Household Application for the Summer Food Service Program

(Rev. 10/23)

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members

If more spaces are required for additional names, attach another sheet of paper.

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	MI	Child's Last Name	Age	Participant? Yes or No	Foster Child	Homeless, Migrant, Runaway	Head Start
				☐ ☐	☐	☐	☐
				☐ ☐	☐	☐	☐
				☐ ☐	☐	☐	☐
				☐ ☐	☐	☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDPIR?

☐ Yes ☐ No

If you answered NO > Complete STEP 3. **If you answered YES** > Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number ______ Write only one case number in this space.

Program Name ______ Badger Care does not qualify for free meals.

STEP 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to STEP 2)

Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income

Child income $ ______

How often? ☐ Weekly ☐ Bi-Weekly ☐ 2x ☐ Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total **gross** income (before taxes) for each source in whole dollars only (no cents). If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last Name)	C. Earnings from Work	How often? Weekly / Bi-Weekly / 2x Month / Monthly	D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefit	How often? Weekly / Bi-Weekly / 2x Month / Monthly	E. Pensions/Retirement/ Social Security, Other Income	How often? Weekly / Bi-Weekly / 2x Month / Monthly	F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.
	$	☐ ☐ ☐ ☐	$	☐ ☐ ☐ ☐	$	☐ ☐ ☐ ☐	$
	$	☐ ☐ ☐ ☐	$	☐ ☐ ☐ ☐	$	☐ ☐ ☐ ☐	$
	$	☐ ☐ ☐ ☐	$	☐ ☐ ☐ ☐	$	☐ ☐ ☐ ☐	$
	$	☐ ☐ ☐ ☐	$	☐ ☐ ☐ ☐	$	☐ ☐ ☐ ☐	$
	$	☐ ☐ ☐ ☐	$	☐ ☐ ☐ ☐	$	☐ ☐ ☐ ☐	$

G. Total Household Members (Children and Adults)— REQUIRED ______

H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member—REQUIRED or check box if no SSN X X X - X X - ______

Check if no SSN ☐

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and correct, and that all income is reported, unless eligibility is established by receiving FoodShare, W-2 Cash Benefits and/or FDPIR. I understand that this information is given in connection with the receipt of Federal funds, and that agency officials may verify (check) the information; and that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

Street Address *If available*	Apt #	City	State	Zip	Daytime Phone and Email *Optional*

Printed Name of Adult Completing this Application—REQUIRED	Signature of Adult Completing this Application—REQUIRED	Today's Date *Mo./Day/Yr.*
	➢	

INSTRUCTIONS Source of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Gross earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability payments - Survivor's benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross salary, wages, cash bonuses - Net income from self-employment (farm or business); **FARM**—refer to line 18 of the 1040 or line 34 from Schedule F; **BUSINESS**—refer to line 12 of 1040 or line 31 from Schedule C. If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for meals.

Check one ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Check one or more ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **FAX:** (833) 256-1665 or (202) 690-7442; or
3. **EMAIL:** program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For Sponsor Use Only

Annual Income Conversion: Weekly x 52, Bi-weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?					Household Size	Categorical Eligibility	Eligibility	
	Weekly	Bi-Weekly	2x Month	Monthly	Yearly			Needy	Non-Needy
	☐	☐	☐	☐	☐		☐	☐	☐

Categorical Eligibility = FoodShare, W-2 Cash Benefits, or FDPIR participant

Signature of Determining Official ➢ | Today's Date *Mo./Day/Yr.*