

FINANCIAL ASSISTANCE APPLICATION

Please print clearly and complete all information on both sides.



CAMPER INFORMATION

Last name _____ First Name _____ Sex _____

Address _____ City/State Zip _____

Phone _____ County _____

Email _____ Birthdate _____ (mm/dd/yyyy)

If the camper is a foster child, indicate the child's income and how often it is received: \$ _____ per _____ (month, week, year)

Foster parent/guardian signature _____

Sponsoring Agency _____ Contact _____ Phone _____

Providing summer camp programs at rates that parents can afford is a growing challenge and requires us to take advantage of available funding resources. One of those resources is the USDA cash reimbursement program for food served to needy children. This benefits you because it helps us keep costs down and keep our fee schedule low while providing excellent food service for your child. All information will be kept strictly confidential. This program is available to all without regard to race, color, national origin, age, sex, disability or religion. Any person who believes that he or she has been discriminated against should contact USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave SW, Washington DC 20250-9410 or 202.720.5964.

INCOME ELIGIBILITY GUIDELINES			
Family Size	Income per year	Income per month	income per week
1	\$19,240	\$1,604	\$370
2	\$25,900	\$2,159	\$499
3	\$32,560	\$2,714	\$627
4	\$39,220	\$3,269	\$755
5	\$45,880	\$3,824	\$833
6	\$52,540	\$4,379	\$1,011
7	\$59,200	\$4,934	\$1,139
8	\$65,860	\$5,489	\$1,267
For each additional family member add:	\$6,600	\$555	\$129

2009 SUMMER SESSIONS					
Session	Date	Cost	Deposit	Balance	Balance due date
1	6/27-7/3	\$390	\$200	\$190	6/19
2	7/5-7/11	\$440	\$200	\$240	6/19
3	7/12-7/18	\$440	\$200	\$240	6/19
4	7/20-7/26	\$440	\$200	\$240	6/19
5	7/28-8/3	\$440	\$200	\$240	6/19
CITs	all sessions	\$165	\$25 (fee)	\$165	6/19
First-Timers	6/5-6/7	\$160	\$100	\$60	6/19

VISIT WWW.CYOCAMP.ORG FOR COMPLETE SESSION LISTINGS

A. Complete this portion for any children in your household currently included in a food stamp/FDPIR/Kin-Gap/Calworks case.

Name	Case #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Please list any children in your household who are NOT receiving any of the above assistance.

1. _____	2. _____
3. _____	4. _____

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B. Complete this part only if you do not receive Food Stamps, FDPIR, Cal-Gap or SNAP/Calworks benefits. Otherwise, go to part C.
 Under NAME you must list the name of EACH PERSON living in your household, including yourself AND the children listed above. In the columns list ALL income received last month on the same line as the name of the person who received it. You must list the GROSS income (before pre-tax deductions). If the person had more than one source of income, list each amount in the correct column. For monthly income, multiply the GROSS income (a) by 4.33 if received weekly; (b) by 2.15 if received every two weeks; or (c) by 2 if it is received twice per month.

Name (First/last)	Salary/Wages before deductions	Welfare, Child Support & Alimony	Pensions & Social Security	All other sources
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____

FINANCIAL: GROSS MONTHLY INCOME FROM ALL SOURCES

Earnings (Salary, wages, tips, commissions, etc.) \$ _____

Other (Alimony, welfare, child support, etc.) \$ _____

Pensions and Social Security \$ _____

Number of persons in household dependent on above income _____

C. All applicants please note: A Parent/legal guardian MUST sign this Certification of Data before the application will be considered.

- I understand that this information will provide the basis for payment of Federal funds and other forms of financial assistance and that the information on the application is subject to verification. misrepresentation .
- I certify under penalty of perjury under the laws of the State of California that all of the above information is true and correct and that all income is reported.
- Neither the Guardsmen nor any other sponsoring organization shall be held responsible for any loss or injury sustained by the applicant or child while at CYO Summer Camp.
- Deposit payment disclaimer: I understand that if I am eligible I must pay the non-refundable deposit amount for the chosen session for my child to attend camp.
- Should the CYO Summer Camp staff determine that the camper needs to return home for any reason (including illness, homesickness or behavioral difficulties) I, as the person responsible, understand that I will arrange to pick up the camper within 12 hours of that determination. If I cannot arrange for transportation within 12 hours, a CYO Camp staff member will drive the camper home and I agree to pay a \$150 transportation fee.

Signature of parent/guardian completeing form _____ Date _____

Parent/guardian's Social Security number (required by Federal regulations) _____

Phone (home) _____ Work _____

Home address _____ ZIP code _____

Section 9 of the National School Lunch Act requires that, unless your child's food stamp number is provided, you must include the Social Security number of the parent or guardian who is the primary wage earner, or the Social Security number of the adult signing the application, or an indication that neither household member possesses a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the application has one, the application cannot be approved. This notice must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to identify the household member in carrying out our effort to verify the correctness of information stated in the application. These verification efforts may be carried through program reviews, audits and investigation and may include contacting employers to determine income, contacting a food stamp or welfare office to determine the current certification for receipt of food stamps/FDPIR/Kin-Gap/SNAP-Calworks, contacting the State employment security officer to determine the amount of benefits received and checking and checking documentation produced 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 action if incorrect information is reported.

DO NOT WRITE IN THIS AREA

MONTHLY INCOME CONVERSION

Weekly x 4.33 TOTAL HOUSEHOLD

Every 2 weeks x 2.15 HOUSEHOLD SIZE MONTHLY INCOME

Twice a month x 2 _____

NOT ELIGIBLE CATEGORICALLY ELEGIBLE

HOUSEHOLD SIZE/INCOME ELIGIBLE

 AUTHORIZED REPRESENTATIVE

 DATE