

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program for Children (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disability. In order to be eligible for the SFSP, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

Household Size-Income Scale for USDA Nutrition Programs

Listed below are the USDA Income Guidelines to establish eligibility for children attending camp or enrolled sites. A child is considered 'needy' if for the determined household size

Income is at or below

<u>Household Size</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Twice per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1	\$21,775	\$1,815	\$908	\$838	\$419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional household member, add	+7,696	+642	+321	+296	+148

NON-DISCRIMINATION:

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, 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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
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.



RACIAL/ETHNIC CATEGORY: You are not required to answer this question. If you choose, please check one or more of the following racial or ethnic identities.

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White Hispanic or Latino Not Hispanic or Latino

* NAME	AGE	* NAME	AGE
1.		3.	
2.		4.	

PART 1 - FOR CHILDREN RECEIVING SNAP (FOOD STAMPS) OR OHIO WORKS FIRST (OWF)

YES, I received SNAP (Food Stamp) or OWF benefits for the child(ren) listed above this month and request meal benefits. My Food Stamp or OWF number is:

- * SNAP (FOOD STAMP NUMBER) (10-12 digit number) **OR**
- * OHIO WORKS FIRST NUMBER **OR**
- * FDPIR Identification Number (Food Distribution Program on Indian Reservations)

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp and OWF numbers are correctly reported. I understand that this information is being given for receipt of federal funds; that program 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 OF ADULT HOUSEHOLD MEMBER ADDRESS DAYTIME PHONE DATE

PART 2 - FOR CHILDREN NOT RECEIVING SNAP OR OWF BENEFITS

HOUSEHOLD MEMBERS AND MONTHLY INCOME: List the names of everyone living in your household including yourself, all related and non-related individuals and children. Include children listed above. List all income received last month on the same line with the person who received it. List each amount under the correct title. You must list gross income **BEFORE** deductions, taxes, or social security, etc. To figure monthly income, if income is received: every week, multiply the total gross income x 4.33; every two weeks, multiply the total gross income x 2.15; twice a month, multiply the total gross income x 2; or once a year, divide the total gross income by 12.

* HOUSEHOLD MEMBERS	* INCOME BY SOURCE			
LIST ALL HOUSEHOLD MEMBERS' NAMES (LAST NAME, FIRST NAME)	MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY	ALL OTHER MONTHLY INCOME
1.				
2.				
3.				
4.				
5.				
6.				

FOSTER CHILD: Complete a separate application for each foster child. In certain cases, meals served to foster children may be reimbursed regardless of the foster family's income. If you are applying for foster children living with you, complete the application as if for a family of one. List the child's name and monthly personal use income or enter "0" if the child has no personal use income. An adult signature is needed. Personal Use Income \$

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program 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 OF ADULT HOUSEHOLD MEMBER

LAST 4 DIGITS OF SOCIAL SECURITY #

* SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER
(Write "None" if adult signer does not have a SSN)

HOME ADDRESS ZIP CODE DAYTIME PHONE DATE

Total Household Monthly Income FOR SPONSOR USE ONLY Signature of Authorized Official Date

\$ _____ ELIGIBILITY DETERMINATION _____ APPROVED _____ DENIED

Camper Name: _____

Camp Attending: _____

Region: Northern or Southern



PAGES 3 IS REQUIRED TO BE FILLED IN IT'S ENTIRETY IN ORDER FOR THE CAMPER APPLICATION TO BE ACCEPTED. RACIAL/ ETHNIC CATEGORY MAY BE LEFT BLANK IF YOU WISH.

CAMPER APPLICATION CONTINUED

MEDICAL INFORMATION:

**All information collected is held strictly confidential and will only be used in the case of an emergency*

Date of Last Tetanus Shot: ____/____/____ Allergies/Reactions: _____

Other Medical Problems or Conditions: _____

List All Medications Currently Taken & Why: _____

INSURANCE INFORMATION:

**Please attach a copy of insurance card (front and back)*

Camper is Covered By (Parent/Guardian/Other Insurance/Etc.): _____

Insurance Company: _____ Policy #: _____

Group #: _____ Pre-Authorization Required: YES NO

Physician's Name: _____ Physician's Phone: _____

I hereby give my child, _____, permission to attend and participate in the Church of God in Ohio Youth Camp Program. I hereby, waive, release, and discharge any and all claims, demands, and causes of action against program officials, the Church of God in Ohio, and the International Offices, Cleveland, TN, their agents, employees, and participants arising from any damages, property loss, or injury my child may sustain at Youth Camp. I declare that the information provided to me above is acceptable and the information I provided is accurate and current.

I further consent to allow the Church of God in Ohio Program Officials to provide routine health care, administer prescribed medications, and seek emergency medical treatment as needed. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the staff to secure and administer treatment, including hospitalization, for the camper named above. I understand that the Church of God in Ohio insurance policy provides secondary coverage for my child, that my coverage is primary, and I hereby accept all responsibilities for medical costs.

By signing this waiver I hereby grant to the Church of God in Ohio the right to take photographs and video of my child in connection with the above-identified subject. I authorize its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I hereby state that I have completed all components of this application and declare I understand and accept the conditions therein.

WATER BAPTISM

In anticipation for what God is going to do at Youth Camp 2018, we will be offering students the opportunity to be baptized in water. We trust that you see the importance of your child taking this important next step in their walk with Lord, and ask that you complete this form giving permission for your child to be baptized. However, we understand some parents may wish to be a part of their baptism at their home church. Baptisms will be conducted by credentialed ministers of The Church of God, and only those students who have a signed consent form will be given the opportunity to participate. **Please select one of these two options.**

____ YES, I give permission for my child to be baptized in water ____ Initial
____ NO, I do not give permission for my child to be baptized in water ____ Initial

Make checks payable to "Church of God in Ohio." Please note camper confirmation will come **via EMAIL.**

Applications must be **POSTMARKED BY MAY 3rd** to be eligible for the "early bird" price.

Please mail all forms to:

Church of God in Ohio
Attn: Youth Camp 2018
2740 Airport Drive, Suite 310
Columbus, OH 43219

Questions?
Contact the Youth & Discipleship Department:
614.254.5300 ext: 2
kyle@ohiocog.com
ohiocogyouth.com

FOR OFFICE USE ONLY

Camp Fee: \$135.00
Late Fee: \$_____
Amount Received: \$_____
Balance Due: \$_____

Region: Northern or Southern
Date Received: _____
Cash: \$_____
Check #: _____
Entered By: _____