

Volusia County 4-H Summer Camp, July 6-10, 2009!

Hello Campers and Parents!

Welcome to your 2009 summer camping season! Summertime is fast approaching and we are looking forward to a fun filled camp week, **July 6-10**, at **4-H Camp Ocala**. We are glad you will be joining us this year! Campers have an exciting week of outdoor recreation and educational activities planned for them this summer. Explorations into the stars and other new programs have been added to our traditional camp activities to capture the interest of our youth participants. There's fun on the horizon!

Enclosed you will find the necessary forms for camp. Please thoroughly read, complete, and return all forms included. A description of required forms is listed below. We appreciate your time and effort in this area! See you in July!

**Reminder –
Complete and return:**

- 4-H Participation Form
- Registration Form
- Medication Administration
- Cell Phone Policy Agreement
- Cabin Assignment Request/Graffiti Policy Agreement
- Summer Food Service Form

Deadline:

All camp forms must be completed and received in the office on or before
4 pm, May 29, 2009!

Camp Fee \$200.00

**Refunds will not be given
after camper arrival on
Monday.**

**Make check or money order
payable to:**

“Volusia County 4-H”

Mail to:

**Volusia County 4-H
3100 East New York Avenue
DeLand, FL 32724**

- **4-H Participation Form** - Brief health history and Code of Conduct.
- **Permission Form For Administration of Medication** - Please turn in whether or not medicine is listed.
- **Cell Phone Policy Agreement** – No cell phones at camp!
- **Cabin Assignment Request/Graffiti Policy Agreement** - If camper has a buddy with whom he/she would like to bunk. Please use this form to request cabin assignment.
- **Summer Food Service Form** - If you do not wish to participate, please write, “DECLINED” across the form. If participating, this form must be completed to be eligible to receive the free/reduced lunch discounted camp fee. A signature is required on this form.

Included is a Packing Checklist - This will assist parents/guardians in helping their camper pack for camp.

Please Note: All completed forms and camping fee must be received in the office on or before 4 pm, **May 29, 2009!*

Sincerely,

Mrs. Laura R. Ca\$h
4-H Extension Agent
lcash@co.volusia.fl.us
386-822-5778

2009 4-H SUMMER CAMP APPLICATION

JULY 6 - 10, 2009

APPLICATION DEADLINE: MAY 29, 2009



NAME: _____

ADDRESS: _____

Street

_____ Male _____ Female _____

City

Zip Code

COUNTY: _____ How many years have you attended 4-H Camp? _____

DATE OF BIRTH: _____ 4-H AGE (Must be 8-13): _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT PERSON(S): _____

EMERGENCY PHONE #'S: _____

E-MAIL ADDRESS: _____

T-SHIRT - CIRCLE CORRECT SIZES: ADULT OR CHILD & S M L XL XXL

You may request one roommate – both of you must list each other on your applications for the request to be honored. LATE REQUESTS, AFTER MAY 29TH MAY NOT BE HONORED. NO CABIN CHANGES ARE ALLOWED ONCE WE ARRIVE AT CAMP!

ROOMMATE REQUEST: _____



MORNING CLASS ROTATION:

CANOEING/KAYAKING, HEALTHY LIFESTYLES, LINE DANCING, CAMP CRAFTS, COMMUNITY SERVICE, AND CHRIS CLOVER CLUES

AFTERNOON CLASS ROTATION: YOU WILL HAVE THREE AFTERNOON CLASSES. CHOOSE FIVE CLASSES AND RATE THEM IN ORDER OF PREFERENCE, "1-5", WITH "1" BEING YOUR FIRST CHOICE:

- | | | |
|---|---------------------------|----------------------|
| _____ FREE SWIM | _____ OUTDOOR ADVENTURES | _____ PHOTOGRAPHY |
| _____ DODGE BALL | _____ TEAM BUILDING | _____ FISHING |
| _____ ARCHERY | _____ BOOT CAMP/FITNESS | _____ CRAFTS |
| _____ LINE DANCING | _____ GAMES | _____ ART PROJECTS |
| _____ CANOEING/KAYAKING | _____ COOKING | _____ ASTRONOMY |
| _____ CRAFTS | _____ CAMP NEWSPAPER | _____ DRAMA/IMPROV |
| _____ 1 ST YEAR CAMPER CLASS | _____ COUNSELOR/CIT TIME* | _____ JEWELRY MAKING |
| _____ GEOCACHING | _____ SEWING | _____ NATURE CRAFTS |

Total Cost for Camp: \$200

Return this application along with a payment to: Volusia County 4-H
3100 E. New York Ave.
DeLand, FL 32724

Cabin Assignment Request / Graffiti Policy Form

CABIN ASSIGNMENTS

Please indicate the name of a friend going to camp that you would like to be in the cabin with (1 person of the same sex). We will do our best to accommodate your request.

NAME OF FRIEND GOING TO CAMP: _____
(Also have your friend put your name on his/her blue form)

GRAFFITI POLICY

Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces.

Campers are not allowed to defame or deface **ANY** camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

I, _____, understand that I am not to deface or
(Print name of 4-H'er)
defame any camp property.

I, _____, understand the above 4H graffiti policy.
(Print name of 4-H'er Parent/Legal Guardian)

Camp Release

This authorization form must be completed in full for someone other than the signing parent to pick up a child from camp. Full time participation is strongly encouraged.

I _____ as parent/guardian of the person listed above authorize the persons listed below to pick up my child in the case of an unexpected emergency.

Names of person(s) who are authorized to pick up my child (Remember, we do not know you so list both parents/guardians names also). Persons leaving camp will be required to check out and show their license Or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

Signature of Parent or Legal Guardian Date

Signature of 2nd Parent or Legal Guardian

* If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.

Cell Phone Policy Agreement Form

- Campers are not allowed to bring cell phones or any other electronic devices to camp.
- If a cell phone is brought with a camper it will be held by the County Agent until we return to the county office.

I, _____, understand that I am not to bring a cell phone to camp.
(Print name of 4-H'er)

(Signature of 4-H'er)

(Date)

I know in this technology age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Often times homesickness, which is a normal part of a week at camp, can be worsened by talking to mom and dad. We respect and appreciate the wonderful relationship youth and families have, but if our campers are to enjoy camp fully they must be able to develop this independence. If there is an emergency or we are concerned about the youth's well-being, campers will be allowed to call home.

I, _____, have read the above cell phone policy and agree to the guidelines stated, including that the cell phone will be taken to be returned at the conclusion of Camp if the policy is violated. I understand that if there is an emergency and I cannot reach my child on their cell phone, I may contact the camp (**Insert your camps info**).

(Signature of Parent)

(Date)

SPECIAL DIETARY NEEDS FORM

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Name: _____

County: _____

Check One:

- | | | | |
|--------------------------|----------------------------------|--------------------------|---|
| <input type="checkbox"/> | Camper (5-13 years old) | <input type="checkbox"/> | Counselor –in-Training |
| <input type="checkbox"/> | Teen Counselor (14-18 years old) | <input type="checkbox"/> | Adult volunteer or
Extension faculty/staff |

In the space provided below, please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space below, indicate and **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered:

Frequently Asked Questions

about Florida 4-H Camping

What is the 4-H camp mission, philosophy, and program emphasis?

The mission of the Florida 4-H camping program is to help develop life skills in youth through experiential education in a camping environment. Research has shown camping helps kids build life skills in a safe atmosphere while having fun. We offer outdoor adventure, environmental education and more, geared toward the positive growth of our youth.

Who works at 4-H Camp?

Each camp has a permanent Resident Director and seasonal program director to facilitate camp activities. Summer camp program staff are hired based on experience and qualifications, and screened through personal interviews, reference checks and background checks. All staff members participate in intensive pre-camp training to prepare them for the camping season. Program staff comes from the U.S. and overseas, bringing diversity and cultural richness to the 4-H camping experience. The Resident Directors are:

4-H Camp Cherry Lake: Neva Baltzell

4-H Camp Cloverleaf: Steve Cooper

4-H Camp Ocala: Shawn Baltzell

4-H Camp Timpoochee: Jennifer Williams

How are behavioral and disciplinary problems handled at 4-H camp?

Behavioral expectations and consequences are communicated through the 4-H Code-of-Conduct, which campers and parents/guardians must sign prior to camp. During camp, expectations for behavior are reviewed the first day, and good behavior is facilitated through positive reinforcement and role-modeling. Corporal punishment is never allowed at 4-H camp. Contact your local 4-H Extension Agent for more information regarding this question.

How do I send mail to my child at camp?

Camper mail is distributed every day, usually during mealtimes. To ensure mail is received before the end of the camp week, please place items in the mail the *weekend before* your child attends camp, no later than the Monday of camp week. Camper names should be clearly legible. All mail arriving later than your child's Friday departure from camp will be returned to sender. Camp addresses are listed below.

4-H Camp Cherry Lake	3861 NE Cherry Lake Circle	Madison, FL 32340	(850) 929-4429
4-H Camp Cloverleaf	126 Cloverleaf Road	Lake Placid, FL 33852	(863) 465-4884
4-H Camp Ocala	18533 NFS 535	Altoona, FL 32702	(352) 759-2288
4-H Camp Timpoochee	4750 Timpoochee Lane	Niceville, FL 32578	(850) 897-2224

In the event of an emergency at home, how do I contact my child?

Please call the camp's main office number listed above in the event of an emergency. County extension staff will be able to bring your child to the office for the call. Each facility's voicemail offers a secondary phone number to call for emergencies occurring outside of normal office hours.

Can I pick my child up early from camp?

For safety reasons and so all campers may enjoy the entire 4-H camping experience, campers are encouraged to arrive on time, not miss mid-week days, or leave camp early. We enjoy having each camper fully participate from the beginning to the closing of each camp week.

Why aren't cell phones, MP3's, IPODs, Gameboys and other electronics allowed at camp?

Use of personal electronic devices during camp encourages campers to be solitary and sedentary, which clashes with what camp is all about -- developing social skills, building new relationships, sharing traditions, appreciating nature, and being physically active. At camp, these expensive items get lost, broken, stolen or dropped in the water and in the case of phones shared with other campers, resulting in charges you weren't expecting. More importantly, a child who is focused on using the device may miss out on learning something new, or worse, may lose concentration during an activity and be injured. We believe camp without electronics is the best policy for everyone involved.

For more information, please visit the Florida 4-H Camping website at <http://www.florida4h.org/camps/>



Florida 4-H Medication Form

Parent or Guardian: Please complete this form for any medication your child will be taking while attending any 4-H event, including non-prescription drugs, lotions, inhalers or any other items. This form **must** accompany your child's medication for camp. Write your child's name on a zip lock bag and place this form along with the medication inside the bag. **Thanks!**

4-Hers name: _____
Parent/Guardian name: _____
Address: _____
Phone (day): _____ Phone (evening): _____
County/City: _____ Gender: _____

The following will need to be completed for each medication your child will be taking while at any 4-H event, including non-prescription medications such as allergy medicine.

Medication name: _____
Dosage: _____
Time of day for administration: _____
Special instructions or warnings: _____

Medication name: _____
Dosage: _____
Time of day for administration: _____
Special instructions or warnings: _____

Medication name: _____
Dosage: _____
Time of day for administration: _____
Special instructions or warnings: _____

Medication name: _____
Dosage: _____
Time of day for administration: _____
Special instructions or warnings: _____



4-H Camp Packing Check List

SUGGESTED ITEMS FOR CAMP



Clothes should be modest and appropriate for active play in an outdoor setting.

1. Girls **must** wear one piece bathing suits,
Boys are not allowed to wear Speedo swimsuits
2. No underwear of any kind showing (this includes bra straps), pants/shorts must be worn at reasonable waist length
3. No see through clothing without a shirt underneath
4. Shorts must be mid thigh or longer
5. No bare midriffs
6. Shirt sleeves must be at least 1 inch wide. (No spaghetti straps.)

Comfortable Clothes (appropriate for casual dress)

- _____ shorts, jeans, slacks, t-shirts (at least five (5) changes)
- _____ tennis shoes (or other closed toe shoes)
- _____ underclothing (at least five (5) changes)
- _____ one (1) sweater/light jacket/sweatshirt (for cool nights)
- _____ bathing suit / swim clothes
- _____ rain gear
- _____ socks
- _____ pajamas

Personal Articles

- | | |
|---|-------------------------------------|
| _____ wash cloth | _____ shower shoes |
| _____ two (2) towels (swimming & bathing) | _____ comb or brush |
| _____ toothbrush, toothpaste | _____ insect repellent |
| _____ soap & shampoo | _____ plastic bag for dirty clothes |
| _____ deodorant | _____ sunscreen |

Bedding (for bunk-style beds)

- _____ pillow and case
- _____ two (2) sheets & light blanket or sleeping bag

Other items (optional) label items clearly with campers name

- | | |
|--|--|
| _____ athletic attire (for sports) | _____ camera & film |
| _____ water shoes | _____ water bottle (very important for hot days) |
| _____ hat | _____ flashlight |
| _____ alarm clock | _____ sunglasses |
| _____ pen, paper & stamps (there is a box for outgoing mail) | |

HELPFUL HINTS:

- ✦ **Do not** bring expensive items to camp such a electronic games, jewelry, radios etc.
- ✦ Please try to pack all clothing in a small suitcase or duffel bag, in order to save time and space when loading the bus. Campers will have to carry their own suitcase to and from buses to cabins.
- ✦ **No** money, candy, gum, snacks, knives or fireworks should be taken to camp.
- ✦ For identification purposes, we encourage parents to mark initials or name of the child on all personal items.

SURVEY & EVALUATION RELEASE

- I hereby establish my willingness to participate as an adult (i.e. 4-H Leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child's eligibility to participate in the 4-H program.
- I understand that my child or I may be asked for consent before completing a survey or an evaluation.

No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

FLORIDA 4-H EVENTS – YOUTH/ADULT CODE OF CONDUCT

As a participant in Florida 4-H events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that, I must:

- 1) Obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event.
- 2) Speak and act in a responsible, courteous, and respectful way.
- 3) Act responsibly to maintain a safe environment for all participants. Report threats to the wellbeing of a participant.
- 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events.
- 5) Know that the possession or use of firearms is prohibited, except when part of an approved educational program.
- 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal.
- 7) Help others have a pleasant experience by making every attempt to include all participants in activities.
- 8) Be in the assigned program area (for example: dorms, cabins, programs, etc.) at all times. If I am unable to attend, I will tell the adult in charge.
- 9) Dress appropriately for each event.
- 10) Not use a cell phone during any scheduled events. I understand that abuse of this could lead to loss of cell phone privileges or confiscation of my phone.

PARTICIPANT: *I have read the Florida 4-H Events Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.*

Participant Signature _____ **Date** _____

VERIFICATION

I, _____ (parent/guardian or adult participant) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event's insurance will only cover a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses.

Parent/Guardian or Adult Participant Signature _____ **Date** _____

I have read and understand the Florida 4-H Events Youth/Adult Code of Conduct, Publicity Release and Survey & Evaluation Release.

Parent/Guardian or Adult Participant Signature _____ **Date** _____

I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Parent/Guardian or Adult Participant Signature _____ **Date** _____

Directions for Florida 4-H Participation Form

This form is to be completed at least once per year for all 4-H members. Adults are required to use this form for state events and activities. All participants should review and update their form before each out-of-county event. Below are explanations for sections where questions are anticipated.

Date of Birth and Age: Optional for adults.

Primary Emergency Contact: Parent or Guardian of youth; Spouse, or other contact for adults.

County/District: Where participant is enrolled or registered for 4-H; not necessarily the county they live in.

Home Address: Participant's primary mailing address.

E-mail: Optional, but useful for activity coordinators

Alternate Emergency Contact: Someone other than the Primary Emergency Contact. Please include their phone number to the right of their name.

Family Doctor: If consultation is needed, please include the doctor's phone number to the right of their name.

Name of Insured: List the individual who the insurance is provided through. Relationship could be: self, father, mother, spouse, etc. Please note the event's insurance will only cover a portion of the individual's medical costs and you, or your personal insurance, may be responsible for additional expenses.

Health History: This section is important to help the activity coordinators and health care providers be aware of serious or special medical issues and diagnose problems. It is the parents' or participants' responsibility to keep this and other sections current. Please use the blank/lined section to provide details on any serious conditions that need explanation. **Be sure to include any medications the participant is currently using.**

Publicity Release: Only needs to be checked if the participant refuses to allow their voice or image to be recorded.

Survey and Evaluation Release: This permission only needs to be checked if the participant refuses to be involved in any program evaluation.

Youth/Adult Code of Conduct: All participants (regardless of age) must read and sign this section. Adults are included in this section for the purpose of maintaining effective role models and chaperones.

Verification: Must be signed by adult participants, parents, or guardians. Youth participants 18 years and older may sign, but a parent or guardian signature is preferred.

This form must be present for all participants at each event and while traveling to these events. Check with your County Extension Office for county specific information.



2009 Summer Camp Youth and Adult Registration Form

July 6 – 10, 2009



Indicate One: ADULT YOUTH COUNSELOR

Name: _____ Gender: Male Female

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ 4-H Age (youth only): _____

T-shirt Size: S M L XL XXL (Please circle: Adult or Youth Size)

Emergency Contact Information:

Primary Contact: _____ Phone: (____) _____ Cell (____) _____

Secondary Contact: _____ Phone: (____) _____ Cell (____) _____

Tertiary Contact: _____ Phone: (____) _____ Cell (____) _____

Costs:

Include the **Registration Fee of \$ 200.00** with a completed registration packet and return to the Volusia County 4-H Office by May 29, 2009.

Checks must be made payable to "Volusia County 4-H".

Forms Needed:

Your registration must consist of these completed forms: registration, participation, dietary needs, medication administration, cabin assignment/graffiti policy, cell phone policy, camp release, and summer food service.

Registration Deadline:

All registration materials and payments must be received by **May 29, 2009**.

For More Information Contact:

Volusia County 4-H, Mrs. Laura R. Cash, 4-H Agent

Phone: 386-822-5778

Email: lcash@co.volusia.fl.us

Return/Send Registration Information to:

Volusia County 4-H
3100 E. New York Ave.
DeLand, FL 32724

Please note the following:

Cell phones, MP3's, IPODs, Gameboys, and other electronics are not allowed at camp.

Neither the county nor the camp is responsible for lost, stolen or damaged items.

Refunds will not be given after the camper arrives at camp on Monday.

Please complete the following form using the instructions below. Sign the form and return it to: [Name of Sponsor]

If you need help, call [phone number of Sponsor]

Follow these instructions, if your household gets FOOD STAMPS, TANF or FDPIR:

Part 1: List participant's name and a Food Stamp, TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

If you are applying on behalf of a FOSTER CHILD, use a separate application for each foster child and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at [phone number of Sponsor]

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A-Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B-Gross income last month and how often it was received. Next to each person's name, list each

type of income received last month, and how often it was received.

In Box 1, list the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

Part 1. Children enrolled in Camp or Closed Enrolled Sites. (Use a separate application for each foster child)

Names
(First, Middle Initial, Last)

Food Stamp, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact [name of Sponsor] at [phone number]. Skip to Part 4.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name
(List everyone in household, including children)

B. Gross income and how often it was received

Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly

C.
Check
if NO
income

1. Earnings from work before deductions
2. Welfare, child support, alimony
3. Social Security, pensions, retirement,

4. All Other Income

(Example)
Jane Smith

\$200/weekly_____

\$150/weekly_____

\$100/monthly_____

\$_____/_____

..

\$_____/_____

\$_____/_____

\$_____/_____

\$_____/_____

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Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print
name: _____ Date: _____

Address: _____ Phone
Number: _____

Social Security Number: ___ ___ - ___ - ___ .. I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

Mark one or more racial identities:

- .. Hispanic or Latino
- .. Not Hispanic or Latino

- .. Asian .. American Indian or Alaska Native

- .. White .. Native Hawaiian or Other Pacific Islander

- .. Black or African American

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: .. Week, .. Every 2 Weeks, .. Twice A Month, .. Month, .. Year

Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___

Reason:

Temporary: Free___ Reduced___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____

Date: _____

Confirming Official's Signature: _____

Date: _____

Follow-up Official's Signature: _____

Date: _____

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 your child for free or reduced price meals.

summercamp2009SFSPMealBenefitForm2008[1].txt

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 you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) 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.

Non-discrimination Statement: 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, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**FLORIDA INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS**

Effective from July 1, 2008, to June 30, 2009

Free Meal Scale is 130% of Federal Poverty Level					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	13,520	1,127	564	520	260
2	18,200	1,517	759	700	350
3	22,880	1,907	954	880	440
4	27,560	2,297	1,149	1,060	530
5	32,240	2,687	1,344	1,240	620
6	36,920	3,077	1,539	1,420	710
7	41,600	3,467	1,734	1,600	800
8	46,280	3,857	1,929	1,780	890
Each additional family member, add	4,680	390	195	180	90
Reduced Meal Scale is 185% of Federal Poverty Level					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
Each additional family member, add	6,660	555	278	257	129

To determine annual income:

- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.