

# Summer Food Service Program (SFSP)



## Remember:

- Fully complete the form on the back page.
- Sign back page.
- Enter last 4 digits of SSN on back page.
- You must complete this form to receive a scholarship.

**\*\*\* All families requesting a scholarship must complete this form \*\*\***

**PLEASE COMPLETE THE FORM ON THE BACK PAGE.**

If you need help completing the form, call **512-3577**.

Dear Parent/Guardian,

On the back page of this letter, you will find the Summer Food Program Income Categorization Form. This form is provided by New York State. The program is very similar to free and reduced cost meals for school lunches.

**You must complete this form and return it to our office before you can be approved for a scholarship.**

### Mail:

Camp Scully Business Office  
PO Box 28  
Rensselaer, NY 12144

### Fax:

**(518) 621-7845**

### Email:

If you completed the form online or scan the document, you may email it to:  
**[campscully@ccalbany.org](mailto:campscully@ccalbany.org)**

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Stewart'.

Colin Stewart  
Camp Director

## SUMMER FOOD PROGRAM INCOME CATEGORIZATION FORM

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to Camp Scully . Call (518) 512-3577, if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child ✓ <input type="checkbox"/>	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"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. Food Stamp or TANF Benefits:

If anyone in your household receives either food stamp, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. If any child you are applying for is homeless, migrant or a runaway, please call this number: \_\_\_\_\_  
 Homeless     Migrant     Runaway    *(Homeless Liaison/Migrant Education Coordinator)*

4. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	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"/>

5. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Last Four Digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Address \_\_\_\_\_

I do not have a SS#

### DO NOT WRITE BELOW THIS LINE – FOR CAMP USE ONLY

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**

**Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

Food Stamp/TANF/Foster

Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals     Reduced Price Meals     Denied/Paid     Temporary Free 45 Days Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Notice Sent: \_\_\_\_\_ Signature of Reviewing Official \_\_\_\_\_