

PINECREST CHRISTIAN CAMP

Email to: agconfctr@aol.com or fax: (951) 846-7249

Please write the name of the camper(s) who is (are) participating, and complete as many of the six questions below, as apply to you. Then, sign at the bottom. This information will be kept in strict confidence, and will assist in keeping your cost low, while ensuring nutrition and satisfying meals while your child is at camp.

Name of camper(s): _____

1. Check here, ("X" or "✓"), if your child qualifies for "**Free**" or "**Reduced**" Breakfast or Lunch at school. If so, please note the schools name and School District that they attend, here:

School: _____ **District:** _____

2. Check here, ("X" or "✓"), if your child is a **Foster child**. Then, skip to the "Signature" section below.

3. Check here, ("X" or "✓"), if you receive any type of **Welfare or State Assistance**. If so, please indicate the name of that assistance here: _____

... And the associated **Case Number** here: _____

Then skip to the "Signature" section, below.

4. How many **people are in your household?** _____

5. What is your combined monthly household income, (received from any, and all, sources)?

\$ _____

6. What are the **last four digits** of your **social security number?** _____

Check here, ("X" or "✓"), if no Social Security Number.

Section 9 of the National School Lunch Act requires that, unless the participant's food stamps, CalWorks, Kin-GAP, or FDIPIR number is provided, you must include the last four digits of the Social Security # of the household member signing the statement or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. Verification efforts may be carried out through program reviews, audits and investigations, and may include contacting the State Employment Department to determine benefits received, and checking documentation provided by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. USDA is an equal opportunity provider and employer. I certify that all of the above information is true and correct and I voluntarily sign it.

Print the name of Parent/Guardian/Participant filling-out this form: _____

Signature: _____ **Date:** _____

This section is optional. The requested information is for statistical purposes only.

1. Check racial identity:	Alaskan Native or American Native	Asian	Black or African American	White
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2. Is participant Hispanic or Latino origin? Yes No

The U.S. Department of Agriculture prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

FOR OFFICE USE ONLY

Monthly income conversion Weekly ----- x 52 Every 2 weeks ----- x 26 Twice a month (soml-monthly) ---- x 24 Designated Official: _____ Date: _____	Household Size	Total household Monthly income \$	NOT ELIGIBLE FOSTER CHILD	CATEGORICALLY ELIGIBLE INCOME ELIGIBLE
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