEF to be valid, you must provide the last four digits of your social security number, unless your child(ren) is a SNAP or TANF recipient. If you do not have a social security number, write “none” in the space provided.
- Date the form.
- Print your full name.
- Print your complete mailing address.
- Provide your phone number.

NOTE: The adult household member completing the IEF must attest to the fact that the information provided is correct and true and that all income is reported, that it is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation of information may subject the individual to prosecution under the applicable state and federal laws.

Sincerely,

*(Signature of Sponsor Representative)*

(Name, Title)

(Phone Number)

Attachment

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)  
 SUMMER FOOD SERVICE PROGRAM (SFSP)  
**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	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 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"/>	

Eligibility Determination:  Eligible  Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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3. email:

Program.Intake@usda.gov

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# Income to Report

## **Earning 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

# Sponsor Instructions for Reviewing the Income Eligibility Form (IEF)

- Each parent or guardian shall be given the parent letter and an IEF on a yearly basis. If the parent does not return the completed form, the child may not be counted toward site eligibility requirements at closed enrolled sites, or if at a camp or conditional non-congregate site, meals served to the child may not be claimed for Summer Food Service Program (SFSP) reimbursement.
- The IEF shall be reviewed by the sponsor representative to determine if all Parts (1-4) of the application have been completed. The application is not valid if not fully completed by the parent or guardian.
- The sponsor representative must ensure that the first and last name and the birth date of the child(ren) enrolled at the camp or site is listed on the IEF.
- A foster child, whose care and placement is the responsibility of the child welfare agency or who is placed by the 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 the court. The eligibility of foster children applies only to children formally placed by the child welfare agency or the court. It does not apply to informal arrangements that may exist outside of the state or the 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 meals based on household size and income. Community Food and Nutrition Assistance (CFNA) 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. Foster payments received by the family from the child welfare agency are not considered income and do not need to be reported on the IEF.

\*Personal income for foster children is defined as:

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.

Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's

family for personal use, and earnings from the child's employment other than occasional or part-time jobs.

- A child who is not legally designated as a foster child by virtue of not being an official ward of the court and/or the welfare agency does not qualify as a "foster child" for the purposes of the SFSP (i.e., adopted foster child). Such children are considered part of the entire family economic unit for the purpose of determining eligibility in the SFSP.
- If the parent or guardian checks that the child(ren) is receiving SNAP (formerly Food Stamps) or Temporary Assistance for Needy Families (formerly AFDC, now funded by TANF) and enters the SNAP or Temporary Assistance case number, the child(ren) are automatically eligible for free meals. The parent does not need to complete Part 2.
  - SNAP numbers have the following characteristics: FS-xxx-xxxxxxx\*. The three-digit portion is a county code.
  - Temporary Assistance numbers have the following characteristics: C-xxx-xxxxxxx\*. The three-digit portion is a county code.
  - At a minimum, the eight-digit portion of the case number must be provided on the IEF for the child to be automatically eligible for free meals.

\*If a child has a ten-digit case number, the parent or guardian does not need to enter the first two zeros on the form.

- If the parent or guardian did not report a SNAP or TANF case number, they must complete all entries in Part 2 and Part 4 to determine eligibility.
- Check that the parent or guardian listed all household members other than those children 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 together as one economic group.
- Check that the parent or guardian listed each household member and indicated gross monthly income by source 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.
- Completion of the Participant's Ethnic and Racial Information (Part 3) is not mandatory, and the failure to complete this information shall not affect the eligibility of the child.
- The adult household member completing the IEF must sign Part 4 to certify that the information provided is correct and true and that all income is reported, that it is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may

subject the individual to prosecution under applicable state and federal laws. If the adult does not have a social security number, "none" should be written in the space provided. The IEF cannot be approved for free meals unless it is fully completed, signed, and dated by the parent or guardian.

- The parent or guardian must fully complete the IEF. The sponsor representative shall complete only the section labeled "For Sponsor Use Only."
- The sponsor representative shall determine if the child is eligible or ineligible by completing the bottom section of the IEF marked "For Sponsor Use Only." **The IEF is effective from the first day of the month that the form was signed and dated.**

## **Sponsor Representative Instructions for Completing the "For Sponsor Use Only" Section**

The sponsor representative shall determine the child's eligibility by completing the bottom section of the IEF marked "For Sponsor Use Only." ***The IEF is effective from the first day of the month the form is signed and dated.***

- Enter the total household size and total income.
- Indicate if the eligibility status is based on household income by marking the payment cycle as reported in Part 2 (year, month, 2 x a month, every 2 weeks, or weekly).
- Indicate if the eligibility status is based on SNAP or TANF participation. Check to make sure an eight-digit case number is provided if the child is a SNAP or TANF recipient. If the child is receiving SNAP or TANF, the child is automatically eligible for free meals.
- Determine the claiming status based on the income eligibility guidelines chart and indicate the child's eligibility status as eligible or ineligible.
- Sign the form.
- Date the form.

# Summer Food Service Program Income Eligibility Guidelines for Camps, Conditional Non-Congregate Sites, and Closed Enrolled Sites

**\*INCOME GUIDELINES**  
July 1, 2024 to June 30, 2025

Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
<b>1</b>	<b>27,861</b>	<b>2,322</b>	<b>1,161</b>	<b>1,072</b>	<b>536</b>
<b>2</b>	<b>37,814</b>	<b>3,152</b>	<b>1,576</b>	<b>1,455</b>	<b>728</b>
<b>3</b>	<b>47,767</b>	<b>3,981</b>	<b>1,991</b>	<b>1,838</b>	<b>919</b>
<b>4</b>	<b>57,720</b>	<b>4,810</b>	<b>2,405</b>	<b>2,220</b>	<b>1,110</b>
<b>5</b>	<b>67,673</b>	<b>5,640</b>	<b>2,820</b>	<b>2,603</b>	<b>1,302</b>
<b>6</b>	<b>77,626</b>	<b>6,469</b>	<b>3,235</b>	<b>2,986</b>	<b>1,493</b>
<b>7</b>	<b>87,579</b>	<b>7,299</b>	<b>3,650</b>	<b>3,369</b>	<b>1,685</b>
<b>8</b>	<b>97,532</b>	<b>8,128</b>	<b>4,064</b>	<b>3,752</b>	<b>1,876</b>
<b>For each additional family member, add:</b>	<b>9,953</b>	<b>830</b>	<b>415</b>	<b>383</b>	<b>192</b>

\*“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 prohibition. Source: USDA, FNS-Child Nutrition Programs: Income Eligibility Guidelines

