



Town Hall • 100 Main Street
Huntington, NY 11743-6991

Phone: (631)351-3089

Fax: (631)351-3100

ParksandRec@HuntingtonNY.gov

PARKS & RECREATION

Greg Wagner
Director

Project PLAY/St. John's Summer 2020

Camp Registration/ Registro de Campamento

Registration is first come first serve

Please note we have added a registration location in Huntington Station

Dates/Fechas - Location/Lugar

Saturday/Sabado, March/Marzo 7 & 21 - 9:00 a.m.-1:00 p.m.

Town Hall Board Room

100 Main Street

Huntington, N.Y. 11743

Dates/Fechas - Location/Lugar

Wednesday/Miércoles, March/Marzo 11 - 4:30 p.m.-8:00 p.m.

Huntington Opportunity Resource Center

1264 New York Ave.

Huntington Station, N.Y. 11746

The general application does not mean your child has been accepted to camp. You will be notified by mail if you need to submit further documentation or if your child has been accepted.

La solicitud general no significa que su hijo haya sido aceptado en el campamento. Se le notificará por correo si necesita presentar más documentación o si su hijo ha sido aceptado.





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GREG WAGNER
Director

CHAD A. LUPINACCI
Supervisor

February 2020

Dear Parent/Guardian of Perspective Camper:

The Huntington Town Board and St. John's Church is once again sponsoring Project P.L.A.Y. and St. John's Camp and participating in the Summer Food Service Program (SFSP). SFSP is for children from financially eligible Huntington families. These full-day camps include daily round trip bus transportation, nutritional meals, educational instruction, games, activities and field trips. The Town and St. John's Church provide these camps free of charge to eligible children. Enrollment for Project P.L.A.Y. is open to children ages 6.5 to 12. St. John's Camp is open to children ages 4 to 6. Attendance at these camps is limited and open only to Town residents who meet federally established income guidelines.

Please be advised that enrollment for both camp programs will be capped, 185 children for Project Play and a maximum of 80 children for St. John's Camp. This will assist the Town in controlling escalating costs and better manage the food service program. **If maximum enrollment is reached for the camp programs, a waiting list will be established.*

Applications for both programs will be accepted on a first come, first served basis. Registration opens March 7th, 2020. *Applications will NOT be accepted prior to first day of registration March 7th, 2020.*

Camp Dates and Location for 2020: To be determined

Camp Days & Hours of operation: Monday through Friday from 8:45 a.m. to 2:45 p.m.

More About the Summer Food Service Program and Eligibility: Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children who are part of households that receive foods stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following 2019-20 income eligibility standards will be used for determining eligibility for free meals:





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<u>Income Eligibility Guidelines</u>					
<u>Household Size</u>	<u>Year</u>	<u>Month</u>	<u>Twice Per</u> <u>Month</u>	<u>Every Two</u> <u>Weeks</u>	<u>Weekly</u>
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For each additional family member add	\$8,177.00	\$682	\$341	\$315	\$158

Please see the checklist to complete the general application process. The general application does not mean your child has been accepted to camp. You will be notified by mail if you need to submit further documentation or if your child has been accepted. Incomplete applications and/or not submitting the required documents will jeopardize acceptance to camp. If you require assistance with the application please do not hesitate to contact Neri Arevalo (631)351-3095 or by email at narevalo@huntingtonny.gov

Sincerely,

Greg Wagner
Director
Town of Huntington
Department of Parks & Recreation
100 Main Street, Huntington, NY 11743
(631)351-3089





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CHECKLIST OF REQUIRED DOCUMENTS

The following is a list of documentation that is required and must be submitted to complete your child's/children's camp application. Not submitting required documents will delay your child's/children's camp admission. (For efficiency purposes copies of documents made prior to registration date is recommended.)

- ☐ Town of Huntington General Camp Application- Filled out and signed
- ☐ USDA Application- Filled out and signed
- ☐ Copy of child's Birth Certificate
- ☐ Current Photo of Child- Write full name and D.O.B. on the back of the photo
- ☐ Two (2) Proofs of Residence – Require
 - Parent/Guardian's New York State Driver's License or Non-Driver identification
 - Motor vehicle registration
 - Huntington property tax bill
 - Utility bill (PSEG, National Grid)
- ☐ Proof Child is Attending School
 - School report card or
 - Letter from the school with school letter head, child's name should be on letter
 - School identification card
- ☐ Proof of Income at least 2 proof's
 - If your child receives free or reduced meals at school-provide a copy of the approval letter from the school district. **Note:** *With this letter you will NOT need to provide other proof of income*
 - If you receive benefits –SNAP, TANF, or FDPIR provide a copy of verification letter from Suffolk County DSS
 - Copy of paycheck stub (4 Current)
 - Notarized letter from your employer stating your salary
 - Housing letter from DSS
- ☐ Federal/State Application for Free/Reduced School Meals Form
- ☐ Enter your last four digits of your Social Security Number (if you have one)
- ☐ If your child has any physical, medical, behavioral, or social needs that are sanctioned and have an approved plan by a State or educational official a copy of such plan is required with the application.
 - IEP Letter of an approved plan by a State or Educational Official and Progress Report

If you have any questions please do not hesitate to contact Neri Arevalo (631)351-3095 or by email at

narevalo@huntingtonNY.gov





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Febrero 2020

Estimado padre / tutor de la futura campista de verano:

La Junta de la Ciudad de Huntington y la Iglesia de St. John's patrocinarán campamento Project PLAY y St. John's y participan una vez más en el Programa de Servicio de Alimentos de Verano. El Programa de Servicio de Alimentos de Verano es para niños de familias de Huntington elegibles financieramente. Estos programas de campamento de día completo, incluyen transporte diario en autobús de ida y vuelta, comidas nutricionales, instrucción educativa, juegos, actividades y excursiones. La ciudad y la iglesia de St. John's proporcionan estos campamentos de forma gratuita a los niños elegibles. La inscripción para Project Play está abierta a niños de 6.5 a 12 años. St. John's Camp está abierto a niños de 4 a 6 años. La asistencia a estos campamentos es limitada y está abierta solo a los residentes del pueblo que cumplen con las pautas de ingresos establecidas por el gobierno federal.

Tenga en cuenta que la inscripción para ambos campamentos tendrá un límite, 185 niños para Project Play y un máximo de 80 niños para St. John's Camp. Esto ayudará a la Ciudad a controlar los costos crecientes y a administrar mejor el programa de servicio de alimentos. ** Si se alcanza la inscripción máxima para los programas de campamento, se establecerá una lista de espera.*

Las solicitudes para ambos programas se aceptarán por orden de llegada. La inscripción comienza el 7 de marzo de 2020. *NO se aceptarán solicitudes antes del primer día de inscripción el 7 de marzo de 2020.*

Fechas y lugar del campamento para 2020: por determinar

Días de campamento y horario de atención: de lunes a viernes de 8:45 a.m. a 2:45 p.m.

Los niños que forman parte de hogares que reciben cupones de alimentos o beneficios bajo el Programa de Distribución de Alimentos en Reservas Indígenas (FDPIR) o Asistencia Temporal para Familias Necesitadas (TANF) son automáticamente elegibles para recibir comidas gratis. Los siguientes estándares de elegibilidad de ingresos 2019-20 se utilizarán para determinar la elegibilidad para comidas gratis:





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<u>Tamaño del hogar</u>	<u>Año</u>	<u>Pautas de elegibilidad de ingresos</u>			<u>Semanal</u>
		<u>Mes</u>	<u>Dos Veces Por</u> <u>Mes</u>	<u>Cada dos</u> <u>semanas</u>	
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
Por cada miembro adicional de la familia agregue	\$8,177.00	\$682	\$341	\$315	\$158

Consulte la lista de verificación para completar el proceso de solicitud general. La solicitud general no significa que su hijo haya sido aceptado en el campamento. Se le notificará por correo si necesita presentar más documentación o si su hijo ha sido aceptado. Las solicitudes incompletas y / o no presentar los documentos requeridos pondrán en peligro la aceptación al campamento. Si necesita ayuda con la solicitud, no dude en comunicarse con Neri Arevalo (631)351-3095 o por correo electrónico a narevalo@huntingtonNY.gov.

Sinceramente,

Greg Wagner
Director
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LISTA DE DOCUMENTOS NECESARIOS

La siguiente es una lista de documentos que tienen que ser completados y entregados para registración. No se aceptarán solicitud sin no se presentan todos los documentos.

- ☐ Aplicación general completa y firmada
- ☐ Aplicación de la USDA completada y firmada
- ☐ Copia de Acta de nacimiento de su(s) hijo(s)
- ☐ Foto actual de su niño(a)-nombre y fecha de nacimiento en la parte posterior de la imagen
- ☐ Dos (2) Pruebas de Residencia lista de documentación aceptable
 - Licencia de conducir o Identificación de persona que no maneja del estado de Nueva York con dirección del pueblo de Huntington
 - Registración de vehículos de motor con dirección en el pueblo de Huntington
 - Factura de impuestos de propiedad en Huntington
 - Factura de servicios públicos con dirección en el pueblo de Huntington
- ☐ Prueba que su hijo a tiende escuela en Huntington
 - Reporte escolar o documentos de unos de los distritos escolares de Huntington
 - Tarjeta de identificación de escuela distrito de Huntington
- ☐ Lo siguiente es una lista de documentación aceptable como prueba de ingresos
 - Carta de los distritos escolares notificando que su niño(s) ha(n) sido aprobados para recibir comidas gratis o precio reducido. **Nota:** Si tiene esta carta no va a necesitar otras pruebas de ingresos.
 - Número de caso de medicaid, SNAP, TANF o FDPIR.; Se Requiere una carta de verificación de beneficios del presupuesto del DSS del condado de Suffolk. Las tarjetas de identificación de beneficios **NO** serán aceptadas
 - 4 copias de cheque más recientes
 - Carta notariada por su empleador indicando el salario
- ☐ Los últimos cuatro números de social (si tiene)
- ☐ Si su hijo(s) tiene alguna necesidad física, médica, de comportamiento o social que este sanciona y tenga un plan aprobado por un funcionario estatal o educativo:
 - Incluya una carta de plan y el progreso de IEP estatal o educativo

Si tiene alguna pregunta, no dude en ponerse en contacto con Neri Arevalo al (631)351-3095 o por correo electrónico a narevalo@huntingtonny.gov.



**TOWN OF HUNTINGTON
PROJECT PLAY/ST. JOHN'S CAMP
GENERAL APPLICATION 2020**

Please Print

Potential Camper Information

Child's Name _____ D.O.B. ____ / ____ / ____ | Age ____

Gender: _____ | Grade _____ School District: _____

Please list child's previous camp or school experience _____

Home Address _____

Street

City

State

Zip

Mailing Address _____

(If different from above)

Street

City

State

Zip

Parent/Guardian & Household Information

Father's Name _____ Email: _____

Telephone #: _____ 2nd #: _____ Employer: _____

Mother's Name _____ Email: _____

Telephone #: _____ 2nd #: _____ Employer: _____

Are you receiving any Public Assistance? If yes, circle below whichever applies.

* Medicaid

* Temporary Assistance

* SNAP Benefits

* Unemployment

Case Number: _____ # of people currently living in your household: _____

Is camper a foster child? ____ Yes ____ No | If yes, provide Case #: _____

Family Income: Annual \$ _____ Monthly Income: _____

****Does your child have any physical, medical, behavioral, or social needs that are sanctioned and have an approved plan by a State or Educational official? i.e. School***

____ Yes- If yes, please provide a copy of such plan along with this application

No

I certify that the above information is true and accurate.

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian _____

Preferred Method of Contact (circle): Telephone Postal Mail Email Text No Preference

For Office Use Only

Eligible: _____ Not Eligible: _____

Sponsor's Signature: _____ Date: _____

This form must be submitted to the Town of Huntington in order for a child to participate in the camp program.

**TOWN OF HUNTINGTON
PROJECT PLAY/ST. JOHN'S CAMP**

APLICACIÓN GENERAL

Por Favor Imprimir

Información de Campista Potencial

Nombre de Campista: _____ | D.O.B.: ____ / ____ / ____ | Edad ____ |

Género: _____ | Grado ____ | Distrito de Escuela: _____

Experiencia previa de campamento o escuela: _____

Dirección de Casa: _____

Calle

Ciudad

Estado

Código Postal

Dirección de Envío: _____

(Si diferente de anterior)

Calle

Ciudad

Estado

Código Postal

Información de Padre/Guardián

Nombre-Padre: _____ Email: _____

Teléfono: _____ 2nd #: _____ Empleador: _____

Nombre-Madre: _____ Email: _____

Teléfono: _____ 2nd #: _____ Empleador: _____

Preguntas de Ingresos y Vivienda

¿Recibe Asistencia Pública? Si afirmativo circule lo que aplica:

* Medicaid * Asistencia Temporal (TA)* Benéficos de Alimento (SNAP) * Desempleo

Número de Caso: _____ ¿Cuántas personas viven en su hogar? _____

Ingresos Familiares: Anual: \$ _____ Mensual: \$ _____

¿Es su hijo un niño adoptivo? Si No # de Caso

***¿Tiene su hijo(a) alguna necesidad física, médica, conductual o social sancionada y tiene un plan aprobado por un funcionario estatal o educativo?**

____ Si- Si afirmativo, por favor proporcione una copia de dicho plan junto con esta solicitud.

____ No

Certifico que la información anterior es verdadera y correcta.

Firma Padre/Guardián _____ Fecha _____

Imprimir Padre/Guardián _____

Método de Contacto Preferido (circule): Teléfono Envío Postal Email Text No Preferencia

.....
Para Uso de Oficina Solamente

Elegible: _____ No Elegible _____

Firma de Patrocinador: _____ Fecha: _____

.....
Esta aplicación debe ser entregada al Town of Huntington para que su hijo(a) pueda participar en el campamento.

**INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK
(Effective July 1, 2019 through June 30, 2020)**

Free Eligibility Scale
Free Lunch, Breakfast, Milk

Reduced Price Eligibility Scale
Reduced Price Lunch, Breakfast

House hold Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	House hold Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 16,237	\$ 1,354	\$ 677	\$ 625	\$ 313	1	\$ 23,107	\$ 1,926	\$ 963	\$ 889	\$ 445
2	\$ 21,983	\$ 1,832	\$ 916	\$ 846	\$ 423	2	\$ 31,284	\$ 2,607	\$ 1,304	\$ 1,204	\$ 602
3	\$ 27,729	\$ 2,311	\$ 1,156	\$ 1,067	\$ 534	3	\$ 39,461	\$ 3,289	\$ 1,645	\$ 1,518	\$ 759
4	\$ 33,475	\$ 2,790	\$ 1,395	\$ 1,288	\$ 644	4	\$ 47,638	\$ 3,970	\$ 1,985	\$ 1,833	\$ 917
5	\$ 39,221	\$ 3,269	\$ 1,635	\$ 1,509	\$ 755	5	\$ 55,815	\$ 4,652	\$ 2,326	\$ 2,147	\$ 1,074
6	\$ 44,967	\$ 3,748	\$ 1,874	\$ 1,730	\$ 865	6	\$ 63,992	\$ 5,333	\$ 2,667	\$ 2,462	\$ 1,231
7	\$ 50,713	\$ 4,227	\$ 2,114	\$ 1,951	\$ 976	7	\$ 72,169	\$ 6,015	\$ 3,008	\$ 2,776	\$ 1,388
8	\$ 56,459	\$ 4,705	\$ 2,353	\$ 2,172	\$ 1,086	8	\$ 80,346	\$ 6,696	\$ 3,348	\$ 3,091	\$ 1,546
Each Add'l person add	\$ 5,746	\$ 479	\$ 240	\$ 221	\$ 111	Each Add'l person add	\$ 8,177	\$ 682	\$ 341	\$ 315	\$ 158

Please note: *Incomes indicated on the free and reduced price eligibility scales are maximum amounts.*

**INCOME ELIGIBILITY FORM
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**

If you need help, call **[phone number of Sponsor]**

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at **[phone number of Sponsor]**

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A--Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B--Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C--Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: 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 for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier 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 Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **[name of Sponsor]** at **[phone number]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
2.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
3.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
4.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
5.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
6.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
7.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
8.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
9.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
10.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
11.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐
12.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	☐

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: ____ _ □ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
☐ Hispanic or Latino	☐ Asian ☐ American Indian or Alaska Native
☐ Not Hispanic or Latino	☐ White ☐ Native Hawaiian or Other Pacific Islander
	☐ Black or African American

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year

Household size: _____

Categorical Eligibility: ____ Date Withdrawn: ____ Eligibility: Free ____ Reduced ____ Denied ____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____