



## NORTH SHORE HOLIDAY HOUSE

*Since 1914*

# Camp Application 2025

NORTH SHORE HOLIDAY HOUSE accepts female campers who are between the ages of 7 and 15 years old.

USDA income guidelines for free or reduced lunch eligibility must be met.  
Higher incomes will be assessed on a case by case basis.

Please submit the application in full and include medical documents. Health History Form 2 must be filled out completely, stamped and signed by a medical professional. We do not accept physicals without our paperwork included. A copy of the campers immunization record should also be attached.

We encourage you to scan and email your application to [camp@nshh.org](mailto:camp@nshh.org). Please ensure the application is in the correct order. Alternatively, you can mail the application to 74 Huntington Rd, Huntington NY, 11743. **We do not accept faxed applications.**

## Checklist

- |   |            |
|---|------------|
| <input type="checkbox"/> Camper Information                                     | Page 1 - 3 |
| <input type="checkbox"/> Agreement and Release of Liability                     | Page 4     |
| <input type="checkbox"/> Photography Release and Waiver                         | Page 5     |
| <input type="checkbox"/> Camper Essay   | Page 6     |
| <input type="checkbox"/> Health History Form 1 (Filled by parent/guardian)      | Page 7     |
| <input type="checkbox"/> Health History Form 2 (Filled by medical professional) | Page 8     |
| <input type="checkbox"/> Parental Consent to Treatment                          | Page 9-10  |
| <input type="checkbox"/> USDA Income Form                                       | Attached   |

**If you have any special concerns or questions please contact camp at 631 427 7630 or [camp@nshh.org](mailto:camp@nshh.org).**

**PARENT/LEGAL GUARDIAN MUST COMPLETE**

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Last) (Month) (Day) (Year)

Age \_\_\_\_\_ Grade Entering in September 2025 \_\_\_\_\_ School Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (Town) (State) (Zip Code)

Email Address \_\_\_\_\_ Parent Cell Phone (\_\_\_\_) \_\_\_\_\_

Returning Camper to Holiday House?  Yes  No In what years did your child attend camp? \_\_\_\_\_

**FAMILY DATA:**

Camper lives with  Mother  Father  Foster Parent  Guardian Single Parent Household?  Yes  
 No

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Foster Parent/Guardian's Name \_\_\_\_\_ Guardian's Relationship \_\_\_\_\_

**Please list all individuals living with the child (continue on the back of page if needed):**

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is either Parent authorized to pick up the camper?  Yes  No

Referring Agency or Elementary School: \_\_\_\_\_

Name of Social Worker \_\_\_\_\_ Phone \_\_\_\_\_

Check if you give NORTH SHORE HOLIDAY HOUSE permission to call a Social Worker or Agency if a consultation is necessary.

**EMERGENCY CONTACTS**

Please list three people who will be responsible for the camper if the parent or legal guardian is not available. **Information on all three contacts is required and must be filled out completely.**

Please designate (check) an emergency contact who would be authorized to pick up the child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/cell (\_\_\_\_) \_\_\_\_\_

**Please list the name of the individual who will be picking up your child from camp:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/cell (\_\_\_\_) \_\_\_\_\_

**Signature is required**

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Relation to Child

## CHILD'S BACKGROUND

Have any of the following happened in the past year? *(Please check)*

- Death of a Relative    Illness    Accident    Hospitalization    Foster Care    Homelessness  
 Separation from Either Parent    Covid-19    Other (please explain):

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Please select the child's ethnic origin and racial category or categories with which she most closely identifies by checking off as many as apply.

- Ethnicity:  Hispanic or Latino    Not Hispanic or Latino  
Race:    American Indian or Alaska Native    Asian    Native Hawaiian or Pacific Islander  
 Black or African American    White/Caucasian

## SESSION REQUESTED

We limit camp sessions to one session per child. You will be notified by email of your acceptance. If you have not confirmed your camp session, be sure to contact us before the start of camp.

**Camp Session Dates:** Mark selection (1<sup>st</sup>--2<sup>nd</sup> choice)

SESSIONS FOR AGES 7-11    6/30 - 7/11    7/14 - 7/25    7/28 - 8/8

SESSIONS FOR AGES 12-15    8/11 - 8/15    8/18 - 8/22

## CAMP PREPARATION

**MY CAMPER IS:**    EXCITED    NOT EXCITED    UNSURE about attending camp

I give HOLIDAY HOUSE permission to have my child participate in field trips, including the transport for the same;

My camper and I have read and understood the camp rules, within the parent guide, and my camper is committed to following these rules while at camp.

## **AGREEMENT AND RELEASE OF LIABILITY**

**1.** In consideration of Camper named above (“Camper”) being allowed to attend sleep-away camp and participate in the activities and programs at the NORTH SHORE HOLIDAY HOUSE, a New York not-for-profit Corporation (the “HOLIDAY HOUSE”), and to use its facilities and equipment, in addition to the payment of any fee or charge, and as a condition of enrollment, Parent (or Legal Guardian) does hereby indemnify, waive, release and forever discharge HOLIDAY HOUSE and its members, managers, directors, officers, agents, employees, representatives, successors and assigns, administrators, executors, and all others associated with HOLIDAY HOUSE from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or programs of HOLIDAY HOUSE or the Camper’s use of the facilities, equipment or machinery in the such activities or programs. Parent (or Legal Guardian) does also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to Camper, including those caused by the ordinary negligence of any of those mentioned or others acting on their behalf or in any way arising out of or connected with Camper’s participation in any activities of HOLIDAY HOUSE or the use of any facilities/equipment or machinery at HOLIDAY HOUSE and including those caused by the COVID-19 virus. I acknowledge and understand that this release is given in advance of any injury or damage to Camper and that it includes injury or damage to Camper caused by the ordinary negligence of those released hereby but not from the claims related to gross negligence or willful/wanton/criminal/intentional conduct or acts of those who are otherwise released hereby. Parent (or Legal Guardian) understands that he/she is giving up substantial rights (including the right to sue) and acknowledges that he/she is signing this document freely and voluntarily and intends by his/her signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

**IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL \_\_\_\_\_**

**2.** Parent (or Legal Guardian) acknowledges and fully understands that swimming, camping, hiking, martial arts, outdoor cooking, activities involving animals, out-door activities and certain arts and crafts projects, including the use of equipment in connection with those activities, are potentially hazardous activities. Parent (or Legal Guardian) also understands that such activities have inherent potential risks and dangers and acknowledges and agrees that there is a risk of significant injury from participating in such activities, including permanent paralysis and death. Inherent risks also include, but are not limited to, acts or omissions of other campers, the condition of equipment or property (even if properly maintained), weather conditions (such as lightning strikes, sunburn, rain or hail storms, tornadoes and the like), the risk of Camper engaging in unauthorized activities, Camper’s physical condition and Camper’s own act or omissions. Parent or Legal Guardian of Camper gives permission for Camper to participate in the activities and programs of HOLIDAY HOUSE including off-site field trips, and Camper is voluntarily participating in these activities and using facilities, equipment and machinery, with knowledge of the dangers and inherent risks involved. Camper and Parent (or Legal Guardian) hereby agree to expressly assume and accept any and all risks of injury or death.

**IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL \_\_\_\_\_**

**3.** Parent (or Legal Guardian) represents and warrants to HOLIDAY HOUSE that Camper is above the minimum age of 6 years required to participate in the sleep-away camp and is in good health and suffering from no condition, impairment, disease, infirmity or other illness that would prevent his participation or use of equipment or machinery except \_\_\_\_\_ (continue on separate page if necessary). Parent (or Legal Guardian) acknowledges that he/she has consulted with the Camper’s personal physician who has certified that Camper is fit to participate in an active camp program.

**IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL \_\_\_\_\_**

The parties agree that the provisions of this “Agreement and Release of Liability” (“Agreement”) shall be deemed severable and that the invalidity or unenforceability of any one or more of the provisions of clauses hereof shall not affect the validity or enforceability of the other provisions or clauses hereof except as specifically set forth herein. The terms of this Agreement constitute the entire agreement and understanding between the parties. This Agreement is made pursuant to and shall be construed under the laws of the State of New York. This Agreement shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

\_\_\_\_\_  
Parent/Legal Guardian’s Signature

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

## PHOTOGRAPHY RELEASE AND WAIVER

I hereby grant permission to the NORTH SHORE HOLIDAY HOUSE, a New York Not-For-Profit Corporation ("HOLIDAY HOUSE"), and its members, managers, directors, officers, agents, employees, representatives, successors and assigns, and all others associated with HOLIDAY HOUSE, to photograph my image, likeness, or depiction and/or that of my minor children. I hereby grant permission to the HOLIDAY HOUSE to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used and/or reproduced by the HOLIDAY HOUSE worldwide for any purpose, including advertisement purposes, and in any medium, including print and electronic. I understand that the HOLIDAY HOUSE may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for the HOLIDAY HOUSE's use or publication of photographs of me and/or those of my minor children.

I hereby fully and forever discharge and release the HOLIDAY HOUSE from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children by the HOLIDAY HOUSE, and covenant and agree not to sue or otherwise initiate legal proceedings against the HOLIDAY HOUSE for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Date

# CAMPER ESSAY

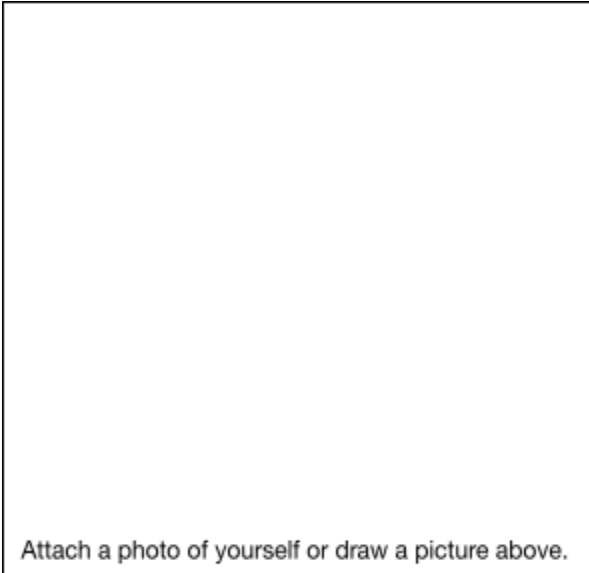
## Mandatory section to be completed by the camper:

Please tell us about yourself. Why do you want to go to camp? You can include information about home, pictures, what you enjoy about camp or how you imagine life at camp.

For returning campers please tell us your favorite thing about camp and one thing you learned last summer.

My name is \_\_\_\_\_

I am \_\_\_\_\_ years old and in \_\_\_\_\_ grade at  
\_\_\_\_\_ school...



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You may use the back of this sheet if you need more space.

# CAMPER HEALTH HISTORY FORM 1 (This form must be filled out by a Parent/Legal Guardian)

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Last) (Month) (Day) (Year)

Home Address \_\_\_\_\_  
(Street) (Town) (State) (Zip Code)

Email Address \_\_\_\_\_ Parent Cell Phone (\_\_\_\_) \_\_\_\_\_

## Parent/Legal Guardian with legal custody to be contacted in case of illness or injury:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Email Address \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_

## Second Parent/Legal Guardian or another emergency contact:

Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Email Address \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_

### HEALTH HISTORY: (please check all that apply and explain)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> ADD/ADHD             | <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Bed wetting           |
| <input type="checkbox"/> Behavioral issues    | <input type="checkbox"/> Diarrhea/Constipation | <input type="checkbox"/> Ear infection | <input type="checkbox"/> Glasses               |
| <input type="checkbox"/> Headaches            | <input type="checkbox"/> Menstruation          | <input type="checkbox"/> Nosebleeds    | <input type="checkbox"/> Psychiatric diagnosis |
| <input type="checkbox"/> Respiratory disorder | <input type="checkbox"/> Skin problems         | <input type="checkbox"/> Sleep walking |  |
| <input type="checkbox"/> Other _____          |  |  |  |

Explanation \_\_\_\_\_

Past History of Hospitalization/Surgery \_\_\_\_\_

Special Needs \_\_\_\_\_

**ALLERGIES:**  No known allergies

This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)

Other \_\_\_\_\_

(Please describe above what the camper is allergic to and the reaction seen)

### DIET:

Please describe below any dietary restrictions that need to be followed.

Please check below regarding consent for sunscreen and bug spray:

Camper can apply themselves  Counselor can assist camper in applying items

Camper can NOT use sunscreen  Camper can NOT use bug spray



## CAMPER HEALTH HISTORY FORM 2

(This form must be filled out completely by a Healthcare Provider and a copy of the campers immunization records must be attached)

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Last) (Month) (Day) (Year)

**Please complete the following/attach copy of most recent physical (within 12 months): \*Exam Date:** \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Hearing: \_\_\_\_\_ Vision: \_\_\_\_\_ PPD: \_\_\_\_\_ BMI: \_\_\_\_\_

### Daily Medication Orders while at camp

(Note all medication, vitamins, supplements, natural remedies will need to be in original packaging with doctor orders.)

Name of Medication	Diagnosis	Dose/Amount	Route	Frequency
				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime Other _____
				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime Other _____
				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime Other _____

If the child/camper needs any of the following over the counter medications a medical professional will administer according to weight and/or manufacturer recommendations. **This signed standing order provides passive consent unless otherwise indicated below. If specific dosages are necessary, the medical provider will indicate below in available space given.**

Generic Medication	Indication	Dosage or mark NO
Anbesol	Tooth Pain	_____
Benadryl	Allergic Reaction (insect bites, hives)	_____
Children's Tums	Upset stomach, diarrhea.	_____
Hydrocortisone cream 1%	Allergic Reactions, (bites, contact dermatitis)	_____
Acetaminophen	Pain or Fever	_____
Ibuprofen	Pain or Fever	_____
Antibiotic cream	Superficial cuts/Abrasions	_____
Normal Saline	Rinse eye	_____
Swimmers Ear- drop	Ear pain or discomfort.	_____
Calamine lotion	Allergic Reaction (insect bites, hives)	_____
Milk of Magnesia	Constipation	_____

The above-named camper may participate in all camp activities:  Yes  No

Physician Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Physician Stamp & License Number: **(Required)** \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address and Phone number: \_\_\_\_\_

## MENINGOCOCCAL DISEASE FACT SHEET

### **What is meningococcal disease?**

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

### **Who gets meningococcal disease?**

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

### **How is the meningococcus germ spread?**

The meningococcus germ is spread by direct close contact by nose or throat discharges of an infected person.

### **What are the symptoms?**

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. Among people who develop meningococcal disease, 10 to 15 percent die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

### **What is the treatment for meningococcal disease?**

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

**Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?** Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

### **Is there a vaccine to prevent meningococcal meningitis?**

There are three vaccines available for the prevention of meningitis. The preferred vaccine for people ages 2-55 years is Meningococcal conjugate vaccine (MCV4). This vaccine is licensed as Menactra (sanofi pasteur) and Menveo (Novartis). Meningococcal polysaccharide vaccine (MPSV4; Menomune [sanofi pasteur]), should be used for adults ages 56 and older. The vaccines are 85 to 100 percent effective in preventing the four kinds of meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

### **Is the vaccine safe? Are there adverse side effects to the vaccine?**

The three vaccines available to prevent meningococcal meningitis are safe and effective. However, the vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

### **Who should get the meningococcal vaccine?**

The vaccine is routinely recommended for all adolescents ages 11-12 years, all unvaccinated adolescents 13-18 years, and persons 19-21 years who are enrolling in college. The vaccine is also recommended for people ages 2 years and older who have had their spleen removed or have other chronic illnesses, as well as some laboratory workers and travelers to endemic areas of the world.

### **Who needs a booster dose of meningococcal vaccine?**

CDC recommends that children ages 11 or 12 years be routinely vaccinated with Menactra or Menveo and receive a booster dose at age 16 years. Adolescents who receive the first dose at age 13-15 years should receive a one-time booster dose, preferably at ages 16-18 years. Teens who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose, as long as they have no risk factors. All people who remain at highest risk for meningococcal infection should receive additional booster doses. If the person is 56 years or older, they should receive Menomu.

## PARENTAL CONSENT TO TREATMENT

I hereby give permission to NORTH SHORE HOLIDAY HOUSE to provide routine health care, administer medications ordered by a physician, and seek emergency medical treatment including ordering x-rays and/or routine tests. I give permission to the Camp Director to determine if circumstances merit the necessity of a child to be sent home. I give permission for the camp to arrange for necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NORTH SHORE HOLIDAY HOUSE to secure and administer treatment, including hospitalization for the camper named above. The completed form may be photocopied for trips out of camp. I also understand and agree to abide by any restrictions placed on my child's participation in camp activities. I give permission for my child to receive any and all medication prescribed by the physician noted on the doctor form. I give permission for camp personnel to apply sunscreen to my child.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Date

### ACKNOWLEDGEMENT OF INFORMATION REGARDING MENINGOCOCCAL MENINGITIS DISEASE

- I have read, or had explained to me, the information regarding meningococcal meningitis disease.
- I understand the risks of not receiving the vaccine. My child has not obtained immunization against meningococcal meningitis disease at this time.
- My child has received meningococcal meningitis immunization within the last 10 years. (See required immunization record for date).

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Date

# Prototype Household Application for Free and Reduced Price School Meals

**APPLY ONLINE:**  
**RETURN TO (School/District Name):**  
**ADDRESS:**

Complete one application per household. Please use a pen (not a pencil).

**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**STEP 2** Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

**NO** → Go to STEP 3.     
  **YES** → Write case number here and proceed to STEP 4.     

Write only one case number in this space.

**STEP 3** List ALL household members and income for each member (before taxes and deductions)

**A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**  
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)      
 Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

**Please see application's back for list of income sources.**

**B. Child Income**  
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$

**STEP 4** Contact information and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if available)	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zip	Phone (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Email (optional)

**Return completed form to your child's school.**

**SOURCES AND EXAMPLES OF INCOME**

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
<b>Earnings from Work</b> <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <b>If you are in the U.S. Military:</b> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<b>Public Assistance/Alimony/Child Support</b> <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<b>Pensions/Retirement/All other sources of income</b> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

**OPTIONAL**

**Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Return this completed form to your child's school. \*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

**DO NOT FILL OUT**

For school use only.

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility <input type="checkbox"/>	Eligibility		
<input type="text"/>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="text"/>	Free	Reduced	Denied	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date					

**Use of Information Statement**

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**The contact information below is solely to file a complaint of discrimination**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of 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 alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) 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 online 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: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or  
EMAIL: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**\*Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.