

**EXHIBIT 3**  
**Summer Feeding Programs**  
**CONFIDENTIAL INCOME STATEMENT**  
**(For Camps and Enrolled Sites)**

Name and ages of children for whom application is made.

**2. RACIAL/ETHNIC IDENTITY:**

You are not required to answer these questions. If you choose to do so:

1. NAME (First and Last)	AGE	Ethnic Identity (mark only one)	Racial Identity (mark one or more)	
		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

**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 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 Personal Use Income \_\_\_\_\_  
 (How Much/How Often)

**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 (FDPIR), 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)

Do not complete this section if you completed Part 4. List the names of EVERYONE living in your household, including yourself and any children listed in Part 1. Write the amount of income (Earnings BEFORE DEDUCTIONS) each person now gets and how often on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. Do not include foster children.

Names of Household Members (First, MI, Last)	Earnings from Work (before deductions)		Welfare Payment, Child Support, Alimony (List Amount/How Often)	Pensions, Retirement, Social Security Payments (List Amount/How Often)	Other Income (List Amount/How Often)
	Job 1	Job 2			
(example) Jane I. Smith	\$100/weekly	\$100/twice month	\$150 every two weeks	\$100/monthly	none
1.					
2.					
3.					
4.					

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.

PRINT NAME OF ADULT HOUSEHOLD MEMBER	SOCIAL SECURITY NUMBER <input type="checkbox"/> I do NOT have a SS Number	<b>FOR SPONSOR USE ONLY</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied, Incomplete Application <input type="checkbox"/> Denied, Income too High <input type="checkbox"/> Denied, Other <b>TOTAL INCOME</b> \$ <input style="width: 100px;" type="text"/>
SIGNATURE OF ADULT HOUSEHOLD MEMBER	TELEPHONE NUMBER	
ADDRESS CITY/STATE ZIP	DATE	
		APPROVING OFFICIAL SIGNATURE _____ DATE _____

## PRIVACY ACT STATEMENT

Unless you list the child's basic food, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a basic food, FDPIR or TANF office to determine current certification for Basic Food, FDPIR or TANF benefits, contacting OSPI 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. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability."

"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."