

**HOUSEHOLD SIZE-INCOME STATEMENT FOR THE SUMMER FOOD SERVICE PROGRAM (SFSP)**  
**INSTRUCTIONS:** An adult household member must complete and return to sponsor. (Rev. 2/12)

**Part 1. List all children attending enrolled program or camp (INCLUDING FOSTER CHILDREN)**

Names of all children attending enrolled program or camp (First, Middle Initial, Last)	Check box below if Foster Child	Provide FoodShare (Food Stamps), W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) <b>case #</b> (if any). <b>Skip to Part 3 if you listed one of the above case numbers.</b>
_____	<input type="checkbox"/>	Case # _____
_____	<input type="checkbox"/>	Case # _____
_____	<input type="checkbox"/>	Case # _____
_____	<input type="checkbox"/>	Case # _____
_____	<input type="checkbox"/>	Case # _____

Steps to completing Part 1. First, list **all** children attending enrolled program or camp. If this application includes a child who is the legal responsibility of a welfare agency or court include name of child/children above and check the box indicating Foster Child. Next, provide the case number if the household receives FoodShare (Food Stamps), TANF or FDPIR benefits.

**DO NOT LIST:** Forward or Quest Card number (IL residents do not list Link Card number) or Medicaid, SSI, W-2 Childcare case numbers.

Complete Part 2 below, if you are applying for children, other than foster children, in your household and are *not* receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

**Part 2. Total Household Gross Income—Tell us how much and how often**

A. Name List <b>everyone</b> in household, Including children listed in Part 1.	B. Gross income and how often it was received				C. Check if NO income
	<i>Example: \$100/monthly</i> Earnings from work before deductions	<i>\$100/twice a month</i> Welfare, child support, alimony	<i>\$100/every other week</i> Pensions, retirement, Social Security	<i>\$100/weekly</i> All Other Income	
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____ _____	<input type="checkbox"/>
_____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	<input type="checkbox"/>
_____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	<input type="checkbox"/>
_____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	<input type="checkbox"/>
_____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	<input type="checkbox"/>
_____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	<input type="checkbox"/>
_____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	<input type="checkbox"/>
_____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	\$_____/_____ _____	<input type="checkbox"/>

**Part 3. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. **If Part 2 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box** (See Privacy Act Statement on the parent letter).

*I CERTIFY that all of the above information 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 being given so that the sponsoring agency may receive federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable federal laws. The signature on this application is that of an adult household member.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  I do not have a Social Security Number

**Part 4. Children's racial and ethnic identities (optional)**

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

**Don't fill out this part. This is for sponsor use only.**

Annual Income Conversion = Weekly x 52 or Every 2 Weeks x 26 or Twice A Month x 24 or Monthly x 12

Monthly Income Conversion = weekly x 4.33 or Every 2 weeks x 2.15

Basis for Eligibility Determination

Total Household Size = \_\_\_\_\_ Total Monthly Income = \_\_\_\_\_

OR

FoodShare/W-2 Cash Benefits/FDPIR Recipient

Eligibility Determination

Needy

OR

Non-Needy

Determining Official's Initials and Date

\_\_\_\_\_