



2012 U.S. DEPARTMENT OF AGRICULTURE

Camp Virginia Jaycee FORM C

SUPPLEMENTAL NUTRITIONAL PROGRAM

Mailing Address: P.O. Box 648
 Blue Ridge, Virginia 24064
 Physical Address: 328 Bethel Road
 Fincastle, Virginia
 Office Phone: (540) 947 - 2972

Camp Virginia Jaycee is eligible to receive assistance from the USDA for meals served to campers. Please help by completing and returning this form with the camper application. This information is held in strict confidence.

PART 1 Note: If you are applying for meals for a foster child, list the child's name, age, and school or educational program. Then go to **PART 3** if you are applying for USDA benefits for additional children in the household, and do not have a Food Stamp (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservation (FDPIR) case number. Otherwise go directly to **PART 4**. personal use income or "0" if the child has no personal use income and go to PART 4.

Name of camper _____ Age _____
Last First MI

Enrolled in a school or educational program? Yes No If 'Yes', Name of School, _____

Address: _____ City: _____ State: _____ Zip Code: _____

PART 2 Complete this part if the camper **is currently included** in a Food Stamp (SNAP), Food Distribution Program on Indian Reservation (FDPIR) or Temporary Assistance for Needy Families (TANF) Case:

SNAP or FDPAR Case Number: _____

TANF Case Number: _____

PART 3 List the name of each person living in your household, including yourself and the camper listed above. List all income received last month on the same line as the person who received it. You must list the GROSS income (amount BEFORE deductions for taxes, social security, etc.) If the person has more than one sources of income, list each amount under the correct title. Please indicate whether income is weekly, bi-weekly, or monthly. Use additional paper if necessary.

Name (Last, First)	Salary/Wages before Deductions	Welfare Child Support & Alimony	Pensions & Social Security	All Other Income	Check if No Income
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

PART 4 Racial/Ethnic Identifying Information (Optional) Please check both the ethnic **and** racial identity of the camper. **You are not required to answer this question**; however, this information ensures that everyone receives benefits on a fair basis. NO INDIVIDUAL WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, SEX, COLOR, NATIONAL ORIGIN, AGE, OR DISABILITY.

Mark One Ethnic Identity	Mark one or More Racial Identities
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander

PART 5 Certification of Data and Signature: An adult household member MUST sign this application before it can be approved. **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 Camp Virginia Jaycee's receipt of Federal funds, that the sponsor may verify the application, and that the deliberate misrepresentation of the information may result in the loss of USDA Benefits and may subject me to prosecution under applicable State and Federal Laws.

Signature of Adult _____ Print Name _____ Date _____
(mm/dd/yyyy)

Address _____ Social Security Number (Last Four Digits Only) _____

Work Phone _____ Home Phone _____

Privacy Act 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, we cannot approve the participant for free or reduced price meals. You must include the last four digits of 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 Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant 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 Camp Virginia Jaycee is eligible for a subsidy to provide meals, and for administration and enforcement of the program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agricultural 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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 2020-9410, or call toll free (866) 632- 9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish) USDA is an equal opportunity provider and employer."

INCOME ELIGIBILITY GUIDELINES			
July 1, 2011 - June 30, 2012			
Household Size	Year	Month	Week
1	\$ 20,147	\$ 1,679	\$ 388
2	\$ 27,214	\$ 2,268	\$ 524
3	\$ 34,218	\$ 2,857	\$ 660
4	\$ 41,348	\$ 3,446	\$ 798
5	\$ 48,415	\$ 4,035	\$ 932
6	\$ 55,482	\$ 4,624	\$ 1,067
7	\$ 62,549	\$ 5,213	\$ 1,203
8	\$ 69,616	\$ 5,802	\$ 1,339
For Each Additional Family Member	\$ 7,067	\$ 589	\$ 136

FOR CAMP VIRGINIA JAYCEE USE ONLY - DO NOT WRITE BELOW THIS LINE

Monthly Income Conversion: Weekly x 4.33 Every 2 weeks x 2.15 Twice a month x 2

Total Household Size _____ Food Stamp or FDPIR Case Number _____
 Total Monthly Income \$ _____ TANF Household _____
 Eligibility Determination: _____ Approved _____ Denied Reason for Denial: _____
 Date: _____
 Signature of Determining Official: _____
 Date verification notice sent _____ Response due from Household _____
 Second notice sent _____ Verification result: No Charge _____ Ineligible: _____ Yes _____ No
 Reason for charge: Income _____ Household Size _____ Refuse to Cooperate _____
 Change in Food Stamp/FDPIR/TANF _____
 Date "Notice of Change" sent to adult household member: _____
 Signature of verifying official: _____