#### **Instructions for Youth Camp Applications**

In years past, a lot of children have been sent to camp without completed paperwork. It is imperative that <u>ALL</u> paperwork contains the correct information and is filled out completely. It is every Lodge's responsibility to check the paperwork for the children they are sending to camp. If something is not filled out, then it needs to be returned to a parent, guardian, etc, to be completed in its entirety and returned to your Lodge before the child comes to summer camp.

- 1. <u>The Virginia Youth Camp Registration Form</u> (Blue Form)
  This form must have an emergency contact listed, with working phone numbers, where an adult can be reached. The back side of the form must be complete. Sign front and back of form.
- 2. <u>Camper Health History Form 1</u> (Green Form) **Note**: Form 2 (Pink Form) is no longer required. This form must contain accurate information for the camper regarding allergies to medications, foods and environment (especially bees).

If the camper requires a special diet due to food allergies, religious purposes, etc. the Camp Director needs to be notified of this at least one week before said camper arrives. This way if special arrangements are needed the camp has time to make them before the camper arrives.

It is also important to know if the camper has any activity restrictions.

Parent/Guardian must sign at the bottom of Page 1 giving authorization for the camp to seek health care for the camper in cases of emergency.

Page 2 of the green form contains immunizations. This section either needs to be completed by the camper's physician or a copy from the physician's office of immunizations received can be attached. This is <u>NOT</u> an option. If a camper arrives at camp and does not have this part of the paperwork then the camper will be sent home. The Camp Director will not be calling after the fact to get completed paperwork after the camper has arrived. If a camper does not receive immunizations due to religious reasons, then a letter from the child's physician needs to be attached to the green health form and must be signed by Parent/Guardian on the middle of Page 2.

The Medication Section of Page 2 needs to be completed accurately if your child will be receiving prescribed medication while at camp. The time of day the medication is normally taken needs to be listed here (i.e.: before breakfast, at bedtime, etc.).

<u>All medications</u> will be stored in the infirmary and dispensed as needed or ordered. No camper is allowed to keep medications in their cabin or in their suitcase. All medications need to be clearly marked with the camper's name and in their original container, whether it is prescription or over the counter. In some cases, the cabin counselor will be allowed to keep camper's inhalers and dispense as needed.

3. <u>Income Eligibility Form For The Summer Food Service Program</u> (White Form)

If this form applies to the child coming to camp, please have the parent/guardian complete this form. It will not interfere with any assistance they may be receiving already. It is a form the camp uses to receive reimbursement from the government for eligible campers food.

All persons who transport or otherwise supervise our campers must have read, signed and have a copy of the Elks *Acknowledgment of Youth Supervision Guide* on file at your local Lodge.

This is all important information that each Lodge needs to be aware of before the camping season. Each child's safety and well-being is of utmost importance while they are attending camp. VEYC appreciates everything the Virginia Lodges do to make it possible for children to attend summer camp. Thank you for your assistance in this. It will certainly help with the camper arrival process on Sundays during the camping season.

Additional copies of Camper Forms will be available in the VEYC section of the Virginia State Elks Association web page.



# Virginia Elks Youth Camp Registration and Release Form 2024 Camping Season



Boys Ages: 8 - 13 Girls Ages: 8 - 13 Sponsoring Lodge Name: Lodge Number: Lodge Number: Please **print** clearly Application Deadline is \_\_\_\_\_\_ Leave for camp: \_\_\_\_\_ Return from camp: The Virginia Elks Youth Camp is operated on a non-sectarian basis without regard to race, color or national origin for deserving children. Camper's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ Date of Birth: Age at Camp: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Camper's Mailing Address (Street): State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ PARENT OR CUSTODIAN INFORMATION Full Name: Relationship: \_\_\_\_\_\_ Address (If different from camper): Email Address: Home Phone No.: Cell Phone No.: \_\_\_\_\_ I hereby request that my child be allow to attend the Virginia Elks Youth Camp and authorize the Director of the camp and any medical care personnel to act for me according to his or her best judgment and ability in any emergency medical situation that may arise. Signature of Parent or Guardian: \_\_\_\_\_ **EMERGENCY CONTACT (Other than Parent)** Relationship: Name (First): \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ Cell Phone No.: Work Phone No.: Lodge Phone Number: Mail or Bring Application to Sponsoring Lodge.

Address:

### Standard Media Release Form for Minor Children

The Virginia Elks Youth Camp, its employees, Officers and sponsoring Virginia Elks Lodges take pictures and video of the campers that we are proud to sponsor and serve. This media is primarily for the enjoyment of our campers. Occasionally, this media is used for other internal purposes as listed below. Media and information about our campers is NEVER released for public commercial purposes. In order for us to further our goal of providing a memorable experience for our campers we need your permission to use this material.

I hereby authorize Virginia Elks Youth Camp, Inc., local sponsoring Elks Lodges, the Virginia Elks Association, the Benevolent and Protective Order of Elks, their Officers, employees and members (hereafter referred to as "Elks Organizations") to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use by the Elks Organizations in printed publications, media, and websites for camper entertainment, educational, training and Youth Camp promotional purposes.

I release the Elks Organizations from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Elks Organizations to use their photographs, videos and names.

I acknowledge that since participation in media, publications and websites produced by the Elks Organizations is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any media, publication or website produced by the Elks Organizations confers no rights of ownership whatsoever. I release the Elks Organizations from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature:	[	Date:	
Printed Name:			
Street Address:			
City:	State:	Zip Code:	
Names and Ages of Minor Children:			
Printed Name:		Age:	
Printed Name:		Age:	
Printed Name:		Age:	

https://www.facebook.com/pages/Virginia-Elks-Youth-Camp-VEYC/334782503257222

## VIRGINIA ELKS YOUTH CAMP RULES AND REGULATIONS

- 1. Campers are **NEVER** to touch another camper or staff member inappropriately.
- 2. Use of bad language or any derogatory remarks at camp is prohibited.
- 3. Campers must not take or pick up another's clothing, equipment or belongings. If this happens tell a counselor.
- 4. Camp is **NOT RESPONSIBLE** for any misplaced, lost or stolen items. This includes sentimental items. This includes Cameras, Cell Phones, iPods, etc.
- 5. Cell Phones are not permitted during camp. If your child requires their phone for travel to and from camp, then we will collect the phone at check-in, and secure them in the office until camp ends, when they will be returned.
- 6. Campers may not leave the grounds unless they have been signed out and are leaving with an authorized person. Campers are never to go anywhere by themselves.
- 7. Weapons, drugs and alcohol are prohibited.
- 8. If a camper has a disciplinary problem, he or she will be counseled by the cabin counselor. If the problem persists, the camper will be directed to the Camp Director. A parent will be called as a last resort. These steps will be followed depending on the severity of the problem.

We agree to the above rules and regulations.	
CAMPER'S Signature:	
PARENT OR GUARDIAN Signature:	
Date:	

#### CAMPER BEHAVIOR / PARENT AGREEMENT RULES

As the parent or guardian, I understand that any disruptive behavior, (i.e. fighting, defiance, unwillingness to participate in daily activities, refusing medication, not eating), constitutes necessity for me, the parent, to pick up my son/daughter in any and all of these circumstances. I understand and will comply with these rules. If any of these behavior patterns occur I understand that it is the parent or guardian's responsibility to bring the camper home.

Parent/Guardian's Signature:	
Date:	-

<b>CAMPER'S NAME:</b>		
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#### CAMPER CLOTHING LIST - VIRGINIA ELKS YOUTH CAMP

Campers should bring enough clothing, toiletries, and personal items for a full week (Sunday afternoon to Saturday morning). Good personal hygiene habits will be stressed while at camp thus having the proper hygiene items will be important. Laundry will be done ONCE during the week. Bedding is available at the camp, but sleeping bags are recommended. All bunks have mattresses and pillows. Indicate by circling below which items may be needed, and the camp will provide items if available. Mark clothes with the camper's name. The camp is not responsible for items lost, stolen, or damaged. Morning and evening temperatures can be cool at camp, so please plan accordingly.

#### **ITEMS TO BRING TO CAMP**

2 beach towels 2 swimming suits

Towels & wash cloths 1 pair of shower shoes

5-6 pair of socks

5-6 underwear

5-6 T-shirts OPTIONAL

1 pair of river shoes: not sandals or "flip-flops" Sleeping bag

A ragged or old pair of tennis shoes will work well

2-3 pair of blue jeans or sweat pants 1 raincoat or poncho

4-5 pair of shorts 1-2 pair of pajamas

2 sweatshirts or sweaters Stationery / stamps

1 pair tennis shoes Flashlight

#### **TOILETRIES**

Toothpaste, toothbrush, comb/brush, soap, shampoo, deodorant, sanitary napkins, Sunscreen, bug spray, toiletry bag container.

#### **MEDICINE / MEDICAL INFORMATION**

Any medication taken during the school year, such as for ADD/ADHD, must be brought in its original container and clearly marked with the camper's name, name of medication, and directions for administering.

Local Elks' Lodge members will arrange for transporting campers, and arrival and departure times. Each camper must have a CAMPER HEALTH HISTORY FORM using <u>ONLY</u> the green form provided by the camp. The camp phone <u>IS NOT</u> available to campers. The camp administration will contact parents/guardians in case of emergency.

It is <u>very</u> important to complete and sign all appropriate sections of the application and medical form. This includes health insurance information, camper Social Security Number, and USDA family income information. The camp is reimbursed for every child who meets the income eligibility requirements. The Camp Director will determine eligibility, but the info must be included to assist the camp in administering the program.

#### **DO NOT BRING**

Money, stereos, jewelry, fireworks, cell phones, beepers, pocket knives or any type of weapon.

The Virginia Elks Youth Camp IS NOT RESPONSIBLE for lost or stolen items.

CAMPER HEALTH HISTORY FORM 1  Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses  Mail this form to the address below by (date)	Dates will attend camp: fromto	First				
Camper Home Address:  Street Address	City State Zip Code					
Parent/guardian with legal custody to be contacted in case of	,					
Relationship Name: to Camper:	Preferred Phones: ()()					
to damper.		Middle				
Home Address:		d e				
(If different from above) Street Address Second parent/quardian or other emergency contact:	City State Zip Code					
Relationship						
Name: to Camper: _	Preferred Phones: ()() Email:					
Additional contact in event parent(s)/guardian(s) can not be re	eached:					
Relationship Name(s): to Camper:	Preferred Phones: ()()					
	s allergic to:   Food Medicine The environment (insect stings, hay fever, etc.)					
(Please describe below what the camper is allergic to and the reaction seen.)  Diet, Nutrition:  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  This camper has special food needs. (Please describe below.)						
	ctivities of the camp and feel the camper can participate without restrictions. ctivities of the camp and feel the camper can participate with the following restrictions or	Capill of Gloup				
Medical Insurance Information:						
This camper is covered by family medical/hospital inst	urance □ Yes □ No					
Include a copy of your insurance card if appropria	te; copy both sides of the card so information is readable.	2				
Insurance Company	Policy Number	Callip Cod)				
Subscriber	Insurance Company Phone Number ()	, oc.)				
Parent/Guardian Authorization for Health Care:		0000				
all camp activities except as noted by me and/or an exam and treatment related to the health of my child for both ro permission to the physician to hospitalize, secure proper this form will be shared on a "need to know" basis with c	nealth status of the camper to whom it pertains. The person described has permission to participate in ining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, utine health care and in emergency situations. If I cannot be reached in an emergency, I give my treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on amp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a try child and these providers may talk with the program's staff about my child's health status.	on Code(s).				

Relationship

\_ to Camper: \_

Page 1/4

\_Date: \_\_\_

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Signature of Custodial

Parent/Guardian \_

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CAMPER.	нгаг гн	HISTORY	FURINI

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name:		
First	Middle	Last
Birth Date:		
Month/Day/Year		

Immunization History: Provide the month and year for each immunization. Starred (\*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immuniza	ation	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Piptheria, tetanus, po DTaP) or (TdaP)	ertussis <b>★</b>						
etanus booster★							
dT) or (TdaP) lumps, measles, ru	holla≠						
MMR)	bella *						
olio★ PV)							
laemophilus influen ∃IB)	zae type B						
Pneumococcal PCV)							
lepatitis B						- 	
Hepatitis A							
/aricella DHa	nd chicken pox e:						
Meningococcal meni MCV4)	ngitis						
Full arraylants (TD) to	-1	Date:	□ Name		1		
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The following non-prescription medications may be stocked in the camp Health Center and are used on an <u>as needed basis</u> to manage illness and injury. Camp staff has my permission to administer the following non-prescription medications to my child. *Cross out those the camper should <u>not</u> be given.* 

Acetaminophen (Tylenol)

Phenylephrine decongestant (Sudafed PE)

Antihistamine/allergy medicine

Diphenhydramine antihistamine/allergy medicine (Benadryl)

Sore throat spray

Lice shampoo or cream (Nix or Elimite)

Calamine lotion

Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)

Pseudoephedrine decongestant (Sudafed)

Guaifenesin cough syrup (Robitussin)

Dextromethorphan cough syrup (Robitussin DM)

Generic cough drops Antibiotic cream

Aloe

Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

# CAMPER HEALTH HISTORY FORM 1

Camper Name:		
First	Middle	Last
Birth Date:		
Month/Day/Year		

School Health, & Association of Camp Nurses	auomy c	r r culatilos c	Month/Day/Year		
General Health History: Check "Yes" or "No" for ea	ach st	atement.	Explain "Yes" answers below.		
Has/does the camper:					
1. Ever been hospitalized?	Yes	□ No	11. Had fainting or dizziness? Yes		No
2. Ever had surgery?	Yes	□ No	12. Passed out/had chest pain during exercise? ☐ Yes		No
3. Have recurrent/chronic illnesses?	Yes	□ No	13. Had mononucleosis ("mono") during the past 12 months? ☐ Yes		No
4. Had a recent infectious disease?	Yes	□ No	14. If female, have problems with periods/menstruation? ☐ Yes		No
5. Had a recent injury?	Yes	□ No	15. Have problems with falling asleep/sleepwalking?   Yes		No
6. Had asthma/wheezing/shortness of breath?	Yes	□ No	16. Ever had back/joint problems? ☐ Yes		No
7. Have diabetes?	Yes	□ No	17. Have a history of bedwetting?   Yes		No
8. Had seizures?	Yes	□ No	18. Have problems with diarrhea/constipation? ☐ Yes		No
9. Had headaches?	Yes	□ No	19. Have any skin problems?□ Yes		No
10. Wear glasses, contacts, or protective eyewear? □	Yes	□ No	20. Traveled outside the country in the past 9 months? ☐ Yes		No
Please explain "Yes" answers in the space below,	noting	the numb	per of the questions. For travel outside the country, please name countri		ited
and dates of travel.					
Mental, Emotional, and Social Health: Check "Yes"	" or "N	lo" for ea	ch statement.		
Has the camper:					
1. Ever been treated for attention deficit disorder (ADD	) or a	ttention de	eficit/hyperactivity disorder (AD/HD)?		No
2. Ever been treated for emotional or behavioral difficu	ulties c	r an eatin	g disorder?   Yes		No
3. During the past 12 months, seen a professional to a	ddres	s mental/e	emotional health concerns? 🗆 Yes		No
			? 🗆 Yes		No
(History of abuse, death of a loved one, family chan	•		,	_	
Please explain "Yes" answers in the space below,	noting	the numb	per of the questions. The camp may contact you for additional information	n.	
Health-Care Providers:					
Name of camper's primary doctor(s):			Phone: ()		
Name of dentist(s):			Phone: ()		
Name of orthodontist(s):			Phone: ()		
What Have We Forgotten to Ask? Please provide i	in the	space be	<b>low</b> any additional information about the camper's health that you think i	mporta	ant or
that may affect the camper's ability to fully participate i					
Paranta/Outarities - OTOD / Time - OTO		!-	and the day have the same and the same at		
Parents/Guardians: STOP here. The rest of th	ıs ıs f	orm is co	impleted when the camper arrives at camp. Keep a copy for your re	cords	i.

## CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name:		
First	Middle	Last
Birth Date:		
Month/Day/Year		

# **Individual Health Record (For Camp Use Only) Initial Screening** Date/Time: Initials: □ Screening has been conducted according to camp protocol and significant findings noted as follows: A. Any signs/symptoms of illness or injury upon arrival?......□ No □ Yes as noted below B. History of exposure to communicable disease?..... □ No □ Yes as noted below C. Additions or corrections to information on this health history?.....□ No □ Yes as noted below D. Medication given to health-care staff?..... □ No □ Yes as noted below E. Any signs/symptoms of head lice?.....□ No □ Yes as noted below Provider notes: (date/time/initial all entries) Exit Note: Check one of the following: $\hfill \square$ Left camp this day with no reported illness or injury symptoms. ☐ Left camp this day with the following problem/concern: This person was told about the problem and instructed about follow-up as noted above: \_ Date/Time: Initials:

# Camper's History Form

Fir	st Name	Las	t Name	Age
Ad	dress:			
1.	Any <u>special</u> circums	tances pertaining to sch	ool (i.e., special ed	ucation, learning, disabled, etc.)?
2.	Please describe the	home environment in d	etail.	
3.	Please give a descri	otion of the youth's phy	sical development.	
4.	To the best of your	ability describe the yout	:h's general behavi	or and attitude.
5.	Please give a brief st	atement about any spec	cial abilities and int	erests.
6.	If the applicant is a v		or other Agency, g	ive name and address of Agency and
	AGENCY		GUARDIAI	N
	ADDRESS			PHONE #
		APPLIC	ATION COMMITTE	<u>E</u>
Thi	is Application has bee	n: ACCEPTED	REJECTED	for camp.
Ар	plication Committee:	Director's Signature		Session:
Da	te:	Lodge #		

## **Household Application for Free and Reduce Price Summer Meals**

STEP 1 List ALL household m	embers who are infants, childr	en, and	students up to un	a	== (o.e space e	c.required for addition		cii aiiotiic	i silect of paper)
Child's First Name		MI	Child's Last Name				Grade		oster Homeless, Migrant, Runaway
oa o r noc rtaine			0 9 2431 114				0.000		- Kullaway
								that apply	
								all that	
								Checka	
								5   [	
STEP 2 Do any household me	embers (including you) current	ly partic	ipate in one or mo	ore of the follow	wing assistance pro	ograms: SNAP, TAN	F, or FDPIR?		
If NO > Go to ST	TEP 3 If YES > Write a case	number he	ere then go to STEP 4	(Do not complete S	TEP 3) Case Nu	mber:			
			· ·	,			Wri	te only one ca	ase number in this spa
STEP 3 Report income for Al	L household members (Skip thi	s step if y	ou answered "Yes"	to STEP 2)					
Not sure what income to include here?	A. Child Income								
Flip the page and carefully review the charts title	Sometimes children in the househo			the TOTAL income	_	ncome	Weekly Bi-W	eekly 2x	Month Monthly
"Sources of Income" for more information.	earned by all Household Members				\$				$\bigcirc$
The "Sources of Income for Children" will help you with the Child Income section.	B. All Adult Household Members ( List all household members not list	-	•	even if they do no	t receive income For e	each household membe	r listed if thev	receive in	come report tot
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.	gross income (before taxes) for ear	ch source i	n whole dollars (no ce	•			-		•
		Hov	v often?		How often?			How	often?
Name of Adult Household Members	Earnings from Work Wee	Bi- kly Weekly	y Month Monthly	Public Assistance/ Child Support/ Alimony	Weekly Bi- 2x Weekly Mont		Retirement/ r Income Week	Bi- Weekly	2x Month Monthly
	\$	)	\$		000	\$			0 0
	\$		\$		000	)	C		$\circ$
	\$	) (	\$		000	)	C		$\circ$
	\$		) () () <b>\$</b>			) () \$		$\overline{)}$	$\bigcirc$
	s		) () () \$			) () s			0 0
							$\sim$		
Total Household Members (Children and Adults)	Last Four Digits of So Primary Wage Earne		ity Number of Adult Household Me	mber X	x x x		Chec	k if no SSI	N
	Primary Wage Earne		•	mber X	x x x x x		Chec	k if no SSI	N .
(Children and Adults)	Primary Wage Earne	r or Other	Adult Household Me	iniber		aware that if I purposely give false info	_		
(Children and Adults)  STEP 4 Contact information "I certify that all information on this application is true and that all in	Primary Wage Earne	r or Other	Adult Household Me	iniber		sware that if I purposely give false info	_		
(Children and Adults)  STEP 4 Contact information "I certify that all information on this application is true and that all in	Primary Wage Earne and adult signature come is reported. I understand that this information is given	r or Other	Adult Household Me	iniber	als may verify the information. I am a	aware that if I purposely give false info	_		
(Children and Adults)  STEP 4 Contact information  "I certify that all information on this application is true and that all in prosecuted under applicable State and Federal laws."	Primary Wage Earne and adult signature come is reported. I understand that this information is given	in connection w	Adult Household Me	d that State and Federal officia	als may verify the information. I am a		_		

Determining Official's Signature

INSTRUCTIONS Sources of Income

Sources of Income for Children			Sources of Income for Adults							
Sources of Child Income	Example(s)		Earnings from Work	Public Assistance/ Alimony/ Child Support	Pensions/ Retirement/ All Other Income					
- Earning from work	- A child has a job where they earn a salary or wages      - 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      - A friend or extended family member regularly gives a child spending money		- Salary, wages, cash bonuses - Net income from self- employment (farm or business) -Strike benefits  If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay,	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) -Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits	- Social Security (including railroad retirement and black					
- Social Security -Disability Payments -Survivor's Benefits					lung benefits) - Private Pensions or disability - Income from trusts or estates - Annuities - Invested income - Earned interest - Rental income					
- Income from person outside of the household										
- Income from any other source	- A child receives income from a private pension fund, annuity, or trust		FSSA or privatized housing allowances) -Allowances for off-base housing, food, and clothing	- veteran s benefits	- Regular cash payments from outside the household					
INSTRUCTIONS Ethnicity and Race										
We are required to ask 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 free or reduced price meals.  Ethnicity (check one):   Hispanic or Latino   Not Hispanic or Latino   Not Hispanic or Latino   Black or African American   Native Hawaiian or Other Pacific Islander   White  The Richard B Russell Nation 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 last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security when you apply on behalf of a foster child or you jist a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANP) Program, or Food Distribution Program on Indian Reservations (FDRP) case number or other FDRPI identifiers for your child or when you indicate that the adult household member signing the application does not have a Social Security Number with the adult household member signing the application of secret makes and for administration and entire conferement of the Summer Food Service Program. We Mark Yare your eligibility information to Heterination the Heterination to He										
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.										
Do not fill out For Sponsor Use Only										
Annual Income Conversion: Weekly x 52, Bi-Weekly x	26, Twice a Month x 24, Monthly x 12									
Total Income Weekly Bi-Weekly	2x Month Monthly Household size	Cate	egorical Eligibility	Free Reduced Paid						

Confirming Official's Signature

Date