



## North Shore Holiday House 2019 CAMP APPLICATION CHECKLIST

North Shore Holiday House **accepts female campers who are between the ages of 7 and 11 years old.**  
You must be low income and provide proof of income as defined by the USDA to attend.  
You must provide proof of residency in Nassau or Suffolk County on Long Island, New York.



Complete the following checklist before mailing in your application

When it is complete please mail it to: 74 Huntington Road, Huntington, NY 11743

- Application Form & Fee page..... page 2, 3 & 4
- Agreement and Release of Liability ..... page
- Photography Release and Waiver ..... page 6
- Camper Health History Form 1 (filled out by parent & reviewed by doctor) ..... page 7
- Camper Health History Form 2 (completed by doctor) ..... page 8
- Camper Essay and Photo (required) ..... page 9
- Meningococcal Fact Sheet ..... page 10
- Proof of Eligibility & Residency: USDA Form ..... page 11 & 12
- Attached immunization records

If you have any special concerns or questions, please contact camp at (631) 427-7630  
or visit our website [www.nshh.org](http://www.nshh.org)  
email: [info@nshh.org](mailto:info@nshh.org)



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**Parent must Complete**

**Camper's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Month) (Day) (Year)

**Grade Entering in September 2019** \_\_\_\_\_ **School Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone**(\_\_\_\_) \_\_\_\_\_  
Street Town Zip Code

**EmailAddress** \_\_\_\_\_ **Parent cell phone**(\_\_\_\_) \_\_\_\_\_

**Returning Camper?** \_\_\_\_\_ **(yes or no)**      **What Years was camp attended?** \_\_\_\_\_

**FAMILY DATA** Camper lives with - Mother \_\_\_\_\_ Father \_\_\_\_\_ Foster Parent \_\_\_\_\_ Guardian \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Foster Parent / Guardian Name \_\_\_\_\_ Guardian's Relationship \_\_\_\_\_

**Please List all individuals living with the child (continue on the back of page if needed):**

<b>Name</b>	<b>Age</b>	<b>Relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Single Parent Household yes no      Is either parent authorized to pick up camper? yes no

Referring Agency or Elementary School: \_\_\_\_\_

Name of Social Worker \_\_\_\_\_

Phone # \_\_\_\_\_

Check if you give Holiday House permission to call the social worker or agency if a consultation is necessary.



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**CHILD'S BACKGROUND**

Have any of the following happened in the past year? *(Please check)*

Death of a Relative     Illness     Accident     Hospitalization     Foster Care  
 Homelessness     Separation from either parent     other (explain) \_\_\_\_\_

Please select the child's ethnic origin and racial category or categories with which she most closely identifies by checking off as many as apply.

Ethnicity:

Hispanic or Latino  
 Not Hispanic or Latino

Race:

American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Pacific Islander  
 Black or African American  
 White

**SESSION REQUESTED** (List 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> choice of camp session dates)

We limit camp sessions to one session per child. You will be **notified by email** of your acceptance.

**If you have not confirmed your camp session, be sure to contact us before the start of camp.**

Camp session dates:

Mark selection (1<sup>st</sup>-4<sup>th</sup> choice)    7/1 - 7/12 \_\_\_\_\_    7/15- 7/26 \_\_\_\_\_    7/29 – 8/9 \_\_\_\_\_    8/12- 8/23 \_\_\_\_\_

**EMERGENCY CONTACTS**

**Please list three people who will be responsible for the camper if the parent or guardian is not available.**

***Information on all three contacts is required and must be filled out completely***

**Please designate (check) an emergency contact who would be authorized to pick up child.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/cell (\_\_\_\_) \_\_\_\_\_

**SIGNATURE IS REQUIRED**

PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

EMAIL \_\_\_\_\_

I give Holiday House permission to have my child participate in field trips, including the transporting for same.



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**CAMPER IS:**

EXCITED \_\_\_ NOT EXCITED \_\_\_ UNSURE \_\_\_ about attending camp.

Activities camper is looking forward to doing camp: \_\_\_\_\_

Campers expectation /goals for camp experience: \_\_\_\_\_

Parents expectations for camp experience: \_\_\_\_\_

Any concerns/issues camper has that may affect her behavior at camp: \_\_\_\_\_

How does your child deal with conflict? \_\_\_\_\_

**CAMP READINESS: Parents please review and check off these issues with you camper.**

- \_\_\_ My camper understands that she will be expected to follow the camp rules during her stay.
- \_\_\_ My daughter knows that cell phones, I- pads etc. are not allowed at camp.
- \_\_\_ My camper understands that camp is not responsible for any damage to personal belongings.
- \_\_\_ My daughter is prepared to treat others with kindness and respect (not tease, bully or "put down" others.)
- \_\_\_ My camper will take responsibility for her own hygiene on a regular basis (brush teeth, wash hair, etc.)
- \_\_\_ My daughter is prepared to keep her space tidy and assist others with cleaning the entire cabin.
- \_\_\_ My daughter is prepared to go to an adult for help if she has issues with other campers.

ADDITIONALCOMMENTS; \_\_\_\_\_

**FEES: Camp is tuition free, however, we do require a \$20 processing fee to hold your place in camp. The fee must be in the form of cash or a Money Order and must accompany the application.**

Processing Fee \$20 Per Child

Application fee is non-refundable and must be submitted with application.

I have enclosed the \$ \_\_\_\_\_ processing fee.

**For Office Use Only:**

PROCESSING FEE ENCLOSED \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ ACCEPTANCE \_\_\_\_\_ CONFIRMATION FROM PARENT



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### **Agreement and Release of Liability**

1. In consideration of Camper named above ("Camper") being allowed to attend sleep-away camp and participate in the activities and programs at the North Shore Holiday House, a New York not-for-profit Corporation (the "Holiday House"), and to use its facilities and equipment, in addition to the payment of any fee or charge, and as a condition of enrollment, Parent (or Legal Guardian) does hereby indemnify, waive, release and forever discharge Holiday House and its members, managers, directors, officers, agents, employees, representatives, successors and assigns, administrators, executors, and all others associated with Holiday House from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or programs of Holiday House or the Camper's use of the facilities, equipment or machinery in the such activities or programs. Parent (or Legal Guardian) does also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to Camper, including those caused by the ordinary negligence of any of those mentioned or others acting on their behalf or in any way arising out of or connected with Camper's participation in any activities of Holiday House or the use of any facilities/equipment or machinery at Holiday House. I acknowledge and understand that this release is given in advance of any injury or damage to Camper and that it includes injury or damage to Camper caused by the ordinary negligence of those released hereby but not from the claims related to gross negligence or willful/wanton/criminal/intentional conduct or acts of those who are otherwise released hereby. Parent (or Legal Guardian) understands that he/she is giving up substantial rights (including the right to sue) and acknowledges that he/she is signing this document freely and voluntarily and intend by his/her signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

**IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL \_\_\_\_\_**

2. Parent (or Legal Guardian) acknowledges and fully understands that swimming, camping, hiking, activities involving animals, out-door activities and certain arts and crafts projects, including the use of equipment in connection with those activities, are potentially hazardous activities. Parent (or Legal Guardian) also understands that such activities have inherent potential risks and dangers and acknowledges and agrees that there is a risk of significant injury from participating in such activities, including permanent paralysis and death. Inherent risks also include, but are not limited to, acts or omissions of other campers, the condition of equipment or property (even if properly maintained), weather conditions (such as lightning strikes, sunburn, rain or hail storms, tornadoes and the like), the risk of Camper engaging in unauthorized activities, Camper's physical condition and Camper's own act or omissions. Parent or Legal Guardian of Camper gives permission for Camper to participate in the activities and programs of Holiday House, and Camper is voluntarily participating in these activities and using facilities, equipment and machinery, with knowledge of the dangers and inherent risks involved. Camper and Parent (or Legal Guardian) hereby agree to expressly assume and accept any and all risks of injury or death.

**IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL \_\_\_\_\_**

3. Parent (or Legal Guardian) represents and warrants to Holiday House that Camper is above the minimum age of 6 years required to participate in the sleep-away camp and is in good health and suffering from no condition, impairment, disease, infirmity or other illness that would prevent his participation or use of equipment or machinery except \_\_\_\_\_ (continue on separate page if necessary). Parent (or Legal Guardian) acknowledges that he/she has consulted with the Camper's personal physician who has certified that Camper is fit to participate in an active camp program.

**IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL \_\_\_\_\_**

The parties agree that the provisions of this "Agreement and Release of Liability" ("Agreement") shall be deemed severable and that the invalidity or unenforceability of any one or more of the provisions of clauses hereof shall not affect the validity or enforceability of the other provisions or clauses hereof except as specifically set forth herein. The terms of this Agreement constitute the entire agreement and understanding between the parties. This Agreement is made pursuant to and shall be construed under the laws of the State of New York. This Agreement shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

\_\_\_\_\_  
 Parent/Legal Guardian's Signature

\_\_\_\_\_  
 Printed Name of Parent/Legal Guardian



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### Photography Release and Waiver

I hereby grant permission to the North Shore Holiday House, a New York Not-For-Profit Corporation ("Holiday House"), and its members, managers, directors, officers, agents, employees, representatives, successors and assigns, and all others associated with Holiday House, to photograph my image, likeness, or depiction and/or that of my minor children. I hereby grant permission to the Holiday House to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used and/or reproduced by the Holiday House worldwide for any purpose, including advertisement purposes, and in any medium, including print and electronic. I understand that the Holiday House may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for the Holiday House's use or publication of photographs of me and/or those of my minor children.

I hereby fully and forever discharge and release the Holiday House from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children by the Holiday House, and covenant and agree not to sue or otherwise initiate legal proceedings against the Holiday House for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

\_\_\_\_\_  
 Parent/Legal Guardian's Signature

\_\_\_\_\_  
 Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
 Printed Name of Minor

\_\_\_\_\_  
 Date



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**Camper Health History Form 1 (filled out by parent & to be reviewed by doctor)**

Camper Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper Address \_\_\_\_\_  
Street Address City Zip Code

Email address \_\_\_\_\_

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Second parent/guardian or another emergency contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Health History:** (please check all that apply and explain) \_\_\_\_\_

- |  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Headaches   | <input type="checkbox"/> Respiratory disorder | <input type="checkbox"/> Menstruation          |
| <input type="checkbox"/> Behavioral issues     | <input type="checkbox"/> ADD/ADHD    | <input type="checkbox"/> Sleep walking        | <input type="checkbox"/> Nosebleeds            |
| <input type="checkbox"/> Glasses               | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Ear infections       | <input type="checkbox"/> Diarrhea/Constipation |
| <input type="checkbox"/> Psychiatric diagnosis | <input type="checkbox"/> Anxiety     | <input type="checkbox"/> Other                |  |

Past History of Hospitalization/Surgery \_\_\_\_\_

Special Needs \_\_\_\_\_

**Allergies:** This camper is allergic to:

\_\_\_\_\_

**Diet:** Please describe below any dietary restrictions that need to be followed.

\_\_\_\_\_

**Parental Consent to Treatment**

I hereby give permission to North Shore Holiday House Camp to provide routine health care, administer medications ordered by a physician, and seek emergency medical treatment including ordering x-rays and/or routine tests. I give permission to the Camp Director to determine if circumstances merit the necessity of a child to be sent home. I give permission for the camp to arrange for necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by North Shore Holiday House Camp to secure and administer treatment, including hospitalization for the camper named above. The completed form may be photocopied for trips out of camp. I also understand and agree to abide by any restrictions placed on my child's participation in camp activities. I give permission for my child to receive any and all medication prescribed by the physician noted on the doctor form. I give permission for camp personnel to apply sunscreen to my child.

**Acknowledgement of Information regarding Meningococcal Meningitis Disease**

- I have read, or had explained to me, the information regarding meningococcal meningitis disease.
- I understand the risks of not receiving the vaccine. My child has not obtained immunization against meningococcal meningitis disease at this time.
- My child has received the meningococcal meningitis immunization within the last 10 years. (See required immunization record for date)

**Parent Sign below that you have read the Consent to Treatment and Meningitis Acknowledgement**

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



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**Camper Health History Form 2 (This form must be completed by a Medical Professional)**

Camper Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician Name \_\_\_\_\_ Exam date \_\_\_\_\_ **(Must be within past 12 months)**

Please complete the following or attach a copy of most recent physical:

I have attached a copy of the most recent physical **(dated within the past 12 months)**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ PPD \_\_\_\_\_

Urinalysis \_\_\_\_\_ Scoliosis \_\_\_\_\_ Hearing \_\_\_\_\_ Vision \_\_\_\_\_ BMI \_\_\_\_\_

Please complete the following regarding the camper's history of immunizations:

**I have attached a copy of the camper's immunization records.**

**Medications:**

This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications must come in their original packaging and be accompanied by doctor's written orders.

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

\*\*Please continue on the back for additional medications\*\*

The following medications are available in the camp infirmary and will be only given as needed by camp medical professional with your doctor's approval as per package instructions.

Drug Name (or generic)	Indications	Can be used?	Dosage
Tylenol	Pain or Fever	___ Yes ___ No	_____
Ibuprofen	Pain or Fever	___ Yes ___ No	_____
Children's Tums	Upset Stomach, Diarrhea	___ Yes ___ No	_____
Benadryl	Allergic Reaction (Hives, Insect Bites)	___ Yes ___ No	_____
Antibiotic Cream	Superficial Cuts/ Abrasions	___ Yes ___ No	_____
Hydrocortisone Cream 1%	Allergic Reactions (Contact Dermatitis, Bites)	___ Yes ___ No	_____
Calamine Lotion	Allergic Reaction (Hives, Insect Bites)	___ Yes ___ No	_____
Milk Of Magnesia	Constipation	___ Yes ___ No	_____
Swim Ear- Ear Drops	Ear Pain	___ Yes ___ No	_____
Anbesol	Tooth pain	___ Yes ___ No	_____

**Approval for participation in activities:**

The above-named child  is  is not able to participate in an active camp program.

**Physician/Health Care Providers Signature** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**License Number and Stamp** \_\_\_\_\_





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### **Camper Essay**

**To be completed by the camper**

Please write something about yourself and why you want to go to camp. This essay can include information about home, pictures, what you enjoy about camp or how you imagine life at camp. You may use the back of this sheet if you need more space. For returning campers please tell us your favorite thing about camp and one thing you learned last summer.

My name is \_\_\_\_\_  
I am \_\_\_\_\_ years old and in \_\_\_\_\_ grade  
at \_\_\_\_\_ school

Attach a photo of yourself

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Meningococcal Disease Fact Sheet

### **What is meningococcal disease?**

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

### **Who gets meningococcal disease?**

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

### **How is the meningococcus germ spread?**

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

### **What are the symptoms?**

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. Among people who develop meningococcal disease, 10 to 15 percent die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

### **What is the treatment for meningococcal disease?**

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

### **Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?**

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

### **Is there a vaccine to prevent meningococcal meningitis?**

There are three vaccines available for the prevention of meningitis. The preferred vaccine for people ages 2-55 years is Meningococcal conjugate vaccine (MCV4). This vaccine is licensed as Menactra (sanofi pasteur) and Menveo (Novartis). Meningococcal polysaccharide vaccine (MPSV4; Menomune [sanofi pasteur]), should be used for adults ages 56 and older. The vaccines are 85 to 100 percent effective in preventing the four kinds of meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

### **Is the vaccine safe? Are there adverse side effects to the vaccine?**

The three vaccines available to prevent meningococcal meningitis are safe and effective. However, the vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

### **Who should get the meningococcal vaccine?**

The vaccine is routinely recommended for all adolescents ages 11-12 years, all unvaccinated adolescents 13-18 years, and persons 19-21 years who are enrolling in college. The vaccine is also recommended for people ages 2 years and older who have had their spleen removed or have other chronic illnesses, as well as some laboratory workers and travelers to endemic areas of the world.

### **Who needs a booster dose of meningococcal vaccine?**

CDC recommends that children age 11 or 12 years be routinely vaccinated with Menactra or Menveo and receive a booster dose at age 16 years. Adolescents who receive the first dose at age 13-15 years should receive a one-time booster dose, preferably at ages 16-18 years. Teens who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose, as long as they have no risk factors. All people who remain at highest risk for meningococcal infection should receive additional booster doses. If the person is age 56 years or older, they should receive Menomu

## 2018-2019 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call (phone number), if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself and all children that have income).**

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 income for each source in whole dollars only. If they do not receive income from any other 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 household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

--	--

\*Last Four Digits of Social Security Number: XXX-XX- \_ \_ \_ \_

I do not have a SS# <input type="checkbox"/>
--

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Island  White

### DO NOT WRITE BELOW THIS LINE

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**  
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals  Reduced Price Meals  Denied/Paid

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to \_\_\_\_\_.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: \_\_\_\_\_. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

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### **PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

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### **PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

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### **PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

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**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### **USE OF INFORMATION STATEMENT**

Use of Information 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 submit all needed information, 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 primary wage earner or other 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

### **DISCRIMINATION COMPLAINTS**

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](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: