



# Registration Information

Dates: \_\_\_\_\_

Group Name: \_\_\_\_\_

Camper's Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(first) (middle) (last)

Gender: \_\_\_ M \_\_\_ F Date of birth \_\_\_/\_\_\_/\_\_\_ Age at camp \_\_\_\_\_ Cabin Mate Request \_\_\_\_\_  
(Requests will be considered but not guaranteed)

1st Parent/Guardian Name \_\_\_\_\_

2nd Contact Parent/Guardian \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Camper's Address \_\_\_\_\_

Camper lives with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Stepparent \_\_\_ Guardian/s \_\_\_ Other: \_\_\_\_\_

Emergency contacts (if other than above):

Name: \_\_\_\_\_ Cell Relationship to camper: \_\_\_\_\_  
phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Relationship to camper: \_\_\_\_\_  
phone #: \_\_\_\_\_

Authorized Persons, other than the above,

(Authorized to pick up the camper upon returning from camp)

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

**\*Campers from our care will ONLY be released to a parent, legal guardian, or other authorized person with PHOTO ID.**

**PARENTAL/GUARDIAN SIGNATURE REQUIRED**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL INFORMATION

Camper (first and last name): \_\_\_\_\_

Health insurance provider: \_\_\_\_\_ Policy number: \_\_\_\_\_

City and state: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist/ Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your camper required to take any medications? \_\_\_ Yes \_\_\_ No

If yes, please provide instructions below:

Medication Name: \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_ Taken When: \_\_\_\_\_

Does your camper have any food or drug allergies or special dietary requirements? If yes, please explain:

\_\_\_\_\_

Check all of the following conditions that apply to your camper:

Asthma  Allergies (general)  Bee sting allergy  Poison oak allergy

Car/motion sickness  Bowel/bladder problems  Epilepsy/convulsions  Hay fever

Heart trouble/murmur  Headaches  Backaches/ weak back  Respiratory problems

Sinus trouble  Sleep walking  Bed wetting  Frequent ear infections

Diabetes  Blood/clotting disorders  Fainting/dizzy spells  Nosebleeds

Hypertension  Other (please explain): \_\_\_\_\_

When did your camper receive immunizations for the following?:  Tetanus  Measles

Has your camper ever had any serious injuries or operations? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your camper ever required psychiatric counseling or hospitalization? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your camper capable of participating in strenuous activities? If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Please indicate your camper's swimming ability \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# Camper Information

What's your name? \_\_\_\_\_

Do you have a nickname? \_\_\_ Yes \_\_\_ No

If so, what is it?: \_\_\_\_\_

How old are you? \_\_\_\_\_

When is your birthday? \_\_\_/\_\_\_/\_\_\_

What grade are you in?: \_\_\_\_\_

At what school?: \_\_\_\_\_

Have you ever been to camp before? \_\_\_ Yes \_\_\_ No

Your first session: \_\_\_\_\_

Your most recent session: \_\_\_\_\_

Current rag or leather: \_\_\_\_\_

Favorite camp meals: \_\_\_\_\_

Favorite twilight games: \_\_\_\_\_

Favorite activities: \_\_\_\_\_

Are there any camp alumni in your family? \_\_\_ Yes \_\_\_ No

If so, who? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What sports do you play? \_\_\_\_\_

Any other extracurriculars? \_\_\_\_\_

What are your favorite...  
School subjects \_\_\_\_\_

Books \_\_\_\_\_

TV shows \_\_\_\_\_

Movies \_\_\_\_\_

Kinds of music/ bands/ musicians \_\_\_\_\_

What songs would you like to request for the dance?  
\_\_\_\_\_



# YMCA CAMP ARBOLADO CODE OF CONDUCT

- 1) I will not bring drugs or alcohol to camp.
- 2) I will not bring weapons of any kind, including Swiss Army Knives, to camp.
- 3) I will not bring a cell phone, an mp3 player, a portable game system, or similar items to camp.
- 4) I understand that there is no physical, verbal, or emotional violence allowed at camp.
- 5) I understand that there is no sexual conduct allowed at camp, including kissing.
- 6) I will not visit cabins of the opposite gender.
- 7) I will not use foul language.
- 8) My bathing suit will be one piece and modest.
- 9) I will only wear closed-toe shoes around camp (excluding the shower and pool areas).
- 10) My shirts will not reveal my midriff, and my shorts or pants will not show my undergarments.
- 11) I will not wear clothing depicting drugs, alcohol, tobacco and/or negative and/or sexual logos or text.

**YMCA Camp Arbolado reserves the right to ensure the safety and well being of all campers. Misconduct, unsociable behavior or failure to abide by the YMCA Camp Arbolado Code of Conduct, as determined by the Camp Director, may result in loss of activity time, a call home explaining the violation and/ or behavior, or immediate dismissal from the camp.**

I have read and understand the YMCA Camp Arbolado Code of Conduct.

Camper Signature: \_\_\_\_\_ Date \_\_\_\_\_

**As a parent and/or legal guardian of the above camper, I have read and discussed with my camper the above YMCA Camp Arbolado Code of Conduct. In the extreme case of my camper being sent home, I agree to provide transportation for my camper home or pay any reasonable transportation fees incurred by Camp Arbolado and/or the YMCA of Greater Whittier.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# YMCA CAMP ARBOLADO

## Multi-jurisdictional Authorization and Release for Medical and Dental Treatment

The undersigned, as the parent or parents, or legal guardian or legal guardians, of \_\_\_\_\_ a minor (the "minor"), hereby authorize the YMCA of Greater Whittier and its authorized directors and leaders (collectively the "YMCA") to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of Section 25.8 of the California Civil code, as amended. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with at least one of the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understand and agree that YMCA shall not be legally or financially liable for any claim arising from any medical care or dental care provided pursuant to this authorization. The undersigned hereby agree to indemnify and to hold YMCA harmless from any claim made by or on behalf of said minor arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA, and shall be valid until revoked in writing by the undersigned or any of them.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ EXPIRES \_\_\_\_\_

NOTE: The YMCA requests that, if the minor is in the custody of parents or more than one legal guardian, both or all sign this authorization. The YMCA understands that the minor is in the custody only of the person or persons who have signed this authorization.

\* If for religious reasons you cannot sign this, the YMCA should be contacted for a legal waiver which must be signed for attendance.

**YMCA OF GREATER WHITTIER**  
**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT**

Adult Member/Name (Please Print): \_\_\_\_\_

Child Member/Participant Name (Please Print): \_\_\_\_\_

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Whittier (the “YMCA”) and/or for my children listed above to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as “the undersigned”) hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that novel coronavirus (“COVID-19”) infections have been confirmed throughout the United States, including several cases in Los Angeles County, California. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), and the Los Angeles County Department of Public Health (together, the “Public Health Agencies”) for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Notices list is updated regularly and currently includes China, Iran, South Korea, and most of Europe. The undersigned agrees to check the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) prior to utilizing the facilities, services, and programs of the YMCA, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with the YMCA’s revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the

YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: **"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

The undersigned understands and agrees that the YMCA is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

The undersigned agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, of Releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

**I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.**

Signature: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_

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

I am the parent or legal guardian of \_\_\_\_\_  
Child's Name

the foregoing on behalf of my minor child.

Signature of parent or legal guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_

# Welcome to YMCA Camp Arbolado

## Important Pre-camp Information

We are delighted that you have selected YMCA Camp Arbolado for your child's camping experience. For 98 years Camp Arbolado has been a place of joy, hope, aspirations, and a home away from home to generations where dreams and memories are created forever. Your camper's health and safety are our primary concerns. The information below should aid you in making sure your camper is fully prepared and equipped to enjoy a week of summer mountain camping. If you have questions before or after your Orientation Night, please call the Camp office at (909) 794-6724.

Two general rules of thumb to keep in mind: camp is a great place to wear out old clothing; and, if it would cause emotional or financial distress if it gets lost or broken, *don't bring it to camp!*

### Packing list

- 2 pairs of shoes, one pair of slippers
- 9-10 pairs of socks
- 9-10 pairs of underwear
- 5-7 pairs of shorts & long pants
- 8-10 t-shirts
- 2-3 sweaters or sweatshirts
- 1 HEAVY JACKET
- 2 towels
- Toothbrush and toothpaste
- Soap, shampoo, and a hairbrush
- CHAPSTICK and SUNSCREEN
- Flashlight and water bottle
- Sleeping bag, pillow, sheets, and pajamas
- 1 age appropriate Swim Suit

### Optional items

- Disposable camera, book to read
- Clothing items for special events & meals (learn more at Orientation Night!)

### Do NOT bring

- Cell phones
- Personal music players (e.g., iPods, etc.) nor game systems (e.g., Nintendo Switch, etc.)
- Digital cameras or jewelry (see rules of thumb, above)
- Knives, firearms, or weapons of any kind
- Drugs, alcohol, or tobacco products

### Packing instructions

- Limit luggage to: ONE sturdy duffle bag or suitcase, one carry-on backpack, and a sleeping bag. Stowage on the bus is limited.
- Have your camper help you pack so he or she knows what's in his or her suitcase!
- Mark your camper's name on all clothing items.
- Do NOT pack prescription medication. Instead, please check it in with the camp nurse on departure day. Medication must be in the original prescription bottle with physician's instructions. Use a clear plastic bag marked with your camper's name if you have more than one medication to check in.

*(Continued on back)*

Families should plan to attend the orientation session. This is an opportunity to meet the camp director and many of the counselors, ask questions, and see who else is going to camp. All families are strongly encouraged to come.

**Departure Days** (from the East Whittier YMCA)

**June 14, 2024**

Camp check-in starts at **9:00 a.m.** at the **East Whittier Family YMCA**. Bus departs from the YMCA to Camp at 10.00AM. Please be on time! The bus will leave promptly.

**Important!!** Please prepare a **sack lunch** to take for your camper to eat when we arrive at camp. Drinks will be provided.

**Return Days** (to the East Whittier Family YMCA)

**June 19, 2024**

The buses will return to the **East Whittier Family Center** at approximately **12:00 p.m. depending on the traffic**. If for some reason we are going to be late, a staff person will be at the Y with that information. For the safety of your child, please make sure that at least one person you included on the pickup list in your registration packet must be present WITH PHOTO ID when picking up your child.

**Check on us!**

To verify our return time or in the case of an emergency contact, Executive Director for Camp Arbolado Suman Rana (909) 794-6724 or cell phone (909) 645 9187.

**Mail.** Please DO write to your camper. However, please note that mail posted after we depart for camp may not arrive in camp until after we are back in Whittier, i.e., it is a good idea to mail letters to your camper/s before they have left home! The mailing address is:

[Your Camper's Name]  
YMCA Camp Arbolado  
42500 State Hwy. 38  
Angelus Oaks, CA 92305

**A special request:** Please do NOT send food or snacks to camp. We provide a healthy diet that consists of three balanced, nutritious meals daily plus fresh fruit snacks available all day. The Y is for Youth Development and Healthy Living (= Healthy Kids) and your support is always appreciated.



**YMCA Camp Arbolado**  
Down-the-hill office:  
YMCA of Greater Whittier  
12510 Hadley St  
Whittier, CA 90601  
(562) 907-6530

**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## 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. If you have questions or need assistance in completing this form, please contact:

Name:

Phone number:

Email address:

Fax number:

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 SFSP meals.

Please complete the attached form and return it to:

Thank you for your participation and cooperation.

**Eligibility Scale for Camps and Closed Enrolled Sites**  
 July 1, 2022–June 30, 2023

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 25,142	\$ 2,096	\$ 1,048	\$ 967	\$ 484
2	\$ 33,874	\$ 2,823	\$ 1,412	\$ 1,303	\$ 652
3	\$ 42,606	\$ 3,551	\$ 1,776	\$ 1,639	\$ 820
4	\$ 51,338	\$ 4,279	\$ 2,140	\$ 1,975	\$ 988
5	\$ 60,070	\$ 5,006	\$ 2,503	\$ 2,311	\$ 1,156
6	\$ 68,802	\$ 5,734	\$ 2,867	\$ 2,647	\$ 1,324
7	\$ 77,534	\$ 6,462	\$ 3,231	\$ 2,983	\$ 1,492
8	\$ 86,266	\$ 7,189	\$ 3,595	\$ 3,318	\$ 1,659
<b>For each additional family member, add:</b>	\$ 8,732	\$ 728	\$ 364	\$ 336	\$ 168

**This scale does not apply to households that receive CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR). Those children are automatically eligible for free meal benefits.**

A household of one means a child who is their own 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 Closed 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.

<b>Last</b>	<b>First</b>	<b>M.I.</b>	<b>Foster?</b>
-------------	--------------	-------------	----------------

**2. Categorical Eligibility:** If you are getting CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number. **Do not** complete #3. Go to #4.

CalFresh Case Number:

CalWORKs Case Number:

FDPIR Case Number:

**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).

Applicants with no income are asked to enter a zero in the relevant field or check the box to indicate that the household does not receive income. Any income field that is left empty is a positive indication that there is no income and certifies that there is no income to report. Applications that have empty revenue fields will be processed as complete. (Continue chart on next page if more room is needed.)

<b>Names of Household Members (Include children listed above)</b>	<b>Earnings from Work Before Deductions (Amount / How Often)</b>	<b>Child Support, Alimony (Amount / How Often)</b>	<b>Payments from Pensions, Retirement, Social Security (Amount / How Often)</b>	<b>Earnings from Any Other Income (Amount / How Often)</b>
---	--	--	---	--

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Check here if this household does not receive income. Go to section 4.

Names of Household Members (Include children listed above)	Earnings from Work Before Deductions (Amount / How Often)	Child Support, Alimony (Amount / How Often)	Payments from Pensions, Retirement, Social Security (Amount / How Often)	Earnings from Any Other Income (Amount / How Often)
---	--	---	---	---

8.

9.

10.

**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, 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:

Check here if no SSN

Signature of Adult:

Date:

**Privacy Act Statement:** Unless you list the child's CalFresh, CalWORKs, or FDPIR 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 an SSN. You do not have to list the last four digits of an 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 office to determine current certification for CalFresh, CalWORKs, FDPIR 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:

American Indian or Alaskan Native

Black or African American

Native Hawaiian or Other Pacific Islander

White

Asian

Please mark one of the following **ethnic** identities:

Hispanic or Latino

Not Hispanic or Latino

### **USDA Nondiscrimination Statement**

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, 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.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**



**For Agency Use Only**

**Categorical Eligibility:**

CalFresh/CalWORKs/FDPIR 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 official signature:

Certification date:

## How to Complete the Income Eligibility Form

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

### 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, or FDPIR 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 an SSN.

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

- a. 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.
- b. 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.
- c. 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.
- d. Sign the form and include the last four digits of your SSN in section #4. If you do not have an 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 their SSN. If they do not have an 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, or FDPIR case number.

**5. Racial/Ethnic Identity:**

- a. 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
- Public assistance payments
- CalWORKs payments
- Alimony/child support payments

**Pensions/Retirement/  
Social Security:**

- Pensions
- Supplemental security income (SSI)
- 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 free or reduced-price meals. Failure to complete this final step could cause loss of reimbursement for the sponsor.

### **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.

**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**



**EVERYONE IS WELCOME**

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Annual Campaign, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

**Applicant Information**

.....  
First & Last Name

( )

Phone ..... E-mail .....

Address .....

Apt. ..... City ..... Zip .....

Do you receive income?  Yes  No

Are you employed?  Yes  No  Retired  P/T  F/T

Are you enrolled in school?  Part-Time  Full-Time

Do you own or rent a home?  Own  Rent  Unhoused

**All Persons Living In This Household**

..... First & Last Name	..... Date of Birth	..... Age	<input type="checkbox"/> Parent/Guardian/Adult	<input type="checkbox"/> Child
..... First & Last Name	..... Date of Birth	..... Age	<input type="checkbox"/> Parent/Guardian/Adult	<input type="checkbox"/> Child
..... First & Last Name	..... Date of Birth	..... Age	<input type="checkbox"/> Parent/Guardian/Adult	<input type="checkbox"/> Child
..... First & Last Name	..... Date of Birth	..... Age	<input type="checkbox"/> Parent/Guardian/Adult	<input type="checkbox"/> Child
..... First & Last Name	..... Date of Birth	..... Age	<input type="checkbox"/> Parent/Guardian/Adult	<input type="checkbox"/> Child

**MEMBERSHIP TYPE**

- Family
- Young Adult Family
- Adult
- Senior
- Two Person

**WHAT PROGRAM(S) ARE YOU APPLYING FOR? Check all that apply.**

- Child Care
- Camp
- Aquatics
- Youth Sports
- Other: \_\_\_\_\_

**INCOME VERIFICATION**  
(Please bring one of the following document(s) at the time of your application)

**GENERAL TAXES FOR LAST YEAR**  
 \_\_\_\_\_ I am an individual filing jointly, I am providing ONE 1040 form  
 \_\_\_\_\_ We filed more than ONE tax form in our household; we are providing \_\_\_\_\_ 1040 forms

**I DID NOT FILE FEDERAL TAXES FOR LAST YEAR**

**CURRENT INCOME : \$** \_\_\_\_\_ (Total Annual Household Income for 12 Months)  
 \_\_\_\_\_ My household income has changed since I filed taxes last year  
 \_\_\_\_\_ I receive government assistance and am providing appropriate documentation of government assistance

**ACKNOWLEDGEMENT**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

.....  
Signature of person completing form ..... Date .....

## **Letter to Households (Nonpricing Program)**

Dear Participant/Adult Household Member:

This center participates in the Child and Adult Care Food Program (CACFP) offered by the U.S. Department of Agriculture (USDA) and serves meals at no separate charge to eligible enrolled adults. The reimbursement received from the CACFP helps with our food costs, and therefore enables us to keep our fees for care as low as possible.

To help us comply with USDA requirements for participation, please complete, sign, and return to the center the attached meal benefit form for adult participants, or provide documentation that the participant receives benefits through CalFresh (formerly Food Stamps), Food Distribution Program on Indian Reservations (FDPIR), Medi-Cal, or Supplemental Security Income as soon as possible. This information is necessary to receive federal reimbursement for the meals served to participants in our program.

If your first language is not English, you have a right to ask us for written or oral translation of these materials free of charge in your native language. If you choose to complete an application, it must be completed by an adult household member according to the instructions included with the application.

**Return the completed form to the center as soon as possible.**

### **Confidentiality**

The information provided on the application will be placed in our files and kept confidential. If you have any questions or need assistance in filling out the application form, please contact:

**Center Representative:**

**Phone number:**

### **Verification**

The information on the application may be verified at any time during the year.

## Meal Benefit Form for Children Program Year

Name of Child Care Center:

Please read the instructions. If you need help completing this form, please call:

Complete, sign, and return this form to:

### 1. Child Information

List names of all children enrolled for care.

Last Name	First Name	Middle Initial	Foster Child?

If all children listed are foster children, skip to Section 4.

### 2. Benefits

If you are receiving CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not complete Section 3**. Skip to Section 4.

CalFresh Case Number:

CalWORKs Case Number:

FDPIR Case Number:

### 3. All Other Households

Complete this section if you did not complete Section 2. List all household members including children enrolled for care. List total household gross income and how often it is received (e.g., weekly, every two weeks, twice a month, monthly, or annually).

Check here if this household receives no income. Skip to Section 4.

Applicants without income are requested to write a zero in the applicable field or mark no income. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

Names of all household members, including child(ren) listed above	Earnings from work before deductions	Child support, alimony	Payments from pensions, retirement, Social Security	Earnings from any other income
<i>Example: Janet Smith</i>	<i>\$200/weekly</i>	<i>\$150/twice a month</i>	<i>\$100/monthly</i>	<i>\$0</i>

**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, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the meal benefit form (MBF) 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:

Check Here if No SSN:

Signature of Parent or Guardian:

Date:



### **Privacy Act Statement**

The Richard B. Russel National School Lunch Act (NSLA) requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKs), Program or FDPIR case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have an SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

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, or FDPIR office to determine current certification for CalFresh, CalWORKs, or FDPIR 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:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

If you choose to do so, please mark one of the following ethnic identities:

Hispanic or Latino

Not Hispanic or Latino

**For Agency Use Only**

**Categorical Eligibility:**

CalFresh/CalWORKS/FDPIR household categorically eligible?      Yes      No  
Foster child automatically eligible free?      Yes      No

**Income Eligibility:**

Annual Conversion (required if household reports various pay frequencies in Section 3):  
Weekly times (x) 52, every 2 weeks x 26, twice a month x 24, monthly x 12

Total Household Income and Frequency:                      per

Household Size:

**Eligibility Classification:**

Eligibility Classification:      Free      Reduced-price      Base

Determining Official Name:

Determining Official Signature:

Date:

## How to Complete the Meal Benefit Form

### 1. Child Information

- a. Print your child's name.
- b. Indicate **yes** to the right of a child's name if they are a foster child.

### 2. Benefits: If you receive any benefits listed in this section, complete this section, and then skip to Section 4 and sign the form.

- a. List your current CalFresh, CalWORKs, or FDPIR 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 an SSN.

### 3. All Other Households: Complete this section only if you do not have a case number for the benefits listed in Section 2.

- a. Complete this section 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.
- b. 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, 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.
- c. 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.
- d. Sign the form and include the last four digits of your SSN in Section 4. If you do not have an SSN, place a checkmark next to **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 their SSN. If they do not have an SSN, they will place a checkmark next to the No SSN line.
- c. The last four digits of the adult household member's SSN is not needed if a CalFresh, CalWORKs, or FDPIR case number is provided.

- 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, or tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-employment

### **Child Support or Alimony**

- Public assistance payments
- Alimony or child support payments

### **Pensions, Retirement, or 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, or investments
- Regular contributions from persons not living in the household
- Net royalties, annuities, or net rental income
- Military allowance for off-base housing
- Any other income

## Description of Racial and Ethnic Categories

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

### 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.

**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**

## **U.S. Department of Agriculture (USDA) Nondiscrimination Statement**

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:

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.**

### Income Eligibility Scale

Effective from July 1, 2023, through June 30, 2024.

#### Centers Reduced Scale

Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional family member, add	\$9,509	\$793	\$397	\$366	\$183

The term 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.

**This scale does not apply to households that receive CalFresh, CalWORKs, or FDPIR. Those children are automatically eligible for free meal benefits.**

## **U.S. Department of Agriculture (USDA) Nondiscrimination Statement**

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:

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.**