

# Financial Assistance Application



Please print clearly and complete all information on both sides.

## A. Camper Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) County: \_\_\_\_\_

Guardian  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Check here  if the camper is a foster child. Case Number: \_\_\_\_\_

*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 regards 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.*

### 2020 Summer Camp Sessions

Session	Date	Cost	Deposit	Balance	Balance Due
1	6/21- 6/27	\$815	\$200	\$615	June 12
2	6/28 - 7/4	\$815	\$200	\$615	June 12
3	7/6 - 7/12	\$815	\$200	\$615	June 12
4	7/14 - 7/20	\$815	\$200	\$615	June 12
5	7/22 - 7/28	\$815	\$200	\$615	June 12
6	7/30 - 8/5	\$815	\$200	\$615	June 12
CIT	all sessions	\$475	\$200	\$275	June 12
Day Camp	Weekdays 6/22 - 8/7	\$260	\$100	\$160	June 12

**For more information about our**

### Income Eligibility Guidelines

Family Size	Annual Income	Monthly Income	Weekly Income
1	\$23,107	\$1,926	\$445
2	\$31,284	\$2,607	\$602
3	\$39,461	\$3,289	\$759
4	\$47,638	\$3,970	\$917
5	\$55,815	\$4,652	\$1,074
6	\$63,992	\$5,333	\$1,231
7	\$72,169	\$6,015	\$1,388
8	\$80,346	\$6,696	\$1,546
For each additional family member add:	\$8,177	\$682	\$158

**B.** If you receive CalFresh, CalWORKs, Food Distribution program on Indian Reservations (FDPIR), Workforce Investment act (WIA), or Kin-GAP benefits for your child, list the case number:

Food stamp case #: \_\_\_\_\_ CalFresh #: \_\_\_\_\_ CalWORKs #: \_\_\_\_\_

Kin-GAP #: \_\_\_\_\_ FDPIR #: \_\_\_\_\_ WIA #: \_\_\_\_\_

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**C. Complete this part only if you do not receive CalFresh, CalWORKs, Food Distribution program on Indian Reservations (FDPIR), Workforce Investment Act (WIA), or Kin-GAP benefits for your child. Otherwise go to part D. Under Name you must list the name of EACH PERSON living in your household, including yourself AND the child listed on page one. In the columns list ALL income received last month on the same line as 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 by 4.33 if received weekly; by 2.15 if received every two weeks; or 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. _____	\$ _____	\$ _____	\$ _____	\$ _____

  

<b>Financial Gross Monthly Income From All Sources</b>		<b>Number of persons in household dependent on above income:</b>
Total <b>Monthly</b> Salary/Wages before deductions:	\$ _____	
Total <b>Monthly</b> Welfare, Child Support & Alimony:	\$ _____	
Total <b>Monthly</b> Pensions & Social Security:	\$ _____	
Total <b>Monthly</b> Income from All Other Sources:	\$ _____	_____

**D. 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.
- 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 transportation within 12 hours, a CYO Camp staff member will drive the camper home and agree to pay a \$150 transportation fee.

Printed name of parent/guardian completing form: \_\_\_\_\_ SSN (last four digits) XXX-XX-\_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Check here if no SSN

Home address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Signature of parent/guardian completing form: \_\_\_\_\_ Date: \_\_\_\_\_

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 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 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

### Categorical Eligibility

Household Categorically Eligible:  YES  NO  
 Foster Child Automatically Eligible:  YES  NO

Total Annual Income: \_\_\_\_\_ Household Size: \_\_\_\_\_

**Income Eligibility**  YES  NO

FAO: \_\_\_\_\_ Not Eligible

Authorized Representative Signature

Date