



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

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## PARKS & RECREATION

**DONALD MCKAY**  
*Director*

Dear Prospective Summer Camper:

The Huntington Town Board and St. John's Church are once again proud to sponsor two summer camp programs for children from financially eligible Huntington families. These full-day camp programs, Project Play and St. John's, include 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 Play 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.

This year's program will begin on Monday, July 1 and run through Friday, August 2. The six-week program operates from 8:45 a.m. to 2:45 p.m., Monday through Friday (No camp on July 4 due to the holiday). Participants are expected to attend the full camp schedule.

Please be advised that enrollment for both camp programs will be capped. A maximum of 160 children will be accepted for Project Play and a maximum of 80 children will be accepted for St. John's Camp. This will assist the Town in controlling escalating costs and better manage the food service program.

Applications for both programs will be accepted on a first come, first served basis beginning on the first registration date, Tuesday, March 12, 2013 and Tuesday, March 19, 2013, 5:00 pm to 8:00 p.m. An additional registration day will be held on Saturday, March 23, 2013 from 10:00 am to 2:00 p.m. All registration sessions will be held at Town Hall Board Room, 100 Main Street, Huntington, NY 11743.

If maximum enrollment is reached for the camp programs, a waiting list will be established. Under no circumstance will any applications be accepted prior to the March 12 registration session.

Because we are limiting the number of attendees at these camps, it is likely that we will have more applicants than we have available openings. As a result, parents and/or guardians are expected to send their children to the camp on a daily basis. If a child is



determined to have missed excessive camp days, a parent and/or guardian may be asked for a doctor's note to verify the absences. Any child who is deemed to have unexcused absences may be removed from the camps and declared ineligible for attendance next year. The purpose of this rule is to ensure that those accepted to the program actually attend and participate and not take spots from other eligible children who may be denied due to limitations.

It is essential that parents and/or guardians understand and conform to the income and residency rules that must be met to qualify for this program.

To satisfy the income requirements for this program, children must come from households that meet guidelines for free or reduced price meals as established by the National School Lunch Program. Enclosed is a detailed outline and chart of these requirements. Children who are part of households that receive food stamps or benefits under the Temporary Assistance to Needy Families (TANF) are automatically eligible for the camp program – as long as residency requirements are met. Copies of food stamps or TANF eligibility documents must be submitted with all applications.

For those households that are not receiving food stamps or TANF benefits, the enclosed Income Eligible Guidelines for free or reduced price meals must be met in order to qualify for participation in these camps. Proof of income will be required, including payroll checks/stubs or federal/New York State income tax returns. Copies of these documents must also be submitted with all applications. All submitted material will be kept confidential.

Prospective campers must also meet residency requirements by residing year round within the Town. To satisfy this requirement, parents and/or guardians must provide copies of at least two (2) of the following:

- o New York State driver's license with Town address.
- o Motor vehicle registration with Town address.
- o Non-driver (New York State) identification with Town address.
- o Huntington property tax bill.
- o Utility bill with Town address.
- o Library card with Town address.
- o School report card with Huntington (Town) school district.
- o School identification card.
- o Town of Huntington recreation identification card.

Parents and/or guardians are also required to complete and sign the following forms:

- o Town of Huntington application
- o Application for free and reduced meals (federal)
- o Town medical/emergency contact forms (four pages total)
- o Photography/field trip release
- o Camper pick-up release

TOWN OF HUNTINGTON

PROJECT P.L.A.Y./ST. JOHN'S CAMP 2013  
GENERAL APPLICATION

Please complete one (1) form per child

(Please Print)

Child's Name \_\_\_\_\_ ( ) boy ( ) girl

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School District (presently attending) \_\_\_\_\_

Father's Name \_\_\_\_\_ SS# \_\_\_\_\_

Mother's Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Town: \_\_\_\_\_ Street \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Number of people in family \_\_\_\_\_

Are you receiving any Public Assistance? Circle whichever applies:

Medicaid ADC Food Stamps Unemployment (List Income \$ \_\_\_\_\_)

Case Number: \_\_\_\_\_

Family Income: Annual \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Father's Place of Work \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_

Is applicant a foster child? Yes No Case # \_\_\_\_\_

Please list child's previous camp or school experience: \_\_\_\_\_

(I certify that the above information is true and accurate)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

For Office Use

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.

March 1, 2013

The Town of Huntington Parks & Recreation Department is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a non-residential 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 2012-2013 income eligibility standards will be used for determining eligibility for free meals:

<u>Household Size</u>	<u>Income Eligibility Guidelines</u>				
	<u>Year</u>	<u>Month</u>	<u>Twice per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1	\$20,665	\$1,723	\$ 862	\$ 795	\$ 398
2	\$27,991	\$2,333	\$1,167	\$ 1,077	\$ 539
3	\$35,317	\$2,944	\$1,472	\$1,319	\$ 680
4	\$42,643	\$3,554	\$1,777	\$1,641	\$ 821
5	\$49,696	\$4,165	\$2,083	\$1,922	\$ 961
6	\$57,295	\$4,775	\$2,388	\$2,204	\$1,102
7	\$64,621	\$5,386	\$2,693	\$2,486	\$1,243
8	\$71,947	\$5,996	\$2,998	\$2,768	\$1,384

For each additional  
Family member, add: \$7,326      \$ 611      \$ 306      \$ 282      \$ 141

Acceptance and participation requirements the program and all activities are the same for all regardless of race, color, national origin, gender, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at site(s) and times as follows:

PROJECT PLAY/ST. JOHN'S CAMP, Jack Abrams Intermediate School, 155 Lowndes Avenue, Huntington Station, NY 11746 - From July 1, 2013 to August 2, 2013

Breakfast Served: 8:45 - 9:45 a.m. Lunch Served: 11:45 - 1 p.m. Snack: 2:15 p.m.

Persons interested in receiving more information should contact sponsor listed below between the hours of 9am-4pm, Monday thru Friday: Town of Huntington, Dept. of Parks & Recreation, 100 Main Street, Huntington (631) 351-3096

Any person who believes he or she has been discriminated against in any USDA-related activity should write immediately to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building 14th and Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

  
(Signature of Authorized Representative)

2/14/13  
(Date)

**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 Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				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.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
10.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
11.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
12.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**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:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> 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: \_\_\_\_\_

**INCOME ELIGIBILITY FORM  
FOR THE  
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]  
Parks & Recreation Dept., 100 Main Street, Town Hall, Huntington, NY 11743

If you need help, call [phone number of Sponsor] 631-351-3096

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

**Part 1:** List participant's name and a SNAP (Food Stamp), TANF or FDIPIR 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 FDIPIR 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 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 to: USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). "USDA is an equal opportunity provider and employer."