2008 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION
TRAIL BLAZERS CAMP
Please call (212) 529-5113, ext 204 for help completing this form

Please complete all information and SIGN the bottom.

1 ENROLLMENT INFORMATION
Child's Name_____ **Age:**_____
Last Name First Name

2 FOSTER CHILD
Is this child a foster child? ____YES _____NO
If yes, do not complete 3A or 3B Write this child's personal use income. Write 0 if the child has no income. $_____

3A HOUSEHOLDS NOW GETTING FOOD STAMPS OR TANF/HRA BENEFITS FOR THEIR CHILDREN – Complete this part and sign the application in Part 4 – DO NOT complete Part 3B

Food Stamp Case Number:_____ **TANF/HRA Case Number:**_____

3B ALL OTHER HOUSEHOLDS – If you did not write a Food Stamp or TANF/HRA case number and this child is not a foster child, complete this part and sign the application in Part 4.

NAMES	MONTHLY INCOME				
List the names of ALL members of your household, even if they are not working or attending camp!	MONTHLY Income earned from work		MONTHLY Welfare, child support, alimony, unemployment benefits.	MONTHLY Pensions, Retirement, Social Security	MONTHLY Any other income
	JOB 1	JOB 2			
1.	$	$	$	$	$
2.	$	$	$	$	$
3.	$	$	$	$	$
4.	$	$	$	$	$
5.	$	$	$	$	$
6.	$	$	$	$	$
7.	$	$	$	$	$
8.	$	$	$	$	$
9.	$	$	$	$	$
10.	$	$	$	$	$

4 SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and the Food Stamp number or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE: _____ _____
SIGNATURE OF ADULT HOUSEHOLD MEMBER **HOME ADDRESS**

_____ _____
SOCIAL SECURITY NUMBER (optional) **TOWN/CITY STATE ZIP**

_____ _____ _____ _____
PRINTED NAME ADULT HOUSEHOLD MEMBER **DATE SIGNED HOME PHONE WORK PHONE**

5 RACE/ETHNIC IDENTITY: YOU ARE NOT REQUIRED TO ANSWER THIS PORTION

☐ **WHITE, not of Hispanic origin** ☐ **BLACK, not of Hispanic origin** ☐ **ASIAN or PACIFIC ISLANDER** ☐ **AMERICAN INDIAN OR ALASKAN NATIVE** ☐ **HISPANIC**

PRIVACY ACT STATEMENT: SECTION 9 OF THE NATIONAL SCHOOL LUNCH ACT REQUIRES THAT, UNLESS YOUR CHILD'S FOOD STAMP OR TANF CASE NUJMBER IS PROVIDED, YOU MUST INCLUDE THE SOCIAL SECURITY NUMBER OF THE ADULT HOUSESHOLD MEMBER SIGINING THE APPLICATION OR INDICATE THAT THE HOUSEHOLD MEMBER DOES NOT HAVE A SOCIAL SECURTIY NUMBER. PROVISION OF SOCIAL SECURTIY NUMBER IS NOT MANDATORY, BUT IF A SOCIAL SECURITY NUMBER IS NOT GIVEN OR INDICAITON IS NOT MADE THAT THE SIGNER DOES NOT HAVE SUCH A NUMBER, THE APPLICATION CANNOT BE APPROVED. THE SOCIAL SECFURITY NUMBER MAY BE USED TO IDENTIFY THE HOUSEHOLDL MEMBER IN CARRYING OUT EFFORTS TO VERYFIY THE CORRECTNESS OF INFORMATION STTED ON THE APPLICATION. THESE VERIFICATION EFFORTS MAY BE CARRIED OUT THROUGH PROGRAM REVIEWS, AUDITS, AND INVESTIGATIONS AND MAY INCLUDE COCNTACING EMPLOYERS TO DETERMINE INCOME, CONTACING A FOOD STAMP OR TANF OFFICE O DETERMINE CURRENT CERTIFICATON FOR RECEIPT OR FOOD STAMPS OR TANF BENEFITS, CONTACTING THE STATE EMPLYMENT SECURITY OFFICE TO DETERMINE THE AMOUNT OF INCOME RECEIVED. THESE EFFORTS MAY RESULT IN A LOSS OR REDUCTION OR BENEFITS, ADMINISTRATIVE CLAIMS OR LEGAL ACTIONS IF INCORRECT INFORMATION IS REQUIRED.

Determination: Eligible_____ Ineligible_____ TOTAL MONTHLY INCOME $_____
Signature of Determining Official:
_____ Date_____