

# MEMBER EMERGENCY CONTACTS

## Boys & Girls Clubs of Gloucester County

Member's (Child) Name: \_\_\_\_\_

<b>PRIMARY CONTACT</b>	<b>SECONDARY CONTACT</b>
Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Yes Authorized to Pickup Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call <input type="checkbox"/> Yes	Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Yes Authorized to Pickup Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call <input type="checkbox"/> Yes
Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Yes Authorized to Pickup Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call <input type="checkbox"/> Yes	Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Yes Authorized to Pickup Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call <input type="checkbox"/> Yes
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# County of Gloucester 2022 CDBG Self-Certification Form

This program receives assistance from County of Gloucester's Community Development Block Grant Program. The Program, funded by the U.S. Department of Housing and Urban Development (HUD), requires us to collect specific information about our program participants. This information will be kept confidential and will only be provided to HUD in summarized reports.

CDBG Program Name: Boys & Girls Clubs of Gloucester County's Youth Services

Program Participant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Household Size: \_\_\_\_\_ (number of people in household)

In the first column of the chart below, find your family size then check the box next to the income level that best describes your family's current annual income. Total family income includes income from all sources (wages, unemployment, social security, public assistance, interest and dividends, worker's comp, etc.) for all members of your family who are at least 18 years of age. A family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

Household Size	Extremely Low Income	Low Income Limits	Moderate Income	Other
1 Person	\$22,150 or less	\$22,151 to \$36,900	\$36,901 to \$59,050	Above \$59,051
2 Person	\$25,200 or less	\$25,201 to \$42,200	\$42,201 to \$67,450	Above \$67,451
3 Person	\$28,450 or less	\$28,451 to \$47,450	\$47,451 to \$75,900	Above \$75,901
4 Person	\$31,600 or less	\$31,601 to \$52,700	\$52,701 to \$84,300	Above \$84,301
5 Person	\$34,150 or less	\$34,151 to \$56,950	\$56,951 to \$91,050	Above \$91,051
6 Person	\$37,190 or less	\$37,191 to \$61,150	\$61,151 to \$97,800	Above \$97,801
7 Person	\$41,910 or less	\$41,911 to \$65,350	\$65,351 to \$104,550	Above \$104,551
8 Person	\$46,630 or less	\$46,631 to \$69,600	\$69,601 to \$111,300	Above \$111,301

**Race of Program Participant (must check one):**

- White                       Black/African American                       Asian                       American Indian/Alaskan Native  
 Asian White                       Black/African American & White                       Asian/Pacific Islander  
 American Indian/Alaskan Native & Black/African American                       Other multi-racial  
 Native Hawaiian/Other Pacific Islander                       American Indian/Alaskan Native & White

**Ethnicity of Program Participant (must check one):**

- Hispanic                       Non-Hispanic

**Financial Hardship from COVID-19 & Certification:**

I attest my household has lost employment or income either permanently or temporarily due to the COVID-19 pandemic. I attest that the information provided is true and correct to my knowledge. I understand that the information listed on this form may be subject to verification by the County of Gloucester and/or by the U.S. Department of Housing and Urban Development (HUD), the Office of the Inspector General, or their authorized representatives.

\_\_\_\_\_

Head of Household Signature

\_\_\_\_\_

Date

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

# 2023-2024 SUMMER FOOD SERVICE PROGRAM

## LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (USDA), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

**Eligibility:** Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for free and reduced-price meals is included in this letter for your information. If your income is less than or equal to the free or reduced-price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

**July 1, 2023, to June 30, 2024**  
**FAMILY SIZE AND INCOME SCALE**  
**FOR FREE AND REDUCED-PRICE MEALS**  
(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	FREE MEALS			REDUCED PRICE MEALS		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	18,954	1,580	365	26,973	2,248	519
2	25,636	2,137	493	36,482	3,041	702
3	32,318	2,694	622	45,991	3,833	885
4	39,000	3,250	750	55,500	4,625	1,068
5	45,682	3,807	879	65,009	5,418	1,251
6	52,364	4,364	1,007	74,518	6,210	1,434
7	59,046	4,921	1,136	84,027	7,003	1,616
8	65,728	5,478	1,264	93,536	7,795	1,799
<b>Each Additional Family Member</b>	<b>+6,682</b>	<b>+557</b>	<b>+129</b>	<b>+9,509</b>	<b>+793</b>	<b>+183</b>

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

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 race, color, national origin, sex (including gender identify 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/USDA-OASCR%20P-Compliant-Form-0508-0002-508-11-28-17Fax2Mail.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:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

*Theresa Root*

\_\_\_\_\_  
Signature of Sponsoring Organization Representative

# 2023-2024 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

PROGRAM NAME: Boys & Girls Club of Gloucester County – Glassboro Center

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by June 23, 2023 or by enrollment. An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: \_\_\_\_\_.

**1 ENROLLMENT INFORMATION**  
 Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
Last Name First Name

**2 FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.**

If this is a foster child, check this box  Write the child's monthly personal use income. Write "0" if the child has no income \$ \_\_\_\_\_.

**3A HOUSEHOLDS NOW GETTING SNAP OR TANF BENEFITS FOR THEIR CHILDREN, Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.**

SNAP Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

**3B ALL OTHER HOUSEHOLDS – If you did not write a SNAP/TANF case number or checked Foster Child, complete this part and sign the application in Part 4.**

NAMES		MONTHLY INCOME				
List the Names of Everyone in Your Household	No Income	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
		Job 1.	Job 2.			
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$

**4 SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.**

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE OF ADULT HOUSEHOLD MEMBER HOME ADDRESS

\_\_\_\_\_ LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER\* \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ ZIP CODE

\_\_\_\_\_ PRINTED NAME OF ADULT SIGNING APPLICATION \_\_\_\_\_ DATE SIGNED \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE

I do not have a Social Security Number

**5 Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino  Black or African American

Mark one or more racial identities:  Asian  White  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

**Do Not Write Below This Line - Official Use Only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \_\_\_\_\_  Annual  Monthly  Twice Per Month  Every Two Weeks  Weekly

Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_