

Dear Aim High Parent or Guardian:

As you know, Aim High serves nutritious meals and snacks every day. To help keep this expense manageable and our program available at no cost, we are participating in the Summer Food Service Program for the first time, funded by the U.S.D.A. and administered by the Missouri Department of Health and Senior Services.



In order to qualify for reimbursement for meals served to our Achievers, **we must provide documentation of our population's eligibility. Note: it doesn't matter if your family qualifies for the free or reduced meal program or not, but we must have a copy of this form on hand for all participants, regardless of family income.** If your child/household currently qualifies for assistance under the Supplemental Nutrition Assistance Program (formerly known as food stamps) or the Temporary Assistance for Needy Families (TANF) program, he or she is automatically eligible when your case number is listed on the IEF.

IN ORDER FOR AIM HIGH TO RECEIVE FUNDING FROM THE SUMMER FOOD SERVICE PROGRAM, THE ATTACHED FORM MUST BE COMPLETED ACCORDING TO THE DIRECTIONS BELOW OR YOU MAY OBTAIN THE MOST RECENT COPY FROM SCHOOL AND SEND IT TO US:

Part 1: Children Enrolled in the Program – **List all current Aim High Achievers in your household. Provide the birth date for each child.** If you currently receive benefits from SNAP or TANF, please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete Part 2 if you currently receive SNAP or TANF benefits and provide the case number in this section – you may move on to section 4.

Part 2: Household and Income Information – **List the names of everyone who lives in your household.** Include parents, grandparents, all children, foster children, other relatives, and unrelated people who live in your household. Report the monthly income by source for each household member, if any. The income reported on the application must include all income before deductions. See the next page for income to include.

Part 3: Ethnic and Racial Information – Completion is optional.

Part 4: Signature – **Please sign and date the application, including the last 4 digits of your social security number.** If the household does not receive SNAP or TANF benefits, the adult signing the application must provide the last four digits of their social security number. If the adult does not have a social security number, write "none".

Please complete the form and mail it to Aim High with the updated contact information/ permission release form in the envelope provided. Forms must be completed and returned by April 25th. This is required before your student(s) can attend this summer's program. Again, thank you for your help to keep Aim High free and available to all Achievers!

Sincerely,

A handwritten signature in black ink that reads "Jim Jordan".

Jim Jordan
Director of Programs

A handwritten signature in black ink that reads "Julie Angelica".

Julie Angelica
Executive Director

Income to Report

Earnings from Employment

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm

Pensions/Retirement/Social Security

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

Other 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/rental income

Foster Child's Income

- Only funds from welfare agency identified for personal use of child (clothing, school fees, etc.)
- Funds from child's family for personal use of child
- Earnings from other than occasional or part-time employment
- Do not* count funds from welfare agency for shelter, care, etc.

Welfare/Child Support/Alimony

- Public Assistance Payments
- Welfare Payments
- Alimony/Child Support Payments

July 1, 2015 to June 30, 2016

INCOME GUIDELINES

If your household income is equal to or less than the amounts listed below for size of household, your child qualifies for free or reduced cost meals.

FAMILY SIZE	GROSS INCOME (before taxes)		
	Annual	Monthly	Weekly
1	\$21,775	\$1,815	\$419
2	\$29,471	\$2,456	\$567
3	\$37,167	\$3,098	\$715
4	\$44,863	\$3,739	\$863
5	\$52,559	\$4,380	\$1,011
6	\$60,255	\$5,022	\$1,159
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
For each additional member add:	+\$7,696	+\$642	+\$148