



Dear Parents: עמור"ש

Attached please find a camp application and all accompanying forms. It is imperative that they be completed and returned immediately. We are very hopeful that everything will fall into place bezras hashem yisborach. Under the circumstances, the camp extended themselves greatly and has given us a very fair price. Unfortunately, the situation did not allow us to run our annual Summer Scholarship Campaign, and we are unable to offer any subsidies at this time. We will bezras Hashem try to raise funds and hope to offer assistance if we are successful.

We will keep you posted iy"h as details unfold.

As time is of the essence, email to ctcoffice613@gmail.com or fax to 845 292 5589 the application and covid form and then mail all paper work including the application and covid form together with the camp fee.

APPLICATIONS AND PAPER WORK AND CAMP FEE MUST BE SENT TO THE UPSTATE ADDRESS.

4044 State Route 55, Swan Lake, NY 11218

Please feel free to contact me at the Mesivta office with any questions and concerns that you may have.

Wishing you and your family a healthy and enjoyable summer.

Sincerely,

Rabbi Eliyahu Newman

Camp Toras Chesed

4044 State Route 55
Swan Lake, NY 12783
N.Y. City: 422 Avenue C
Brooklyn, NY 11218
(718) 438-1278

Dear Parent: עמו"ש

We are pleased that the Mesivta MAY BE coming to our Camp. We look forward to a healthy, enjoyable and successful summer בטיח. NOTE: WE ARE WORKING WITH LAWYERS AND OTHER CAMPS TO FIND A WAY TO HAVE YOUR SON COME TO CAMP. UNTIL WE CAN HAVE YOUR SON ALLOWED IN CAMP, WE WILL NOT DEPOSIT ANY CHECKS. IF AT SOME POINT WE HAVE TO STOP HAVING THE MESIVTA IN CAMP, WE WILL REFUND THE PRORATED AMOUNT.

Enclosed please find the following:

1. Application for Camp Toras Chesed - Please fill out and return along with the checks as explained in condition #1 of the application. Tentatively, the buses will be loading from Mirrer Yeshiva (Avenue R between E 7th and Ocean Pkwy). at 1 PM Monday afternoon June 29th א"ח. Please bring your luggage to the bus stop. There is no extra charge for normal luggage. There is a **\$10 additional charge** for each refrigerator or other large appliance and **\$25 per case of water**. Cases of water will be available for purchase at normal prices after your son is in camp. **Please do not take someone else's luggage along.** If your son is not taking the bus, he may come to Camp after 5 PM on June 29, but may not use the Camp truck or bus for luggage etc.... Supper is at 6:30 and Mincha is after 8:00. If you have an exceptional situation that requires an earlier time, please make sure to get written permission from the Camp. A \$100 משכך may be required.
2. Information Sheet - (On the reverse of this page. Please save this sheet for future reference):
 - **General information:** This contains various points of information useful to campers and their parents.
 - **Item and Seforim check list:** This is of an advisory nature; enclosed solely as a reminder and guide to items that might be desired in Camp. You are the final judge of what items to send.
3. Forms you need to fill out (they should be received by arrival in camp):
 - **2 COVID19 Forms - Required to enter camp.** Please fill out both forms and sign. If your son is over 18 he should sign.
 - **Health examination record and Medical permission form:** The N.Y. State Board of Health has been very strict and the courts have levied large fines against camps who do not have these forms on file. They therefore **MUST be SIGNED (3 places) by a PARENT**, include immunization letter from the doctor's office and be received by the camp by your son's arrival. Please cooperate. It is not necessary to get a medical examination or a doctor's signature. Please send a copy of your medical insurance and prescription drug cards.
 - **Hospital authorization form:** (Located below the health form.) If camper is under 18 please **SIGN**. Hospitals deny emergency treatment to minors who do not have this form signed properly.
 - **Camp Meningococcal Vaccination Response Form:** (On the reverse side of the health form). This form is now required by the N.Y. State Board of Health. Please check one of the boxes and **SIGN**.
4. Optional Form
 - **Summer Feeding Form:** If you decide to fill out this form and you qualify (family size/monthly maximum = 2/\$2607 3/\$3289, 4/\$3970, 5/\$4652, 6/\$5333, 7/\$6015, 8/\$6696, add \$682 for each additional member), you can receive a reduction of \$150 for the season. Please indicate your income and how often it is earned. Please use the same pen for the entire form. Please list everyone in the family and their incomes. **DON'T CROSS OUT, WHITE OUT OR WRITE OVER.** DUE TO GOVERNMENT REQUIREMENTS, WE MUST RECEIVE IT, PROPERLY FILLED OUT BY ARRIVAL IN CAMP TO **INSURE** YOUR REDUCTION (if eligible). If you have any questions regarding the above or camp in general, please feel free to call me at the number listed above. After Wednesday at 845-292-5554 **Please note: the Camp has a strict policy of immediate expulsion for cigarette or e-cigs possession.** Campers are not permitted to have or use alcoholic beverages. We reserve the right to confiscate and punish at our discretion.

Sincerely yours,

Rabbi Yosef A. Gewirtz
Director

Camp Toras Chesed

4044 State Route 55
Swan Lake, NY 12783
City address: 422 Avenue C
Brooklyn, NY 11218
Phone: 718-438-1278

Mirrer Yeshiva camper's application תש"פ (2020)

Last name:	First name:	Birth date: / /
Address:		City: State: Zip:
Phone #:	Phone #2:	cell #'s F: M:
Father's name:	Mother's name:	Camper's Winter Shiur('19-'20): Rabbi
Summer address:		Summer phone:

Schedule of fees

For the following dates	6/29-7/26
Season (all fees must be paid in full before arriving)	\$1,950.00
Early Bird if postmarked to UPSTATEe office by 6/26 as per condition I below	-\$50.00
Summer Feeding Reduction (guaranteed if qualifying and received by 6/1)	-\$150.00
Net if you qualify for all reductions, not including registration and insurance	\$1,750.00
Insurance	\$20.00
Registration	\$15.00
Credit Card Surcharge - approximately 3% added to payment	Approx. \$5 per \$150

Conditions of enrollment

- | | |
|---|---|
| <p>1. A \$500.00 deposit must be submitted with EACH application along with head checks of at least \$500 every week thereafter starting 7/6 with the balance, less SF if applicable, dated by 7/20. Any exceptions must be approved by the CAMP office. Deposits are treated as submitted on the date received by the CAMP office. Postdated deposits will be considered as submitted on the date of the check. Applications without the correct deposit and head checks, may be returned or discarded. You may submit SF and health forms either together or separately from the application.</p> <p>2. If the parent cancels or the reservation is canceled by the Camp for nonpayment, Camp reserves the right to retain all/part of the fees depending upon the loss incurred as determined by the Camp.</p> <p>3. The Camp shall not be held responsible for the damage or loss of any camper's personal belongings. Anything left behind by nighttime of the last day of the camp season shall become the property of Camp. If the camper contributes to the damage or loss of camp property he and/or his</p> | <p>parents will be held responsible for all costs involved as determined by the Camp.</p> <p>4. You hereby authorize the Camp to take your child off grounds and go on organized trips and hold the Camp harmless for the results of any camp/trip activities.</p> <p>5. The Camp reserves the right to terminate this contract without any reduction in fees for behavior which it determines not to be consistent with that of a Yeshiva Bochor. The camper agrees to abide by all the rules and regulations of the Camp. <u>Any camper who possesses cigarettes or e-cigs will be expelled without any reduction or refund of fees. Campers are not permitted to have or use alcoholic beverages. Campers will be disciplined, and the beverage confiscated.</u></p> <p>6. No reductions or refunds will be made for late arrivals or early departures from Camp.</p> |
|---|---|

I request that you enroll my son _____ as a camper in *Camp Toras Chesed* at the above rates subject to the conditions stated above.

Please reserve a seat on the bus *to* camp (\$35). (June 29 תש"פ) Please reserve a seat on the bus *from* camp (\$35). (July 26 תש"פ)

Parent's signature _____

Date _____

For payments by credit card, please include the card #, expiration date, CVV, dates and amounts to be charged, on a separate piece of paper.

Camp Toras Chesed

4044 State Route 55
Swan Lake, NY 12783
N.Y. City: 422 Avenue C
Brooklyn, NY 11218
(718) 438-1278

General information

Camp season

First half - from June 29 at 4 PM until July 26, 2020 ת"ק. For bus information and rules for Campers who are arranging their own transportation please see reverse side.

Transportation

If you want your son to go on the bus, please make sure you checked the box on the application and enclosed \$35 extra.

Mail

Mail should be addressed: Your son, c/o Camp Toras Chesed, 4044 State Route 55, Swan Lake, NY 12783.

Telephones

Our fax number in the city is 718-438-3323; in camp it's 845-292-5589. You may fax health forms or summer feeding forms. The pay telephone numbers in camp are (845) 292-9683, 292-9421. Since campers are often busy with learning or activities etc... and may be unable to come to the phone, it is suggested that either you arrange with your son a convenient time for both of you so that he may be near a phone when you call or have him call you; also you can leave a message for your son which we will try to post on the bulletin board before the next meal by calling 845-292-5554 and following the prompts. Check with your son's Yeshiva if there are any exceptions to the ban on cell phones.

Laundry

There are coin operated washers and dryers on premises. Mark or label all clothing and please send along extra quarters. We will try to have extra quarters available for purchase in the office.

Radios, IPOD's, PDA's (Palm Pilots etc...) and cell phones are prohibited.

Bedding

Campers must provide their own linen, blankets, towels and pillows.

Canteen

The Camp has full canteen facilities. Each Camper should deposit sufficient money in his canteen account, from which he may draw as needed. Credit cannot be extended.

Emergency and Safety information

Please make certain that your son and the Camp have all necessary information regarding your medical coverage and know how to contact you or your designee in an emergency. Due to safety concerns, we do not allow broilers, toasters and other electrical cooking appliances except in designated areas. If found causing a safety hazard, they will be confiscated, and may not be returned. Please cooperate.

Trips and leaving Camp

If allowed, we will try to arrange trips during the season. Campers are expected to go on all of their group's trips. If your son can not go on any trip, permission must be procured from both the Camp and his Yeshiva's Hanhala. Campers may not leave camp for any purpose other than camp trips unless the rules for his shiur and age group established by your son's Yeshiva and the camp are followed. If allowed, the camp will provide round trip bus service to town on Erev Shabbos.

Tips

Your son's summer becomes more enjoyable due to the efforts of your son's waiter and counselor; please allow at least \$30 for his waiter and \$25 for his counselor. It's accepted practice in Camps that Rebbeim are also shown appreciation.

Dress Code

In the Beis Medrash, crocs, untucked shirts and shirts with two or more buttons unbuttoned are not allowed.

Outside, including during sports, long pants, shirts and foot coverings must be worn. To and from the swimming pool a regular length robe is allowed.

Item check list

<input type="checkbox"/> Bathing suits	<input type="checkbox"/> Flashlight & batteries	<input type="checkbox"/> Pajamas, flannel	<input type="checkbox"/> Sheets	<input type="checkbox"/> Sports shirts	<input type="checkbox"/> Towels, face
<input type="checkbox"/> Bathing shoes	<input type="checkbox"/> Indoor games (chess etc...)	<input type="checkbox"/> Pillow	<input type="checkbox"/> Shissel / cup	<input type="checkbox"/> Stamps & pens	<input type="checkbox"/> Trousers
<input type="checkbox"/> Bathrobe	<input type="checkbox"/> Jacket(s)	<input type="checkbox"/> Pillow cases	<input type="checkbox"/> Shoe polish	<input type="checkbox"/> Stationery	<input type="checkbox"/> Underwear
<input type="checkbox"/> Blankets	<input type="checkbox"/> Laundry bag	<input type="checkbox"/> Quarters	<input type="checkbox"/> Shoes	<input type="checkbox"/> Sunglasses	<input type="checkbox"/> Washcloths
<input type="checkbox"/> Clothes hangers	<input type="checkbox"/> Masks	<input type="checkbox"/> Quilt covers	<input type="checkbox"/> Slippers	<input type="checkbox"/> Sweater	<input type="checkbox"/> Yarmulkes
<input type="checkbox"/> Detergent	<input type="checkbox"/> Mattress covers	<input type="checkbox"/> Rain hat	<input type="checkbox"/> Sneakers	<input type="checkbox"/> Tallis Koton	
<input type="checkbox"/> Drinking cup	<input type="checkbox"/> Nail clipper	<input type="checkbox"/> Raincoat	<input type="checkbox"/> Soap	<input type="checkbox"/> Tefillin	Shabbos
<input type="checkbox"/> Extra eyeglasses	<input type="checkbox"/> Pajamas, cotton	<input type="checkbox"/> Rubbers	<input type="checkbox"/> Soap container	<input type="checkbox"/> Tissues	<input type="checkbox"/> Hat
<input type="checkbox"/> Fan		<input type="checkbox"/> Seforim (see below)	<input type="checkbox"/> Socks	<input type="checkbox"/> Toiletries	<input type="checkbox"/> Suit/ בגדי שבת
		<input type="checkbox"/> Shampoo	<input type="checkbox"/> Sports equipment (glove etc...)	<input type="checkbox"/> Toothbrush	<input type="checkbox"/> Ties (if worn)
				<input type="checkbox"/> Toothpaste	<input type="checkbox"/> White shirts
				<input type="checkbox"/> Towels, bath	

Seforim list

Gemorah: As per your son's Yeshiva as well as the Gemorah learned during the past year, with Meforshim on these Mesechtos.

Siddur: Please note that Camp davens ספרד in main BM

Also: חומש במדבר ומשנה ברורה

Camp Toras Chesed

4044 State Route 55
Swan Lake, NY 12783
N.Y. City: 422 Avenue C
Brooklyn, NY 11218
(718) 438-1278

Health and Immunization Record

Camper's name: _____ Birth date: _____ Address: _____

Policyholder's name: _____ Carrier: _____ Identification number: _____

Group name and number: _____

Major medical carrier and ID (if different): _____

Attach immunization record from doctor's office: (Due to privacy, we do not keep them on file from previous years)

Allergies, illnesses, disabilities, special medicines, special diets, and suggested treatment:

The health history is correct so far as I know, and my son, herein described, has permission to engage in all prescribed camp activities, except as noted by me or the examining physician. In the event I cannot be reached in an *emergency*, I hereby give permission to the physician selected by the camp staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my son named above.

➤ Parent's signature: _____

Date: _____

Doctor's name: _____ Doctor's phone #: _____

Doctor's address: _____

LIST EMERGENCY PHONE NUMBERS IN ORDER OF YOUR PREFERENCE

<u>Person</u>	<u>Relationship</u>	<u>Telephone #</u>	<u>Ask for</u>

- Please send a copy of your medical insurance and prescription drug cards.

Catskill Regional Medical Center

Bushville Road
Harris, New York 12742

Authorization of consent to treatment of a minor temporarily separated from his parents

I the undersigned, custodial parent of _____ a minor, do hereby authorize Camp Toras Chesed or any authorized representative thereof, as my agents to act in my name, place and stead in any way in which I could do, if I were personally present, with respect to said minor, including without limitation, giving consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician and surgeon on the staff of or engaged by Catskill Regional Medical Center, whether such diagnosis or treatment is rendered at the office of said physician or at Catskill Regional Medical Center. With respect to consent to diagnostic procedures or medical care, it is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of my aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until August 31, 2020, unless sooner revoked in writing and delivered to the said agent.

Parent's signature _____ Date _____

Witness _____ Date _____

CAMP TORAS CHESED

CAMP MENINGOCOCCAL VACCINATION RESPONSE FORM

New York State Public Health Law requires that all parents or guardians of residential campers (or residential campers 18 years of age and older) , complete and return the following form to CAMP TORAS CHESED.

Check one box and sign below.

(If under 18) My child has
(For campers over the age of 18) I have

- I/my child had the meningococcal meningitis immunization (Menomune(tm)) within the past 10 years. Date received: _____

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

- I/my child read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child (I) will not obtain immunization against meningococcal meningitis disease.

Signed _____ Date _____

(Parent / Guardian if camper is a minor)

Print Camper's name _____ Date of Birth _____

COVID-19 WAIVER OF LIABILITY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization ("WHO"). COVID-19 is reported to be extremely contagious. It is believed that the virus can spread from person-to-person contact, thought to be through respiratory droplets produced when a person infected with the virus coughs or sneezes. It was also reported that the virus can spread by contact with contaminated surfaces and/or through objects. People reportedly can be infected and show no symptoms and still spread the disease. The exact methods of spread and contraction are unknown, and currently, there is no known treatment, cure or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and/or death. Toras Chesed is providing a program which provides families the opportunity to stay at Toras Chesed, utilize certain facilities and partake in certain activities. Toras Chesed will be providing access to the premises and its facilities in a manner consistent with CDC and State health and safety guidelines, which include, but are not limited to, providing enhanced sanitary services and requiring adherence to social distancing requirements. Toras Chesed cannot however prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing its services or premises. It is not possible to prevent against the presence of the disease. If you choose to utilize Toras Chesed's services and/or enter onto its premises, you may be exposing yourself and/or your child(ren) to COVID-19 and/or increasing your and/or your child(ren)'s risk of contracting or spreading COVID-19. I represent that I and my participating child(ren), a) have not tested positive for COVID-19 and/or have not had a suspected or diagnosed case of COVID-19 within the past 30 days, and; b) am free of any symptoms which have been identified by the WHO and CDC as suggestive of having COVID-19. I acknowledge that I am responsible for adhering to CDC and State recommendations regarding social distancing while at Toras Chesed, as well as any rules, regulations and directives implemented by Toras Chesed.

ASSUMPTION OF RISK: I have read the above and understand the risks concerning COVID19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my participating child(ren) in order to utilize Toras Chesed's services. WAIVER OF LIABILITY/INDEMNIFICATION: The undersigned, on his/her behalf and on behalf of such participating children, hereby releases, waives, discharges and covenants not to sue Toras Chesed, and its owners, directors, employees, staff and/or related entities (the "Indemnified Parties") in connection with exposure, infection and/or spread of COVID-19 arising from, or related to utilizing Toras Chesed's services and premises. The undersigned, on his/her behalf and on behalf of such participating children, further agree(s) to indemnify and hold harmless the Indemnified Parties from any loss, liability, damages or costs the Indemnified Parties may incur, whether caused by negligence, active or passive, or otherwise, in connection with the undersigned's and/or any participating child(ren)'s use of the Indemnified Parties' services and premises of Toras Chesed.

CHOICE OF LAW: I understand and agree that the law of the State of New York will apply to this Waiver. I HAVE CAREFULLY READ, FULLY UNDERSTAND AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, AND WAVIER OF LIABILITY AND INDEMNITY AGREEMENT CONCERNING COVID-19 AND Toras Chesed.

Signature: _____ Date: _____

Name (printed): _____

Toras Chesed is concerned about the health of all its occupants and is doing what it feels it can to keep everyone safe. After consultation with doctors, we have decided to implement the following form which will be required to be approved by our staff before that person will be allowed into Toras Chesed. We hope and pray that we will have a healthy and enjoyable summer.

Name of person coming to Toras Chesed (Print clearly) _____

The person listed above has the following test results (Please check appropriate line(s))

____ Using _____ (enter type of test if known) the person above has sufficient antibodies for the COVID19 virus.

____ Using _____ (enter type of test if known) the person above has tested negative on _____ (enter date of test) for COVID19, and since them has not had any symptoms related to the COVID19 virus.

It is understood that anyone who shows symptoms related to COVID19 will be isolated and sent home as soon as possible.

Signature _____

Print name _____

**INCOME ELIGIBILITY FORM
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**
Congregation Toras Chesed

If you need help, call **[phone number of Sponsor]** **718-438-1278**

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at **[phone number of Sponsor]**

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Congregation Toras Chessed

Attachment 10, Continued
2020 SFSP

Part 1. Children enrolled in Camp or Closed Enrolled Sites.	
Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child
 Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
7.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
8.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
9.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
10.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
11.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
12.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of Social Security Number: ____-____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Don't fill out this part. This is for official use only.

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

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____

Categorical Eligibility: ___ Date Withdrawn: ___ Eligibility: Free ___ Reduced ___ Denied ___

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____