

**SFSP Household Letter**  
For Camps / Enrolled Sites outside Eligible Areas

Dear Parent/Guardian,

MN Elks Youth Camp provides nutritious meals to children without charge to you. We receive assistance from the Summer Food Service Program (SFSP) based on Household Income Statements completed by households. Meals are available to children 18 years of age and under and to persons over age 18 who have a mental or physical disability (as determined by a State or local educational agency) and who participate during the school year in a public or private non-profit school program (established for the mentally or physically disabled).

Please complete and return the enclosed Household Income Statement if:

- Your household income is within the income guidelines shown on the enclosed instructions.

Or

- Your household participates in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Food Distribution Program on Indian Reservations (FDPIR).

Or

- You have one or more foster children in your household (child who is formally placed by a court or the state welfare agency).

The information you provide will be used only to document that meals may be claimed for Summer Food Service Program assistance and will be maintained as private data.

The locations, dates of operation, and types and times of meals are shown here or attached.

- **Who should I include as members of my household?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include anyone who is temporarily away, for example a college student.
- **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. Include overtime pay if you regularly work overtime.
- **Do I need to provide my Social Security number?** If household incomes are on the form, the person signing the form must write in just the last four digits of their Social Security number. If you don't have a Social Security number, indicate that on the form.
- **May I fill out a Household Income Statement if someone in my household is not a U.S. citizen?** Yes. You or your children or other household members do not have to be U.S. citizens for you to fill out a CACFP Household Income Statement.
- **How will my information be kept?** We will keep your information on file as private data. The back page of the form has more information about data privacy.
- If you have other questions or need help, call **218-963-2222**.
- Sincerely, **Kim Baumgarten, Camp Director**

## How to Complete the SFSP Household Income Statement

Fill out a Summer Food Service Program - Household Income Statement if any of the following apply to your household:

- Any person in your household already is approved for one of these programs: Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR).
- You have one or more foster children in the household (a welfare agency or court has legal responsibility for the child).
- Your total household income (income before deductions, not take-home pay) is less than or equal to the income shown below for your household size. Include any foster children as members of the household. Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or Military Privatized Housing Initiative payments. The income guidelines are effective from July 1, 2022 through June 30, 2023.

| Household size                 | \$ Per Year | \$ Per Month | \$ Twice Per Month | \$ Per 2 Weeks | \$ Per Week |
|--------------------------------|-------------|--------------|--------------------|----------------|-------------|
| 1                              | 25,142      | 2,096        | 1,048              | 967            | 484         |
| 2                              | 33,874      | 2,823        | 1,412              | 1,303          | 652         |
| 3                              | 42,606      | 3,551        | 1,776              | 1,639          | 820         |
| 4                              | 51,338      | 4,279        | 2,140              | 1,975          | 988         |
| 5                              | 60,070      | 5,006        | 2,503              | 2,311          | 1,156       |
| 6                              | 68,802      | 5,734        | 2,867              | 2,647          | 1,324       |
| 7                              | 77,534      | 6,462        | 3,231              | 2,983          | 1,492       |
| 8                              | 86,266      | 7,189        | 3,595              | 3,318          | 1,659       |
| Add for each additional person | 8,732       | 728          | 364                | 336            | 168         |

**Step 1 Children** List all infants and children in the household, even if they are not related. Attach another page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child).

**Step 2 Case Number** Circle Yes or No to show whether any household member currently participates in any of the three assistance programs listed in Step 2. If you answer Yes, write in the case number and go to Step 4 (skip Step 3). If you answer No, continue to Step 3. WIC and Medical Assistance (M.A.) do not qualify for this purpose.

### Step 3 Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if needed to list all adults.
- List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income after business expenses. Write in whether the reported net income is per month or per year. A loss from farm or self-employment must be listed as a 0 and does not reduce other incomes.
- Last four digits of Social Security number – The adult household member signing the application must provide the last four digits of their Social Security number, or check the box if they do not have a Social Security number.
- Regular incomes to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children. Do not include occasional earnings like babysitting or lawn mowing.

**Step 4 Signature and Contact Information** An adult household member must sign the form.

# Summer Food Service Program—Household Income Statement

Organization Name: MN Elks Youth Camp - Summer of 2023

**Step 1** List all infants, children, and students through grade 12 in the household, even if they are not related. Attach an additional page if necessary.

| First Name | Last Name | Age | Foster Child?<br>(An agency or court has legal responsibility for the child.)<br>If yes, fill in the circle | - Optional -<br>Ethnicity                                     | - Optional - Racial Identity<br>Fill in one or more circles for each child |                       |                            |  |                       |
|------------|-----------|-----|---|---|--|-----------------------|----------------------------|--|-----------------------|
|            |           |     |   | Is the child Hispanic / Latino?<br>If yes, fill in the circle | American Indian or Alaskan Native?   | Asian?                | Black or African American? | Native Hawaiian or other Pacific Islander? | White?                |
|            |           |     | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>                      | <input type="radio"/> |
|            |           |     | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>                      | <input type="radio"/> |
|            |           |     | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>                      | <input type="radio"/> |
|            |           |     | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>                      | <input type="radio"/> |

**Step 2** Do any Household Members, including yourself, currently participate in any of these assistance programs: SNAP, MFIP or FDPIR? Circle one: Yes No  
 Medical Assistance and WIC payments do not qualify. If No > Go to STEP 3. If Yes > Write the CASE NUMBER here:  the got to STEP 4.

**Step 3** A. List ALL Adult Household Members including yourself and report all incomes. Attach an additional page if necessary. (Skip STEP 3 if you answered Yes to STEP 2 or if all participants are foster children.)

| <b>Adults - Full Name</b><br>For the purpose of this program, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." Include any college students temporarily away from home.<br>List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) that there is no income to report. | Gross Pay from Work<br><i>Do not write in an hourly wage</i> |                       |                       |                       |                       | Farm or Self-Employment<br><br>Net Income after business expenses.<br>State if annual or monthly. | Public Assistance, Child Support, Alimony |                       |                       |                       |                       | All Other Incomes  |                       |                       |                       |                       |
|---|--|-----------------------|-----------------------|-----------------------|-----------------------|---|---|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
|   | Gross pay before taxes (not take-home pay)                   | Weekly                | Bi-Weekly             | 2X Month              | Monthly               |   | Payments received                         | Weekly                | Bi-Weekly             | 2X Month              | Monthly               | Pension, retirement, disability, unemployment, Veterans benefits, etc. | Weekly                | Bi-Weekly             | 2X Month              | Monthly               |
|   | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**B.** Last four digits of signer's Social Security Number or no SSN (required): XXX – XX –  Or  I don't have a Social Security Number.

**C.** Do any of the children listed in Step 1 receive regular incomes such as SSI or wages? Total regular incomes of children, if any:

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| \$                    | Weekly                | Bi-Weekly             | 2x Month              | Monthly               |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Step 4** I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that I am applying for federal benefits in the form of free program meals and that program officials may verify the information on the application and that purposely providing untrue or misleading statements may result in prosecution under state or federal criminal laws.

**Signature of Adult Household Member (required)** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|   |             |
|---|-------------|
| <b>Sponsor Use Only</b> Approved: <input type="checkbox"/> Foster <input type="checkbox"/> Case Number <input type="checkbox"/> Income Total Household Members: _____ Total Income: \$ _____ per _____<br>Denied: <input type="checkbox"/> Incomplete application <input type="checkbox"/> Income exceeds guidelines <input type="checkbox"/> Other _____<br>Sponsor Signature: _____ | Date: _____ |
|---|-------------|

**Farmer or Self-Employed**

Income is net monthly income (after deducting business expenses). A loss from self-employment must be listed as 0 income and does not reduce other income for the purpose of completing this form.

**Seasonal Worker or Fluctuating Income**

Income is your average gross income (before deductions, not take-home pay) during the year. List average gross income per month or other frequency.

**Foster Child**

A child formally placed for foster care by a court or state agency.

**Privacy Act Statement / How Information Is Used**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the form. The last four digits of the Social Security number are not required when the form is completed on behalf of a foster child, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

**Nondiscrimination Statement**

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: <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 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)

This institution is an equal opportunity provider.