

**THE SALVATION ARMY
Camp SWONEKY**

**Summer 2010
Camper Applications**

All Applications Due Back 2 weeks from the start date of each session*

Please check the Camp Session/s you are attending:

- Worship Arts Camp: June 14-20
- Sports Camp: June 23-29
- Corps Community Camp: July 13-19
- Service Unit Camp: July 22-28
- Corps Cadet Camp: August 2-6

To Be Completed by Parent or Guardian

Name of Camper: _____ Corps or Unit: _____

Birthdate: _____ Age: _____ Gender: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone #: _____

*The person herein described has permission to engage in all prescribed camp activities, except those as noted by me and the examining physician on the Health & Examination Form. Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, and treatments for my child/children in the event I cannot be reached in an emergency. I hereby give permission to the physician/nurse selected by the camp director to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp.

X _____
Signature of Parent/Guardian (required) Social Security Number (required) Date

*Photo Release – With respect to photographs taken during my child/children’s attendance at Camp Swoneky. I relinquish all legal rights for payment or redress in their use in public or private circulation.

X _____
Signature of Parent/Guardian (required) Date

Summer Food Service Eligibility Statement: The Salvation Army Camp Swoneky serves nutritious free meals as part of the federally funded Summer Food Service Program for Children (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for the SFSP, we must document the number of enrolled children with the household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to a minimum. Please complete and sign the back of this form.

Racial/Ethnic Category: Please check the racial or ethnic identity of your child. You are not required to answer this question. This information is being collected to be sure that everyone receives benefits on a fair basis. No child will be discriminated against in the provision of SFSP food service because of race, color, national origin, sex, age, or disability.

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Island White
 Hispanic or Latino Not Hispanic or Latino

Non-Discrimination: This facility is operated in accordance with USDA policy which prohibits discrimination because of race, color, national origin, gender, age or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD).

HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317

*** Reverse side of form MUST be completed***

Ohio Summer Food Service Program – 2010 Income Eligibility Application ATTACHMENT A-2

INSTRUCTIONS: *Part 1* of this form is to be used only for children receiving **OWF**, Ohio Works First (was formerly TANF and AFDC) or for children living in a household receiving Food Stamp benefits. *Part 2* is only for children not receiving Food Stamp benefits or OWF benefits. Fill in the part which addresses your situation. An Adult signature is needed when completing part 1 or 2. If you need more space, use a separate piece of paper.
 (* Asterisk items must be filled in for each part you complete.)

* **PRINT CHILD INFORMATION WHEN COMPLETING EITHER PART 1 OR PART 2:** Enter **ONLY** name of those children who will be participating in the Summer Food Service Program.

* NAME	AGE	* NAME	AGE
1.		3.	
2.		4.	

PART 1 - FOR CHILDREN RECEIVING FOOD STAMPS OR OHIO WORKS FIRST (OWF) _____ YES, I received Food Stamp or OWF benefits for the children listed above this month and request meal benefits. My Food Stamp or OWF number is:

_____ * **FOOD STAMP NUMBER (MUST be 10-12 digit number) OR**

_____ * **OHIO WORKS FIRST NUMBER OR**

_____ * **FDPIR Identification Number**

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp and OWF numbers are correctly reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

 SIGNATURE OF ADULT HOUSEHOLD MEMBER

 ADDRESS

 DAYTIME PHONE

 DATE

PART 2 - FOR CHILDREN NOT RECEIVING FOOD STAMPS OR OWF

HOUSEHOLD MEMBERS AND MONTHLY INCOME: List the names of everyone living in your household including yourself, all related and non-related individuals and children. Include children listed above. List all income received last month on the same line with the person who received it. List each amount under the correct title. You must list gross income **BEFORE** deductions, taxes, or social security, etc. To figure monthly income, if income is received: every week, multiply the total gross income x 4.33; every two weeks, multiply the total gross income x 2.15; twice a month, multiply the total gross income x 2; or once a year, divide the total gross income by 12.

* HOUSEHOLD MEMBERS	* INCOME BY SOURCE			
LIST ALL HOUSEHOLD MEMBERS' NAMES (LAST NAME, FIRST NAME)	MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY	ALL OTHER MONTHLY INCOME
1.				
2.				
3.				
4.				
5.				
6.				

FOSTER CHILD: Complete a separate application for each foster child. In certain cases, meals served to foster children may be reimbursed regardless of the foster family's income. If you are applying for foster children living with you, complete the application as if for a family of one. List the child's name and monthly personal use income or enter "0" if the child has no personal use income. An adult signature is needed. Personal Use Income \$ _____

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 receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

 * SIGNATURE OF ADULT HOUSEHOLD MEMBER

 * SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER

 HOME ADDRESS

 ZIP CODE

 DAYTIME PHONE

 DATE

Total Household Monthly Income

FOR SPONSOR USE ONLY

Signature of Authorized Official

Date

\$ _____ ELIGIBILITY DETERMINATION

_____ APPROVED _____

_____ DENIED _____