MUST BE FILLED OUT EVEN IF YOU DO NOT QUALIFY

Cradle Beach

Growth, Inspiration & Joy through every season

Summer Food Parent Letter

Cradle Beach, Inc. is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children who are part of households that receive foods stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following 2026 - 2027 income eligibility standards will be used for determining eligibility for free meals:

Income Eligibility Guidelines

Household Size	Year	Month	Twice per Month	Every Two Weeks	Weekly
1	$ 29,526	$ 2,461	$ 1,231	$ 1,136	$ 568
2	$ 40,034	$ 3,337	$ 1,669	$ 1,540	$ 770
3	$ 50,542	$ 4,212	$ 2,106	$ 1,944	$ 972
4	$ 61,050	$ 5,088	$ 2,544	$ 2,349	$ 1,175
5	$ 71,558	$ 5,964	$ 2,982	$ 2,753	$ 1,377
6	$ 82,066	$ 6,839	$ 3,420	$ 3,157	$ 1,579
7	$ 92,574	$ 7,715	$ 3,858	$ 3,561	$ 1,781
8	$103,082	$ 8,591	$ 4,296	$ 3,965	$ 1,938
For each additional family member, add	$ 10,508	$ 876	$ 438	$ 405	$ 203

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Camp and/or closed enrolled site information

Session Name & Date	Meals Available	Service Times
Session 1: 06/28/2027 - 07/02/2027	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 2: 07/05/2027 - 07/09/2027	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 3: 07/12/2027 - 07/16/2027	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 4: 07/19/2027 - 07/23/2027	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 5: 07/25/2027 - 07/29/2027	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 6: 08/02/2027 - 08/06/2027	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 7: 08/09/2027 - 08/13/2027	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 8: 08/16/2027 - 08/20/2027	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 9: 08/23/2027 - 08/27/2027	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM

Please fill out and return an "Application for Free and Reduced Price School Meals/Milk" to Cradle Beach 8038 Old Lakeshore Rd. Angola, NY 14006. This application must be filled out even if you do not qualify. If you have any questions please feel free to contact Cradle Beach Camp at (716) 549-6307 x 205.

To file a program complaint of discrimination, complete the USDA Program Discrimination Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Nancy L Sirmo — 1/1/2027

(Signature of Authorized Representative) (Date)

8038 Old Lakeshore Rd, Angola, NY 14006 (716) 549-6307 (716) 549-6825 (FAX)

INCOME ELIGIBILITY FORM
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to: Cradle Beach Camp, 8038 Old Lakeshore Rd., Angola, NY 14006. If you need help, call Cradle Beach Camp Admissions Assistance at (716) 549-6307 ext. 205

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (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 required.
Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.
Part 2: Write FOSTER next to child's name.
Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.
Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
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 include the last four digits of 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: 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 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 U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). **Skip to Part 4 if you listed a case #.**

Part 2. Foster Child

Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **Cradle Beach Camp** at **(716) 549-6307 ext. 205**. Complete Part 3 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. 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	
1.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
2.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
3.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
4.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
5.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
6.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
7.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
8.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
9.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
10.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
11.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
12.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑

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 the last four digits of 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 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:_____

Last four digits of 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 ❑ White ❑ Black or African American	❑ American Indian or Alaska Native ❑ Native Hawaiian or Other Pacific Islander

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: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date:_____