

INCOME ELIGIBILITY FORM

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RETURN THIS FORM TO CBX

The information on this form is not required for camp admission. It is required to qualify for low-income camper pricing. Without this information, you will be required to pay the full cost of camp (\$100 for Falcon, \$400 for Osprey and Eagle, \$500 Red Hawk) for each camper.

PART 1 — CHILDREN ENROLLED IN CAMP

Names (First, Middle Initial, Last)

Foster Child?

Does this child qualify for the discounted or free school lunch program?

1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>

SNAP, TANF, or FDPIR case # (if any):

PART 2 — TOTAL HOUSEHOLD GROSS INCOME

Names (List everyone in household including children)

Gross income and how often it was received (weekly, every two weeks, twice a month, monthly, annually)

	Earnings from work before deductions	Welfare, child support, alimony	Social Security, pensions, retirement	All other income	Check if no income
	\$ /	\$ /	\$ /	\$ /	<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"/>



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PART 3 — SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign this form and 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.

I certify that all information on this form is true and that all income is reported. I understand that this information is being given so that Cross Bar X can receive federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving aide may lose the benefits, and I may be prosecuted.

Sign Here:

X

Print
Name:

Date:

Address:

Phone:

Last four digits of
Social Security Number:

☐ I do not have a Social Security Number

INCOME ELIGIBILITY FORM INFORMATION

Cross Bar X Youth Ranch receives federal funding to provide quality meals at its summer program. Any LOW INCOME camper who provides the information requested on the Income Eligibility Form helps Cross Bar X continue to provide affordable camps and quality food! Thank you for taking time to fill out this form. To learn more about the funding Cross Bar X receives, please see below.

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, we cannot approve your child for free or reduced price meals. You must include the social security number of the 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 SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier 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 Program.

USDA Nondiscrimination Statement – English

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, (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.

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