

**Summer Feeding Programs**  
**CONFIDENTIAL INCOME STATEMENT**  
**(For Camps and Enrolled Sites)**

**EXHIBIT 3**

Name and ages of children for whom application is made.

**2. RACIAL OR ETHNIC GROUP**

Please check your child's racial or ethnic group. This information is not required but we use it to be sure everyone receives benefits on a fair basis.

1. NAME (First and Last)	AGE	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<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"/>
		<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. FOSTER CHILD:** In certain cases foster children are eligible for benefits regardless of the income of the household in which they reside. If you are applying for a foster child, please list the child's name and the child's monthly personal use income and then complete part 6. Complete a separate application for each foster child. The social security number is not required.

Name \_\_\_\_\_ Child's Monthly Personal Use Income \_\_\_\_\_

**4. BASIC FOOD, TANF, OR FDPIR HOUSEHOLDS**

If you are now receiving basic food or Temporary Assistance for Needy Families (TANF), or are participating in the Food Distribution Program on Indian Reservations, list your case number and skip Part 5. Complete Part 6. The social security number is not required.

Basic Food Case Number \_\_\_\_\_

TANF Case Number \_\_\_\_\_

FDPIR Case Number \_\_\_\_\_

**5. INCOME**

Please refer to income guidelines on letter to parents. If your income is more than this, check not applicable (N/A) and sign in part 6.

Not applicable (N/A)

If your income qualifies, list the names of EVERYONE living in your household, including yourself. Write the amount of income (MONEY BEFORE DEDUCTIONS) each person now gets PER MONTH on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. If income is received other than monthly, use the income conversion chart provided below.

Names of Household Members	Gross MONTHLY Earnings (before deductions)		MONTHLY TANF Payment, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			

**MONTHLY INCOME CONVERSION: Weekly x 4.33; Every Two Weeks x 2.15; Twice a Month x 2**

No child will be discriminated against because of race, color, national origin, sex, age, or disability.

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**Total Number of Household Members** \_\_\_\_\_

**6. SIGNATURE, SOCIAL SECURITY NUMBER, AND ADDRESS:**

An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR case number for your child, or are applying for a foster child, a social security number is not needed.

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds; that officials may verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes. I have read the Privacy Act Statement on the reverse side.			<b>FOR SPONSOR USE ONLY</b>		
PRINT NAME OF ADULT HOUSEHOLD MEMBER	SOCIAL SECURITY NUMBER				<input type="checkbox"/> Approved
SIGNATURE OF ADULT HOUSEHOLD MEMBER	<input type="checkbox"/> I do NOT have a SS Number				<input type="checkbox"/> Denied, Incomplete Application
ADDRESS	CITY/STATE	ZIP			<input type="checkbox"/> Denied, Income too High
			DATE	<input type="checkbox"/> Denied, Other	
APPROVING OFFICIAL SIGNATURE				DATE	

## **PRIVACY ACT STATEMENT**

Section 9 of the National School Lunch Act requires that, unless a food stamp or TANF case number is provided for your child, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer does not have a social security number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove 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.