

Dear Parent/ Guardian,

Welcome to Summer Camp. Pathfinder Ranch's summer camp first began in 1964 on 22 acres in Garner Valley, CA. Initially Pathfinder Ranch served as a retreat for a few lucky campers from the Palms Springs Boys Club. Since then the camp has grown in size and population. Today Pathfinder Ranch is comprised of 74 acres and serves over 1100 campers each summer.

Summer Camp at Pathfinder Ranch is a unique camping experience where children from all over Southern California and Nevada have the opportunity to live, play, and grow together. Our summer camp is designed to provide campers with a safe, fun, and memorable camp experience. Campers range in age from 7 – 14 while our Campers In Leadership Training (CILTS) are ages 15 – 17. During this 5 ½ day program campers will spend most nights in one of four lodges. Each lodge is equipped with bunk beds, individual shower and toilet stalls, and some of the greatest camp counselors you will find anywhere. Summer campers will be introduced to a wide array of experiences ranging from social development and teamwork to rock climbing and arts & crafts.

Your camper will have the opportunity to work cooperatively with his/ her fellow cabin mates in planning their overall camp experience. Our camp schedule allows each camper the opportunity to choose the activities of his/ her greatest interest. Campers sign-up for new activities on Monday and again on Wednesday. This being the case, Summer Camp at Pathfinder Ranch is well suited to provide campers with a unique, safe, and fun camping experience.

Here is a list of some of the activities offered during Summer Camp:

- Arts & Crafts
- Explorer's Club (survival skills, animal ecology, and hiking)
- Rock Climbing
- Swimming
- Canoeing
- Archery
- Team Challenge (group games and team building initiatives)
- Horseback Riding (trail rides, not pony rides)
- Campfire
- Night Hike
- And much more

Please review this packet carefully and be sure to complete all paperwork in a timely and thorough manner. Only those campers with complete paperwork will be permitted to participate in the summer camp program. This packet contains:

- Description of Forms and proper completion
- Health and Activity Consent Form (required for attendance)
- Camper Code of Conduct (required for attendance)
- Summer Food Form (required for attendance)
- Equipment List
- Camper Policies and Procedures

We look forward to seeing your camper this summer. It is sure to be a great time.

For your child to attend camp, the following forms must be filled out completely and signed. These forms are due one week prior to a child's arrival to Pathfinder.

- 1. Participant Health Form:** Needs to be completed and signed by a parent/legal guardian
- 2. Physical by a licensed medical professional.** Physicals are required for attendance. A licensed medical professional must indicate that the minor may participate in all activities (or list exclusions). The physical portion of the Participant Health Form must be signed by a licensed medical professional.
- 3. Camper Code of Conduct Agreement:** Needs to be completed by a parent/legal guardian **and** by the camper attending. Please make sure that you and your child both understand the guidelines.
- 4. Summer Food Service Program Eligibility Form: this form must be filled out for each and every camper regardless of eligibility!** Our participation in this government program affords Pathfinder Ranch subsidies for every camper thus allowing us to keep prices at a minimum.

For your information:

- 1. Summer Camp Policies and Procedures:** Please read to understand our policies and discipline system.
- 2. Notification of Parent by Health Center Staff:** Explanation of Pathfinder Ranch's policy regarding the notification of parent/ guardian's by the health center staff.
- 3. Camper Equipment List:** Please use this list as a guideline for helping your child to pack and be prepared for their trip to camp.

Thank you for your cooperation. We are looking forward to providing your child with a fun, safe, and rewarding summer camp experience! If you have questions, please contact us.

Office Manager (for questions about registrations and enrollment)

(951) 659-2455 x10

amy@pathfinderranch.com

Summer Camp Director (for questions about staff or programming)

(951) 659-2455 x17

caurelio@pathfinderranch.com

Policies and Procedures

ARRIVAL & DEPARTURE

Campers may arrive at Pathfinder Ranch between noon and 12:30pm on the Monday of their camp session. Supervision is not available to campers arriving prior to noon. Correspondingly, campers who arrive before noon will be asked to return to camp between noon and 12:30.

Departure time is between 9:30am and 10:00am on Saturday morning.

PACKING FOR CAMP

Please take the time to thoroughly review the included packing list. Your camper's experience, in many ways, hinges on the equipment they bring to camp. Please be sure to include all of the necessities on the packing list. Additionally, many parents / guardians find it helpful to label **everything** their camper brings. Many activities require closed toe shoes and long pants. Campers without proper attire will not be allowed to participate. Water bottles are an absolute necessity, without them, campers are not permitted attend any activity.

CAMP PHONE AND COMMUNICATIONS

Please do not expect to hear from your camper during his/her stay at camp. Campers are not permitted to use the phones. Pathfinder Ranch phone lines must be left open in the case of emergency. You may send letters and postcards via USPS. Please note: each camp session is only 5 ½ days long, so please plan accordingly. Camper mail may be addressed as follows:

**Camper Name
c/o Pathfinder Ranch
35510 Pathfinder Rd.
Mountain Center, CA 92561**

Cell phones, pagers, and other electronic devices are not permitted at camp. All such devices, if discovered, will be confiscated and returned at the end of the session.

CAMPER PARTICIPATION / EXCLUSION FROM ACTIVITY

Pathfinder Ranch strives to include all campers in all camp activities. However, in certain instances we do reserve the right to deny participation. These instances include but are in no way limited to: child does not have proper attire, child refuses to follow directions, child does not meet size/ height requirement, child is not medically cleared to participate, child's health form is unsigned or incomplete, child has untreated medical condition, child does not have proper medication, parent limits participation, child is a danger to his/herself or others, etc.

If you wish to limit the activities in which your camper will participate, please include a note in the space provided on the Participant Health Form included with this package, detailing the requested limitations.

CODE OF CONDUCT AND DISCIPLINE PROCESS

In order to attend camp, all participants along with a parent/ guardian must sign the *Camper Code of Conduct* form. Pathfinder Ranch's expectations of behavior, and the discipline process, are explained on this sheet. It includes details of the parent/guardian's responsibilities should a camper demonstrate unacceptable behavior.

Pathfinder Ranch makes every effort to follow our three strike discipline process. However, certain circumstances may arise that require a camper's expulsion from camp without prior warning to the parent/ guardian. To this point, Pathfinder Ranch reserves the right to send a camper home at our own discretion.

In the event that a camper's departure is recommended for behavioral reasons, no refund will be issued. Additionally, it is the responsibility of the parent/ guardian to pick-up a camper in a timely fashion, as determined by Pathfinder Ranch. Campers departing for behavioral reasons will be isolated from other campers and remain under the direct supervision of no less than two Pathfinder Ranch staff members. Pathfinder Ranch reserves the right to bill at the rate of \$20.00 per hour, per staff member for this direct supervision.

THE HEALTH CENTER

Our health center staff is on-site and available 24 hours a day, whenever campers are present. Pathfinder Ranch employs, as a minimum qualification, Emergency Medical Technicians (EMTs) to oversee our infirmary. Pathfinder's health center staff is able to attend to minor injuries and illnesses and is responsible for the distribution of camper's medications. Pathfinder Ranch is not able to administer medications via injection (with the exception of emergency epinephrine auto-injector). Additionally, if your camper requires any kind or specialized medical care, please contact our infirmary at least two weeks prior to your scheduled visit.

Any medication to be administered by Pathfinder Ranch must be non-expired, in the original container and accompanied by a medication order. For prescription medications, discrepancies between the pharmacist's label and the medication order may result in delayed administration, no administration of the medication, or the camper's departure from Pathfinder Ranch. Please verify the accuracy of your camper's medication order.

The Participant Health Form must be completed and signed in order for your camper to attend Pathfinder Ranch. All campers are required to have a physical prior to attending camp. This physical must have been performed within the last twelve months and have been conducted by a licensed medical professional. The physical portion of The Health Medical Release and Consent Form must be filled out by a licensed medical professional. Incomplete or missing forms may lead to early camper departures.

Prior to moving into cabins, campers are checked for lice and athlete's foot. Campers suspected of having lice will require immediate departure from camp. Upon being cleared by a medical professional, they may return.

The Pathfinder Health Staff may administer OTC's (e.g. Motrin, Tylenol, Imodium) for common ailments. Please specify if you would not like your child to receive these while at Pathfinder.

WHEN ILLNESS STRIKES:

- Campers will be sent to the camp health staff for evaluation.
- Any illness or injury which involves a sustained fever, repeated vomiting, severe injury, etc. will be reported by phone immediately to the parent/guardian.
- Sick campers will be sent home.
- If it is determined that a camper must leave camp, a parent or guardian will be notified and asked to transport their child home.
- For your benefit (and ours), do not send children who are already sick to camp.

CAMPER DEPARTURES:

Campers will not be released to persons other than legal guardian(s) unless prior written authorization has been provided by the legal guardian(s) or by an authorized organization representative. Before campers are released, Pathfinder Ranch must first obtain a copy of the parent/ guardian's driver license, passport, or state issued identification card.

Attention individual campers (not attending with an organization) departure time is 10:00am on Saturday. Failure to pick-up your camper in a timely manner may result in a charge of \$20.00 per hour per supervising staff member.

Medications at Camp

- In order to administer Rx medications, we **must** have a Medication Order completely filled in and **signed by a physician and** a parent or legal guardian.
- In order to administer OTC's, we must have a Medication Order completely filled in and signed by a parent, or legal guardian.
- All medications (Rx and OTC) must be non-expired, in the original container.
- For Rx medications, the pharmacist's label must display the camper's name. The pharmacist's label cannot be altered in any way.
- Campers are not permitted to carry medications. An emergency albuterol inhaler for an asthmatic is the one exception. The trip coordinator or parent/guardian will deliver the medications and Medication Orders to the Pathfinder Health Staff.
- **Inhalers** must be marked with camper's name using permanent marker. Like all medications they must be sent to camp with the original prescription container.
- If a camper requires injections please notify Pathfinder Ranch's Health Director at (951) 659-2455 or by email at eric@pathfinderranch.com
- The Pathfinder Health Staff may administer OTC's (e.g. Motrin, Tylenol, Imodium) for common ailments. Please specify if you would not like your child to receive these while at Pathfinder.
- **Any medication that does not comply with the above requirements will NOT be administered.**

When Will Health Center Staff Contact You?

As part of routine procedure, most medical events occurring during a camper's visit to Pathfinder Ranch will be treated and properly documented without notification of the parent or guardian. However, certain situations require that, in addition to the event being documented, the parent or guardian will be notified by a method deemed most appropriate by Pathfinder Ranch.

Instances when a parent or guardian will be notified:

- Serious injury or illness
- Suspected fractures
- Severe sprains or strains
- Moderate or repeated allergic reactions
- Asthmatic attack requiring outside medical intervention
- Loss of consciousness or unresponsiveness
- Seizure
- Animal bite
- Paramedic intervention
- Any medical situation requiring off-site treatment
- **Suicidal ideation** (all comments in regards to suicide, serious or otherwise, will be treated as serious and will result in notification of the parents and possible intervention of local authorities)
- Violence against self or others
- Non-compliance with prescribed medications
- Heat stroke
- Near drowning
- Exacerbation of any pre-existing medical condition
- Situations (not already enumerated) for which the parent/guardian has made written request, to be notified
- Any situation in which the health staff feels that parental notification is appropriate
- **Suspicion of lice or nits.** Please check your camper for lice prior to sending him/her to camp. Suspected cases of lice will result in our notifying the parent or guardian to remove the camper from Pathfinder Ranch until cleared by a physician.

EQUIPMENT LIST

Clothing

- ☐ 2 pairs of Footwear (1 pair closed-toed w/ rubber soles)
- ☐ 6 pairs of socks
- ☐ 6 changes of underwear
- ☐ 1-2 pairs of long pants
- ☐ 3 pairs of shorts
- ☐ 1 set of swim wear
- ☐ 4-5 short-sleeved shirts
- ☐ 2 sweaters or sweatshirts
- ☐ 1 rain jacket or waterproof poncho
- ☐ Pajamas
- ☐ Hat (w/ brim)

Cabin Items

- ☐ Sleeping Bag
- ☐ Pillow and pillowcase
- ☐ Bath towel
- ☐ Soap
- ☐ Shampoo
- ☐ Toothbrush and toothpaste
- ☐ Comb/ Brush
- ☐ Personal hygiene items
- ☐ Chap stick
- ☐ Sunscreen (should be worn every day, SPF 30 at minimum)
- ☐ Beach Towel

32oz water bottle (or two 16 oz bottles)

Campers must have a water bottle to participate in activities

Spending Money: \$10 - \$15 will be adequate. This money will be locked in the cash register at the Camp Trading Post upon arrival. It can be used to purchase snacks, T-shirts (\$10), etc. The balance will be returned at the end of the week.

Optional Items

- ☐ Sun glasses
- ☐ Pool/ shower sandals
- ☐ Camera/ Film
- ☐ Watch
- ☐ Bag for dirty laundry

What not to bring – if any of these items are found at camp, they will be confiscated and returned at the end of the session. Candy, gum, food, radios, music players, electronic games or players, cell phones, pagers, blow dryers, curling irons, knives or other weapons (will result in expulsion), aerosol sprays (that includes all body sprays), fishing gear, valuables, and bad attitudes. **Please be aware that Pathfinder Ranch cannot be responsible for lost or stolen items. Please leave valuables at home.**

Helpful Hints

Please bring practical, outdoor clothing. We will be playing hard - don't bring your favorite outfit or new shoes. Label all items with camper's name
Pack all clothing and gear in ONE (1) suitcase or duffle bag. Sleeping bag and pillow should be carried separately.
Pack an extra water bottle.

Mail: Everyone loves to get mail at camp (please do not send packages or anything that must be signed for). To ensure that it arrives on time, send mail one week prior to your camper's arrival day. Please send all mail to:

NAME OF CAMPER (use big bold letters)
Pathfinder Ranch
35510 Pathfinder Rd.
Mountain Center, CA 92561

Attention Parents: A completed and signed copy of this form is required for attendance at Pathfinder Ranch. Any alterations to this document will make it invalid, and another signature will be required.

PARTICIPANT HEALTH FORM

NAME OF CAMPER: _____ **BIRTH DATE:** _____
LAST FIRST M.I.

PARENT/GUARDIAN NAME: _____ **HOME PHONE:** _____

CELL PHONE: _____ **WORK PHONE:** _____ **ALTERNATE PHONE:** _____

HOME ADDRESS: _____
STREET CITY STATE ZIP

ADDITIONAL EMERGENCY CONTACT NAME: _____ **PHONE:** _____

HEALTH HISTORY

Past medical treatment, if any: _____

Any allergies and/or dietary restrictions: _____

Current medications (Rx or OTC): _____

Date of most recent tetanus shot (mm/yy) ____ / ____ / ____ (must be within past 10 years)

Any camp activities from which the camper should be exempted, for health reasons: _____

Any condition(s) requiring medication, treatment, or special restriction or consideration while at camp: _____

☐ **I DO NOT give permission for my child to ride horses or participate in any horse-related activities**
(Only mark the above box if you **DO NOT** give permission for your child to participate in horse-related activities)

Parent/Guardian Authorization: This information is correct, to the best of my knowledge. The minor named above is considered physically, mentally and emotionally fit by me and able to participate in all activities described in the camp program agenda, except for those specified activities that I have listed, as exclusions above. The minor has permission to participate in horse-related activities unless marked as an exclusion above. I understand that the minor may be photographed while at Pathfinder Ranch and these photographs may be used in promotional materials. I am aware that the activities at Pathfinder Ranch may be physically challenging and, because of the setting, certain natural risks and hazards may exist. I agree to indemnify and hold harmless Pathfinder Ranch and its employees, servants and agents from and against all claims, loss, injury, death or liability resulting from, arising out of, or in any way connected with the above mentioned activity. I hereby attest that all immunizations required for school are up to date. I give permission to the camp health staff and/or trained personnel to administer, to the minor, any prescribed, emergency, and OTC medications per Dr. standing orders. I also hereby give permission to the physician selected by Pathfinder Ranch to order any X-rays, routine tests and treatment necessary for the proper maintenance of the minor's health. In the event that I should be unavailable in an emergency, I hereby give permission to the physician selected by Pathfinder Ranch to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the minor as named above.

SIGNATURE: _____ **DATE:** _____

Attention Parents: A completed and signed copy of this form is required for attendance at Pathfinder Ranch. Any alterations to this document will make it invalid, and a new signature of the licensed Medical Professional will be required.

Physical Exam

NAME OF CAMPER: _____ SEX ____ BIRTH DATE: _____ AGE _____

TO BE FILLED IN BY A LICENSED MEDICAL PROFESSIONAL

I have examined _____ Date of exam: _____

Height _____ Weight _____ Blood Pressure _____

Any condition(s) requiring medication, treatment, or special restriction or consideration while at camp: _____

Additional health information: _____

This applicant may participate in all camping activities Yes ____ No ____

If no, please explain: _____

All immunizations for this participant are current Yes ____ No ____

Any dietary restrictions? _____

Any allergies? _____

Any reported loss of consciousness/seizures/concussions? (if yes, please explain) _____

Name and title of Licensed Medical Professional _____

Signature of Licensed Medical Professional _____ Date _____

<p>PHYSICIAN'S STAMP OR NAME, ADDRESS, AND PHONE NUMBER OF LICENSED MEDICAL PROFESSIONAL'S PLACE OF BUSINESS</p>

CODE OF CONDUCT

Parent(s)/Guardian(s): Please read this list with your camper. A camper signature and a parent/ guardian signature are required at the bottom.

Camper's Name: _____ **Organization (If applicable):** _____

WHILE AT PATHFINDER RANCH:

I will be honest and respectful (of my peers, my camp staff, and myself). I will follow directions and rules at camp. I will not act violently toward any camper or staff member. I will not steal or destroy property belonging to Pathfinder Ranch, other campers, or staff members. I will not use/practice lewd conduct and language. I will stay within camp boundaries. I will do my best to HAVE FUN!!!

DISCIPLINE WILL BE HANDLED IN THE FOLLOWING MANNER:

- Strike 1 --Counselor involvement with camper.
- Strike 2 --Camper's parent is notified.
- Strike 3 --Camper is dismissed from camp.*

Verbal, emotional, and/or physically abusive behavior (bullying) will be dealt with on an individual basis and will likely result in dismissal from camp. Additionally, any camper found to be in possession of alcohol, drugs, or weapons will be immediately expelled from camp.

*Should a camper be dismissed from camp, pick-up and transportation from camp is solely the responsibility of the parent/guardian.

Camper:

By signing this form, I am agreeing to follow the above guidelines. I understand that more specific rules will be explained to me when I arrive at Pathfinder Ranch. I also realize that failing to follow these guidelines will result in disciplinary action by the staff of Pathfinder Ranch, and may include removal from the Summer Camp Program.

Camper's Signature: _____ **Date:** _____

Parent(s)/Guardian(s):

I have read, understand, and agree to the information and terms presented in the Policies and Procedures section of the camp packet. I understand that should my child require transportation from camp due to illness, behavior problems or other reasons, I will be required to provide transportation in a timely manner as designated by camp administration. If attending through an organization, failure or refusal to transport your child within the designated time frame will result in involvement of the organization.

Parent/Guardian Signature: _____ **Date:** _____

PATHFINDER RANCH MEDICATION ORDER AND ADMINISTRATION RECORD

Name of Student:

DOB:

School:

Session Dates:

DIRECTIONS for Rx medications: form must be filled in entirely and signed by a doctor AND a parent/guardian.
DIRECTIONS for OTC medications: form must be filled in entirely and signed by a parent or legal guardian.

TO BE COMPLETED BY A PHYSICIAN

Medication: _____ Amount to be Given: _____

Reason to be Given: _____

Freq: Daily ☐ BID ☐ TID ☐ QID ☐ PRN ☐ Times: AM ☐ Noon ☐ PM ☐ HS ☐
 Route: P.O. ☐ I.N. ☐ Inhalation ☐ Topical ☐
 Rx Number or Lot Number: _____ Expiration Date: _____ # in bottle: _____

Medication: _____ Amount to be Given: _____

Reason to be Given: _____

Freq: Daily ☐ BID ☐ TID ☐ QID ☐ PRN ☐ Times: AM ☐ Noon ☐ PM ☐ HS ☐
 Route: P.O. ☐ I.N. ☐ Inhalation ☐ Topical ☐
 Rx Number or Lot Number: _____ Expiration Date: _____ # in bottle: _____

Medication: _____ Amount to be Given: _____

Reason to be Given: _____

Freq: Daily ☐ BID ☐ TID ☐ QID ☐ PRN ☐ Times: AM ☐ Noon ☐ PM ☐ HS ☐
 Route: P.O. ☐ I.N. ☐ Inhalation ☐ Topical ☐
 Rx Number or Lot Number: _____ Expiration Date: _____ # in bottle: _____

FOR PATHFINDER USE ONLY

TIME	MON	TUE	WED	THR	FRI
AM					
PM					
HS					
# left in bottle:					
TIME	MON	TUE	WED	THR	FRI
AM					
PM					
HS					
# left in bottle:					
TIME	MON	TUE	WED	THR	FRI
AM					
PM					
HS					
# left in bottle:					

Physician's Signature:

Date:

Physician's Name,
 Name of Practice,
 Address & Phone #

I hereby give permission to Pathfinder Ranch to administer, to my child, the medication listed above. I understand that should my child have any ailments at Pathfinder Ranch the health staff will treat my child per physician's standing orders that may include over the counter or emergency prescription medications.

Signature of Parent/Guardian:

Date:

Initials:

Signature:

Name:

Title:

FOR PATHFINDER USE ONLY

Health Director

Evening Manager

SUMMER FOOD SERVICE PROGRAM LETTER TO PARENTS

Dear Parent/Guardian:

Providing nutritious meals to children at a reasonable cost is an increasing growing challenge. To assist our program in offsetting the costs for meals served to the children, we receive federal reimbursement funds through the Summer Food Service Program (SFSP). This reimbursement allows us to afford and offer better service to children. Please complete, sign, and return the attached confidential Income Eligibility Form for Camps and Enrolled Sites as soon as possible.

Instructions for completing the eligibility information are on the reverse side of the form. Please contact if you have questions or need assistance in completing form.

The chart below is used to determine the children's/child's eligibility to receive SFSP meals. If the children's/child's family household income is at or below the dollar amount in the chart, the children/child are/is eligible to receive free Summer Food Service Program meals. Please complete the attached form and return it to:

Thank you for your participation and cooperation.

THIS SCALE DOES NOT APPLY TO HOUSEHOLDS THAT RECEIVE CALFRESH, CALWORKS, FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), WORKFORCE INVESTMENT ACT (WIA), OR KIN-GAP BENEFITS. THOSE CHILDREN ARE AUTOMATICALLY ELIGIBLE FOR FREE MEAL BENEFITS.

**Income Eligibility Guidelines
Effective July 1, 2013 to June 30, 2014**

HOUSEHOLD SIZE*	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$ 21,257	\$ 1,772	\$ 886	\$ 818	\$ 409
2	\$ 28,694	\$ 2,392	\$ 1,196	\$ 1,104	\$ 552
3	\$ 36,131	\$ 3,011	\$ 1,506	\$ 1,390	\$ 695
4	\$ 43,568	\$ 3,631	\$ 1,816	\$ 1,676	\$ 838
5	\$ 51,005	\$ 4,251	\$ 2,126	\$ 1,962	\$ 981
6	\$ 58,442	\$ 4,871	\$ 2,436	\$ 2,248	\$ 1,124
7	\$ 65,879	\$ 5,490	\$ 2,745	\$ 2,534	\$ 1,267
8	\$ 73,316	\$ 6,110	\$ 3,055	\$ 2,820	\$ 1,410
For each additional family member, add:	\$ 7,437	\$ 620	\$ 310	\$ 287	\$ 144

* A household of one means a child who is his or her sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

Camp and Enrolled Sites Income Eligibility Form

1. CHILD INFORMATION

(List names of all enrolled children)

Check a box to identify a foster child (the legal responsibility of a welfare agency or court).

If all children listed below are foster children, go to #4 to sign this form.

Last	First	M.I.	
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>

2. CATEGORICAL ELIGIBILITY: If you are getting CalFresh, CalWORKs, Food Distribution Program on Indian Reservations (FDPIR), or Kin-Gap benefits for your child, list the case number. If your child participates in the Workforce Investment Act (WIA) check the box. DO NOT complete #3. Go to #4.

CalFresh Case Number:
CalWORKs Case Number:
FDPIR Case Number:
Kin-GAP:
WIA: <input type="checkbox"/>

3. HOUSEHOLD INCOME: Complete this section if you DID NOT complete #2. List all household members and all income. Go To #4.

Enter Gross Income and how often it is received (e.g., weekly, every 2 weeks, twice a month, monthly, or annually)				
NAMES OF HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME
	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1.	\$ /	\$ /	\$ /	\$ /
2.	\$ /	\$ /	\$ /	\$ /
3.	\$ /	\$ /	\$ /	\$ /
4.	\$ /	\$ /	\$ /	\$ /
5.	\$ /	\$ /	\$ /	\$ /
6.	\$ /	\$ /	\$ /	\$ /
7.	\$ /	\$ /	\$ /	\$ /
8.	\$ /	\$ /	\$ /	\$ /

4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE:

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, Kin-GAP, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is provided for the receipt of federal funds; that agency officials may verify the information on the Income Eligibility Form for Camp and Enrolled Sites and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name:	
Last Four Digits of SSN:	<input type="checkbox"/> Check here if no SSN
Signature of Adult:	Date:

Privacy Act Statement: Unless you list the child's CalFresh, CalWORKs, FDPIR, WIA or Kin-GAP case number, Section 9 of the National School Lunch Act (NSLA) requires that you include the last four digits of the SSN for the household member signing the form, or indicate that the household member signing the form does not have a SSN. You do not have to list the last four digits of a SSN, but if they are not listed, or the "Check here if no SSN" is not marked, we cannot approve your child for free or reduced price meals. The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, FDPIR, or Kin-GAP office to determine current certification for CalFresh, CalWORKs, FDPIR, or Kin-GAP benefits, contacting the state employment security office to determine the amount of benefits received, and checking the 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 actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

5. **RACIAL/ETHNIC IDENTITY:** You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asia | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White | |

Please mark one of the following ethnic identities: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

The U.S. Department of Agriculture prohibits discrimination against its customers, employee, and applications for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, material status, familial or parental status, sexual orientation, or all of part of an individual's income is derived from any public assistance program, or protected genetic information in employment of in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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For Agency Use Only

CATEGORICAL ELIGIBILITY

CalFresh/CalWORKs/FDPIR/Kin-GAP household categorically eligible: ☐ Yes ☐ No
Foster child automatically eligible: ☐ Yes ☐ No

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

Total income: Household size:

Eligibility classification: ☐ Eligible ☐ Not Eligible

Determining official (print name):

Determining office signature:

Certification Date:

HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Using the instructions below, please complete, sign, and return the Income Eligibility Form to:

If you need help, call:

1. CHILD INFORMATION:

- a) Print your child's name.
- b) Check a box in the right column to identify a foster child.

2. CATEGORICAL ELIGIBILITY: Complete this section and sign the form in section #4.

- a) List your current CalFresh, CalWORKs, FDPIR or Kin-GAP case number(s) for your child(ren).
- b) Sign the form in section #4. An adult household member must sign. You do not have to list a SSN.

3. HOUSEHOLD INCOME: Complete this section if the child does not qualify as Categorical Eligibility and sign the form in section #4.

Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. **If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.**

- a) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, CalWORKs, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.
- b) If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
- c) Sign the form and include the last four digits of your SSN in section #4. *If you do not have a SSN, check the box "Check here if no SSN."*

4. LAST FOUR DIGITS OF SSN AND SIGNATURE:

- a) The form must have a **signature** of an adult household member.
- b) The adult household member who signs the statement must include the last four digits of his/her **SSN**. *If he/she does not have a SSN, check the box "Check here if no SSN".* The last four digits of your SSN is not needed if you listed a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number.

5. RACIAL/ETHNIC IDENTITY: You are not required to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work:

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-employment
- Public assistance payments
- CalWORKs payments
- Alimony/child support payments

Pensions/Retirement/Social Security

- Pensions
- Supplemental security income
- Retirement income
- Veteran's payments
- Social Security

Other Monthly Income

- Disability benefits
- Cash withdrawn from savings
- Interest dividends
- Income from estates/trusts/investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Military allowance for off-base housing
- Any other income

"FOR AGENCY USE ONLY" SECTION

The sponsor must complete this section to indicate whether the enrolled participant is or is not eligible to receive meals. Failure to complete this final step could cause loss of reimbursement.

DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

RACE:

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ETHNICITY:

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino