



## LETTER TO PARENTS REGARDING SFSP SERVICES

Dear Parent or Guardian:

We are seeking assistance for food service under the Summer Food Service Program for Children (SFSP). This program is funded by the United States Department of Agriculture and administered by the New Mexico Children, Youth and Families Department.

Our organization can receive reimbursements for meals served to children that meet SFSP eligibility criteria. Meals are available and will be provided free to all children, without regard to race, color, national origin, sex, age or disability.

For purposes of SFSP reimbursement for meals served to children, free of charge, at Residential Camps, Day Camps, and Closed-Enrolled Sites:

**An Income Eligibility Application (IEA) must be completed and must contain the SFSP participant's name, names of all household members, current household income, a social security number of an adult household member or an indication that a household member does not possess one, and the signature of an adult household member. Participants with household incomes equal to or less than those indicated on the attached SFSP Income Eligibility Standards are eligible for free meals.**

**Children who are part of households that receive food stamps, or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) are categorically (automatically) eligible to receive free meal benefits at eligible Program sites. Family size and income data for these children is not required when completing the IEA but a food stamp, FDPIR or TANF case number is.**

**Please complete the attached SFSP Income Eligibility Application. This information will be maintained in strict confidence.**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.



**SUMMER FOOD SERVICE PROGRAM (SFSP)**

**INCOME ELIGIBILITY APPLICATION**

**PART 1. INDICATE NAMES AND AGES OF CHILDREN FOR WHOM THE APPLICATION IS MADE:**

NAME	AGE	NAME	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART 2. HOUSEHOLDS NOW RECEIVING BENEFITS FOR FOOD STAMPS (SNAP), FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES: COMPLETE THIS PART AND SIGN THE STATEMENT IN PART 4. DO NOT COMPLETE PART 3.**

SNAP Case #: \_\_\_\_\_ FDPIR I.D. #: \_\_\_\_\_ TANF Case #: \_\_\_\_\_

**PART 3. ALL OTHER HOUSEHOLD INFORMATION: IF YOU DID NOT COMPLETE PART 2, COMPLETE THIS PART AND PART 4.**

a.) Names of Household Members. List all related and unrelated persons who live in your household and share living expenses or meals. (Do not include children listed above.)

NAME	NAME	NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL NUMBER IN HOUSEHOLD:

b.) Household Income - Total per month before taxes: Indicate the source and amount of current income for all members of your household. Follow the definition of income specified in the income eligibility standards. If you receive more than one check from any of these sources, indicate the total monthly amount received.

Wages, Salary: \$ \_\_\_\_\_ Child Support/Alimony: \$ \_\_\_\_\_ TOTAL MONTHLY INCOME:  
 Social Security: \$ \_\_\_\_\_ Pension/Retirement: \$ \_\_\_\_\_  
 Unemployment: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_ \$ \_\_\_\_\_

**PART 4. SIGNATURE AND PENALTIES FOR MISREPRESENTATION:**

I certify that the above information is true and correct and that the SNAP, FDPIR or TANF numbers are correct or that all income is reported. I understand that this application is being made with the receipt of Federal funds and that program officials may verify the information on this application. I further understand that deliberate misrepresentation of any of the information on this application may subject me to prosecution under applicable State and Federal Laws.

Signature of Adult Family Member \_\_\_\_\_

X X X - X X - \_\_\_\_\_  
Social Security Number

Households with incomes of less than or equal to the values indicated on the attached SFSP Income Eligibility Standards are eligible for free Program meals. If the child/children, for whom this application is being completed, is a member of a household that receives SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) benefits, they are automatically eligible to receive free meals in the Program. Foster children are categorically (automatically) eligible for free and reduced price meals regardless of household income. 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 when you list a SNAP, FDPIR or TANF 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. We may share your information with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will be used to identify eligible children and seek to enroll them in Medicaid or SCHIP. 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](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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**FOR SFSP SPONSOR USE ONLY**

\_\_\_\_\_ Eligible \_\_\_\_\_ Ineligible

Sponsoring Organization \_\_\_\_\_ Official Signature \_\_\_\_\_ Date \_\_\_\_\_



## SUMMER FOOD SERVICE PROGRAM INCOME ELIGIBILITY STANDARDS

**EFFECTIVE JULY 1, 2015 through JUNE 30, 2016**

HOUSEHOLD SIZE	INCOME		
	YEAR	MONTH	WEEK
1	\$21,775	\$1,815	\$419
2	\$29,471	\$2,456	\$567
3	\$37,167	\$3,098	\$715
4	\$44,863	\$3,739	\$863
5	\$52,559	\$4,380	\$1,011
6	\$60,255	\$5,022	\$1,159
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
For each additional family member	\$7,696	\$642	\$148

### **NOTICES TO PARENTS/GUARDIANS**

- Households with incomes of less than or equal to the above values are eligible for free Program meals.
- If the child/children, for whom this application is being completed, is a member of a household that receives food stamp, TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) benefits, they are automatically eligible to receive free meals in the Program.
- Foster children are categorically (automatically) eligible for free meals regardless of household income.

### **DEFINITIONS OF TERMS**

- "Income" means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee, or military retirement, or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) "Military benefits received in cash, such as, housing allowance for military households living off-base, food allowance, and uniform allowance, must be considered as income"; (14) and other cash income.
- "Household" means "family" as defined in Section 7 CFR, Part 225.2. Family means in the case of children, a group of related or nonrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

USDA is an equal opportunity provider.

Updated 1/8/16. L:\ECS Family Nutrition Bureau\Albuquerque FNB\SFSP-Summer Food\WEB Forms\Web Forms 2016\3.3Income Eligibility Standards.doc



## SUMMER FOOD SERVICE PROGRAM

# CIVIL RIGHTS STATEMENT

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