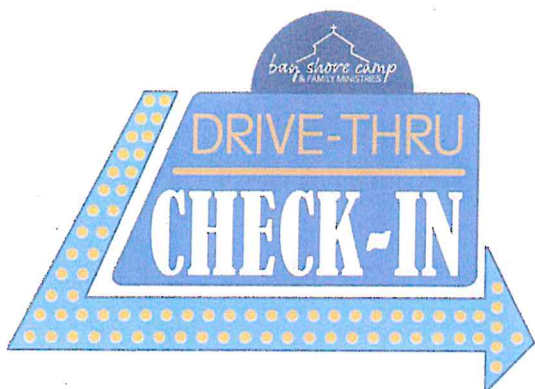


What You Can Expect At “Drive-Thru, Check-In & Check-Out!”



We are excited that you will be attending Bay Shore Camp this summer. Your first hours here are important to us, so we want you to know what you can expect at Check-In and offer some helpful hints and tips. **Please be aware that there are some changes from last year.**

Our “Drive-Thru, Check-In” will begin no later than 2:00 p.m. at your designated entrance. Please watch for signs and directions! Bay Shore Bob will be there to greet you. Be aware. The earlier you arrive, the longer you’ll need to wait. We continue to adapt and change this process as necessary. We’re always trying to find ways to stream-line the process and meet the needs of our campers and their families. It’s important to follow the directions of the Bay Shore Staff and volunteers. **Please be patient.**

2024 Check-in Procedures

- Upon arrival at your assigned entrance to BSC, you will be asked for your registration paperwork: Please stay alert for the check-in staff as they direct you. Please remain in your vehicle with the driver’s window down. Have all registration forms (minus the health form) ready to hand to our check-in staff. If you need to fill out new paperwork, we will have clipboards and pens to give you in your vehicle. We highly encourage you to keep those pens!
- Camper Accounts: At this location you will have the ability to pay any remaining balance on your camp fee **(save time and make your payment at least two weeks before camp,)** deposit money into your campers store account, and receive information on how to fill a camp store care-package. At this location you will be asked to confirm any restrictions on who may pick up your camper(s) at check-out. All of this from the convenience of your front seat! Please note: Parents will have the opportunity to visit the camp store before leaving camp. Please follow directions to the parking area after you complete check-in.
- Nurse’s station: Please have all medication in their original containers, along with any written instructions in a zip-lock bag. Please have your camper health form filled out and separate from the bag.
- Camper Drop-off: This station will be located outside of the Youth Center or Family Center. You will have two options.
 1. Proceed with the Drive Thru drop off. Once in the loading and unloading area, one of our camp volunteer staff will assist you and your camper in unloading any luggage.
 2. Park your car as directed, help your camper unload and carry their luggage to the camper check-in table.



PLEASE LIMIT THE NUMBER OF BAGS TO 3, and refrain from open accessory containers.
Before you depart, encourage your camper for a rewarding week of camp.

Welcome to Camp! It’s now time for your camper to start making new friends, meeting old friends and getting acquainted with their cabin leader.

- Camp Store: Following the drop-off of your camper, please return to the camp entrance to depart or park to visit the camp store. Please park in the designated parking area and walk to the camp store or use one of the shuttles provided. Once your camper is dropped off, we ask that you limit your remaining time in camp to the camp store.

If you need a restroom before you depart, please use the restrooms in the Tibbits Dining Hall or the Family Center.

New App for 2024

Last year, we introduced a texting app to improve and increase our communication with parents during the week of camp. This year, we're continuing those efforts with a new App, one that we think will serve you better during the week of camp. Check your registration packet for more information. The App will be a great way to stay connected with camp. Don't miss it.

Helpful Hints and Tips for Check-In!

If you arrive early or up to one hour after registration opens, please expect to wait. We will do our best to move you through the check in process as quickly as possible.

Please, do not to pack any necessary paperwork deep in your camper's luggage. You'll need it for Check-In, so keep it someplace handy, ready to give it to Bay Shore staff when asked.

If you're aware of a balance due for your camper, please make payment in advance of camp or be prepared to settle your account at Check-in. We accept cash, check, or major credit cards.

Prescription medications will only be accepted in original packaging labeled for the current camper. The label must include the name of the camper, name of the medication, current dosage, doctor's name and pharmacy name. Multiple types of pills in the same container and/or daily dosage containers will not be accepted. If there is more than one camper from a family, there must be individual bottles for each camper.

Our health Station stocks most typical over the counter medications including pain killers, antacids, allergy relief and cold medications. It's not necessary to pack those for your camper unless it's part of their regular daily medical needs.

The yellow update health form needs to be filled out ONLY if you have changes –The enclosed health form is for updates only. If your camper doesn't have any health changes you do not need to fill this out.

If you have questions, please don't hesitate to call and ask (989-883-2501).

2024 Check-out Procedures

Check-Out: 2:00 p.m., Friday (unless otherwise indicated.)

- Camper ID: Please stay alert for the check-out staff as they direct you. Please remain in your vehicle with the driver's window down. Check-out staff will be verifying you as an approved parent or guardian for pick-up. Please have your ID ready. At this station you will receive any refund from your camper's store account, or you may choose to donate the remainder to our camp scholarship fund.



- Nurse's station: All remaining medications will be returned to you in their original containers and the nurse will be available for questions.
- Camper pick-up: This station will be located outside of the Youth Center or Family Center. Upon instruction from our check-out staff, unlock your vehicle storage compartment. One of our volunteer camp staff or your camper's cabin leader will assist you and your camper in loading all luggage. Our Camp Deans will be available to greet you and say their farewell.

Following the pick-up of your camper, please return to the camp entrance to preregister for next year or park to visit the camp store. If you need a restroom before you depart, please use the restrooms in the Tibbits Dining Hall or the Family Center.

Thank you for choosing Bay Shore Camp!

Bay Shore Camp and Family Ministries
General Release of Liability, Waiver of Claims, Assumption of Risks,
Hold Harmless and Indemnity Agreement.

Participant Name: _____ Date of Birth: _____ Age: _____

Address: _____

City State Zip

The above named participant intends to attend and take part in the programs of Bay Shore Camp and Family Ministries (Bay Shore Camp). The person signing this document represents and warrants to Bay Shore Camp that he/she is authorized to a) grant permission for the participant to take part in such programs, and b) sign this document. All programs are based in and from the State of Michigan.

In consideration of crossing, renting, participating in, using, or otherwise being present in or upon the programs, facilities, and private properties of Bay Shore Camp, located at business address 450 N. Miller Street, Sebewaing, MI 48759, including all properties held by, used by, or titled to Bay Shore Camp:

1. I realize that Bay Shore Camp intends to take all necessary precautions against injuries and accidents. I, the undersigned, for myself, and my estate, heirs, administrators, executors, and assigns, hereby release, forever discharge, and hold harmless Bay Shore Camp and its transferees, successors, and assigns (collectively the "Releasees") from any and all liability and responsibility whatsoever, however caused, for all damages, claims, demands, and/or cause of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the above named participant's attendance or participation in any program or activity under the direction and/or supervision of Bay Shore Camp, or my presence in, on, or upon the properties of Bay Shore Camp (all of which is hereafter collectively referred to as the "Activities"), whether caused by negligence of the Releasees, accident, deliberate act, omissions, or otherwise. Activities offered by Bay Shore Camp in which the above named participant may participate may include but are not limited to the following: Evening Programs – games, hikes, etc., Climbing Wall, Zipline, Canoeing, Low Ropes Course, Swimming, Paintball, Reball, Lasertag, Cooperatives and Initiatives.

2. I fully understand there are potential risks and hazards associated with the Activities and with Bay Shore Camp, which is a natural area and which includes a body of water, falling/fallen timber, ruts, and holes, recreational and experiential facilities, and local wildlife. I have voluntarily chosen/granted permission to the above named participant to participate in the Activities and/or to be in, on, or upon the property of Bay Shore Camp, and I voluntarily assume all risks and responsibility for any resulting loss, property damage, illness, personal injury, and/or death, whether caused by negligence of the Releasees, accident, deliberate act, omission, or otherwise. I further agree to make restitution for any damages incurred while the above named participant participates in the Activities and/or is present in, on, or upon the property of Bay Shore Camp.

3. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, judgment settlement, or costs, including court costs and attorney fees, that the above named participant may incur due to his/her participation in the Activities or his/her presence in, on, or upon the property of Bay Shore Camp, whether caused by negligence of the Releasees, accident, deliberate act, omissions, or otherwise.

4. I hereby grant Bay Shore Camp. permission to use a photograph or other image or likeness of the above named participant for use in Bay Shore Camp approved publicity, including, but not limited to, brochures, newspapers, magazines, radio, and television. If the following blank is initialed, I do NOT grant permission for the use of the participant's image or likeness in publicity. _____

5. In signing this agreement, I acknowledge and represent that I have read and understood this document, that I sign it voluntarily, and that no oral representations, statements, or inducements have been made. I am at least eighteen years of age and fully competent. I understand that I am giving up substantial rights by signing this document and voluntarily agree to be bound by it.

Signature of Participant, Parent, or Authorized Person:

_____ Date: _____

If Parent or Authorized Person, please print name below:

Address if different from the above named participant:

City

State

Zip

Home Telephone: _____

Cell Phone: _____

Work Phone: _____

Is your camper having difficulty with any of the following conditions? (Please check)

	yes	no		yes	no		yes	no
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Dental Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble/Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Wheezes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Ear Aches	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Skin Rash	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>						

Are your immunizations up to date?

No

☐

Yes

☐

Date of last tetanus:

____ / ____ / ____

Any conditions limiting participation in activities?

No

☐

Yes

☐

If yes, please list:

Is your camper on a special diet?

No

☐

Yes

☐

Type:

If so, please contact the camp at least two weeks prior to camp to make arrangements with the kitchen. Please attach a detailed list of allowed and prohibited foods for the nurse and counselor.

Additional medical information, previous surgeries/injuries/serious illnesses/dietary concerns:

Confidential guidance information for camp staff; Please provide information which might be helpful to the staff in providing the most positive camp experience possible, such as recent changes in family relationships, learning/behavioral issues, other issues that are positively or negatively affecting your camper at this time. This information will be kept confidential.

Release Information

My child MAY BE released from camp to the following persons (include relationship) in addition to myself:

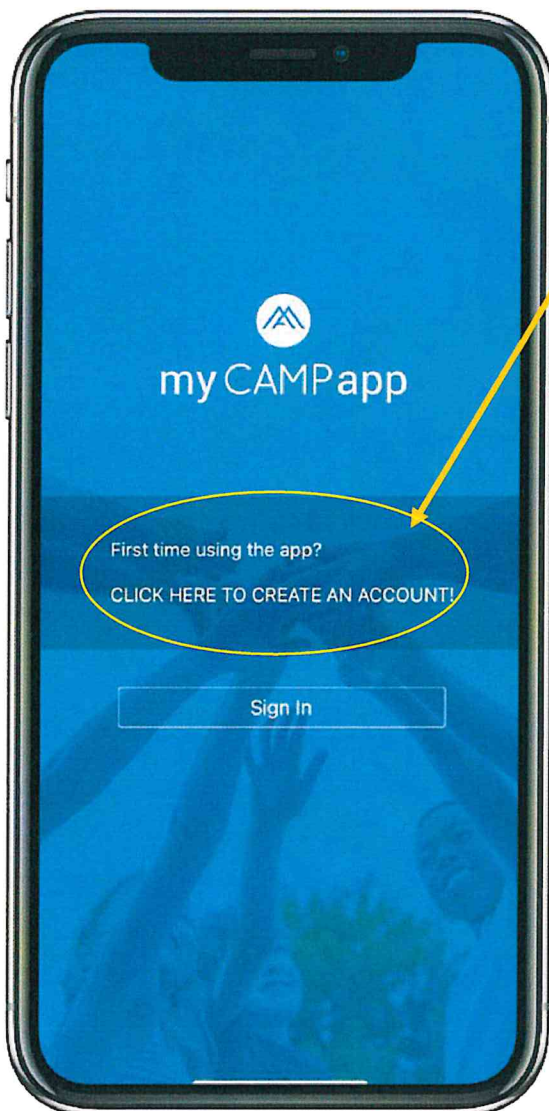
My child may NOT be released from camp to the following persons (include relationship):



APP QUICK START GUIDE

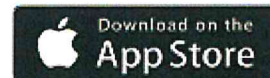
We are so excited to introduce our mobile app for Bay Shore Camp!

Login to view camp news, photos, announcements, contact info and more. Everything you need is easily and readily accessible in one single place, right at your fingertips.



5 SIMPLE STEPS

- 1- Download app from App Store or Google Play. Search for **"myCAMPapp"**.
- 2- Tap **"CREATE AN ACCOUNT"**, enter the registration code **1911**, your email address (use the same one we have on file) & set your password. _____
- 3- Go back to the login screen
- 4- Sign In the app with your email address and new password
- 5- Enjoy!



Check back often

for news, photos & videos

Questions? Please contact
marketingassistant@bayshorecamp.org
Technical difficulties? Please
contact
support@1218team.com



Our CAMP STORE WILL be OPEN

Camp Store will be open for 2 hours from when check-in/out starts.

(example- 2pm-4pm)

You can have a surprise delivered to your camper during camp again this year!

Pick up a box, fill it with an assortment of items from the store. (Sorry, no food items)

Receive 10% off purchase price of the box and anything in it. (excludes consignments)

Write camper's name & camp on the box and we'll deliver it!



If your child is in camp from Sunday thru Friday, they will have an opportunity to go to Candy Store/Snack Shack 4 times.

They are allowed 1 drink and 1 snack item each visit.

(typically \$2.50-\$3.50 each time)

They also will have opportunities to shop in the entire store. Their Camp Store Deposits are used for both types of store purchases. Please plan accordingly.

Beverages 12 oz \$1.25

_____ over 12 oz \$1.75

Ice Cream Regular \$1.25

Specialty (Lg) \$1.75

Candy/Chocolate \$1.75

Tootsie Pops \$.30

Air Heads \$.15

Camp Covenant

The goal of camp life at Bay Shore Camp is to fellowship, learn, play, and worship together as a community centered on the Lord Jesus Christ. The members of the Bay Shore Camp community take these responsibilities seriously. We desire to build your camp experience on basic biblical standards for godly Christian character and behavior. As staff of Bay Shore Camp, we pledge to live and work as Christian role models for all guests who come to camp. We ask that parents and campers BOTH read and sign this form before being admitted to camp. Deliberately violating this agreement is cause for campers to be sent home.

1 Corinthians 10:23-24

✦ I promise to engage camp activities with a positive attitude, follow camp rules, cooperate with camp staff and be a faithful member of Bay Shore Camp's Christian community.

KNOW
THE
RULES

✦ I will leave things at home that could distract me and others from the camp experience or that I do not need: candy, gum, snacks, cell phones, electronic games and devices, weapons, cigarettes and any other form of tobacco, natural or synthetic marijuana, alcohol, or non-prescription drugs.



(over)

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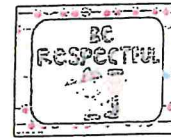
KNOW
THE
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(over)

♦ I will use my words to encourage, praise, or instruct others, while treating others with respect as I would wish to be treated in kind.



♦ I understand that I could be sent home if I do not follow this agreement.

Camper Signature

Date

Parent Signature

Date



♦ I will use my words to encourage, praise, or instruct others, while treating others with respect as I would wish to be treated in kind.



♦ I understand that I could be sent home if I do not follow this agreement.

Camper Signature

Date

Parent Signature

Date



FAMILY APPLICATION LETTER TO PARENTS FREE SUMMER MEALS

Date: Summer 2024

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program (SFSP) for children. Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for these federal funds, we *must* document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use *one* SFSP Free Meals Family Application for *all* children in your household. We cannot approve an application that is *not* complete, so be sure to fill out all required information. Return the completed application to: Bay Shore Camp 450 N Miller St Sebawaing MI 48759 989-883-2501.
(Name, Address, and Phone Number)

2. WHO CAN GET FREE MEALS?

Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), Food Distribution Program on Indian Reservations (FDPIR) and/or foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?

Children in households participating in WIC may be eligible for free meals. Please complete and submit an application.

4. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS *NOT* A U.S. CITIZEN?

Yes. You or your child(ren) do not have to be a U.S. Citizen to qualify for free meals.

5. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?

You *must* include all people living in your household, related or not (such as foster children, grandparents, other relative, or friends). You *must* also include yourself and all children who live with you.

6. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

7. WE ARE IN THE MILITARY; DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?

If your housing is part of Military Privatization Initiative, do not include your housing allowance as income. All other allowances *must* be included in your gross income.

8. WHAT IF MY CHILD DOES *NOT* HAVE HEALTH INSURANCE?

Your children may qualify for low cost or free health insurance through MICHild and Healthy Kids Program. To apply on-line, visit the MICHild website or call 1-888-988-6300 for help or to request a paper application.

Sincerely,

<http://www.michigan.gov/michild>

2024 INCOME ELIGIBILITY GUIDELINES

(This form is for program personnel use only.)

Family income criteria to be used for the 2024 Summer Food Service Program (SFSP).

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
Each additional household member adds:	\$9,509	\$793*	\$397*	\$366*	\$183*

*For each additional household member add this amount

INCOME TO REPORT

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses, commission Net income from self-employment (farm or business) Strike benefits, unemployment compensation <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Pensions 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Net Rental income <i>Regular</i> cash payments from outside household Adoption assistance payments

2023-2024 School Meals and Summer EBT Application

Complete one application per household. Please use a pen (not a pencil).

Apply online:

STEP 1: List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Student? Yes No	School	Grade	Foster Child	Homeless Migrant, Runaway	If you check any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.
1) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2: Do any Household Members (including you) currently participate in: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3).

Case Number: _____

(Write only one case number in this space)

STEP 3: List ALL household members and income for each member (before taxes and deductions). Skip this step if you answered "YES" to STEP 2.

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by ALL children listed in STEP 1 here.

Child Income

How Often? Please put an X

Weekly	Bi-Weekly	2x Month	Monthly	Annual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____				

3. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?		Public Assistance/ Alimony/Child Support	How often received?		Pensions/Retirement/ All Other Income		How often received?				
		Weekly	Bi-Weekly		Monthly	2x Month	Weekly	Bi-Weekly	Monthly	2x Month	Weekly	Bi-Weekly	Monthly
1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Household Members Children and Adults	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Four Digits of Social Security Number (SSN) of

Primary Wage Earner or Other Adult Household Member (if Applicable)

Check if no SSN ☐

STEP 4: Contact information and adult signature.

certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Street Address (if available)

Apt #

City

State

Zip

Phone (Optional)

Email (Optional)

Printed Name of Adult Signing Form

Signature of Adult

Today's Date

SOURCES AND EXAMPLES OF INCOME: for additional information in income, please refer to the instructions that accompany this application.

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security	A child is blind or disabled and receives Social Security Benefits.
- Disability Payments	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
- Survivor's Benefits	
Income from person outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Sources of Adult Income	Examples
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / -If you are in the US Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments
Pensions / Retirement / All Other Income	-Veteran's benefits -Strike benefits -Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

OPTIONAL: Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more) ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White

Use of Information Statement: The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, "Check if no Social Security Number" Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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 [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf) (<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.

(1) by: 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: (833) 256-1665 or (202) 690-7442; or
(3) email: program.intake@usda.gov.

***Do not mail applications to this address, only complaints of discrimination**

This institution is an equal opportunity provider.

DO NOT FILL OUT: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income: \$ Weekly \$ Bi-Weekly \$ 2x Month \$ Monthly \$ Annual

Categorical Eligibility: _____

Eligibility: _____

<u>Free</u>	<u>Reduced</u>	<u>Denied</u>
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Determining Official's Signature

Date _____

Confirming Official's Signature

Date _____

Verifying Official's Signature

Date _____