

**SUMMER FOOD SERVICE PROGRAM
ELIGIBILITY FORM FOR CAMP LOOKOUT**

PART 1: Children enrolled at Camp Lookout during the summer of 2026

Names (first, middle initial, last)	SNAP (Food Stamp), TANF, or FDPIR case number (Skip to part 4 if you listed a case number)

PART 2 – FOSTER CHILD: Foster children are eligible for free and reduced-priced meals regardless of household income. If the above named child is a foster child check here [].

Complete Part 3 only if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF, or FDPIR case number in Part 1.

PART 3 – ALL OTHER HOUSEHOLDS: If you did not provide a SNAP (Food Stamp), TANF, or FDPIR case number in Part 1, complete the following table reporting household income and how often it is received.

Names...List everyone in household including children	Gross Income and how often it was received. (Example: \$100/monthly, \$100/twice a month, \$100/every other week, \$100/weekly)				Check if NO income
	Earnings from Work before Deductions	Welfare, Child Support, Alimony	Social Security, Pensions, Retirement	All other income	
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

PART 4 – SIGNATURE: An adult household member must sign the statement before it can be approved.

I certify that all information on this form is true and that all income is reported. I understand 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.

Signature of Adult: _____ Social Security Number (last four digits): _____
 Printed Name of Adult: _____ Date Signed: _____

Phone number _____ home address _____

PART 5: Participants ethnic and racial identities (optional)

Mark one ethnic identity	Mark one or more racial identities
Hispanic or Latino <input type="checkbox"/>	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White
Not Hispanic or Latino <input type="checkbox"/>	<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander

FOR SPONSOR USE ONLY: Food Stamp, ACD/TANF, Foster Child [] YES [] NO
 Yearly Income Conversion: Weekly x 52, Biweekly x 26, Twice a month x 24, Monthly x 12
 Total Yearly Income: _____ Family Size: _____ Eligible: _____ Not Eligible: _____

Determining Official: _____ Signature: _____ Date: _____



CAMP LOOKOUT
 On Bradley Brook
PO Box 753
Oneida, NY 13421
 camplookout2112@gmail.com

The Madison Co Children's Camp is participating in the Summer Food Service Program. **Meals will be provided to all children free of charge** (MCCC is reimbursed for meals served to children who meet the income guidelines for reduced price meals in the National School Lunch Program). MCCC is also reimbursed for children who are part of households that receive food stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance to Needy Families (TANF).

The following 2026-2027 income eligibility standards will be used for determining eligibility for reimbursed meals:

<i>Household size</i>	<i>yearly</i>	<i>monthly</i>	<i>twice/month</i>	<i>biweekly</i>	<i>weekly</i>
1	29526	2461	1231	1136	568
2	40034	3337	1669	1540	770
3	50542	4212	2106	1944	972
4	61050	5088	2544	2349	1175
5	71558	5964	2982	2753	1377
6	82066	6839	3420	3157	1579
7	92574	7715	3858	3561	1781
8	103082	8591	4296	3965	1983
+1 family member	10508	876	438	405	203

Meals are served at Madison County Children’s Camp as part of the overnight camping program running from July 5th, 2026 until August 21st, 2026. Persons interested in receiving more information should contact Director Jimmy Burton at Madison Co Children's Camp, PO Box 753, Oneida, New York 13421 or phone (315) 684-9129. Please complete the form on the reverse side of this letter and bring it with you to registration on the Sunday that your child is scheduled. Only one form per family is required to be filed each summer.

Sincerely,
 James J Burton/Camp Director

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. You must include the last four digits of 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 SNAP, 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 civil rights law and US Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternate means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language) should call (800)877-8339 or contact USDA through the Federal Relay Service at (800)877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained on line at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866)632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington DC, 20250-9410, by fax: (202) 690-7442, or by email: program.intake@usda.gov. This institution is an equal opportunity provider.