

4-H Summer Camp Packet



Adventure is out there!

July 22 - 26, 2019

for Junior and Intermediate 4-H members
ages 8-13 as of 9/1/18

Hernando County Packet

Nancy A. Moores, 4-H Agent III

16110 Aviation Loop Drive, Brooksville, FL 34604

Mailing: PO Box 15427, Brooksville, FL 34604

nmoores@ufl.edu

Ph: 352-540-6229

Use the correct address

Hello Campers and Parents!

Welcome to your 2019 summer camping season! We are looking forward to a fun filled camp week of “Adventure is out there” at 4-H Camp Cherry Lake in Madison, Florida. We are glad you will be joining us this year! Campers have an exciting week of recreation, nature, and fun activities planned for them this summer, and meeting new friends.

There’s fun on the horizon!

Please thoroughly read, complete, and return all forms included. A description of required forms is listed below. We appreciate your time and effort in this area! See you in July!

- ❖ Registration Form
- ❖ 4-H Participation Form/Health Form
- ❖ Medication Administration Form
- ❖ All-in-one Authorization Form
 - No cell phone policy
 - Graffiti policy
 - Special dietary needs
 - Cabin friend request
 - Camp release
- ❖ Income Eligibility Form for specific discounts

- ❖ DEADLINE:
ALL camp forms must be completed and received in the office on or before:
4:00 p.m. Thursday, June 27th.

CAMP FEES ARE \$250
(all inclusive)

Campers will be traveling to and from 4-H Camp Cherry Lake via charter bus. Please arrive at the Extension/4-H Office to load the bus on MONDAY, JULY 22.

The bus will load at 7:00 a.m. SHARP!

Be ready to hand over any medications (Rx or OTC) Plan on picking up your camper(s) who will arrive back at the Extension/4-H Office **AROUND 3:00 p.m. Friday, July 26th.** You can contact the office prior to coming for a more up to date arrival time. Call 352-754-4433.

If you have any questions while completing this packet, contact Agent Nancy Moores at 352-540-6229 or via email (nmoores@ufl.edu) before the deadline.

ORIENTATION/HEAD CHECKS: Thursday, July 18th at 6:30pm. Very Important that everyone attend – head checks are mandatory!

We are looking forward to another great 4-H camp. Join us on the high seas of adventure July 22-26, 2019.

Please return all forms even if they do not pertain to you



4-H Camp Packing Check List

SUGGESTED ITEMS FOR CAMP & Dress Code Rules

Clothes should be modest and appropriate for active play in an outdoor setting.

1. Girls **must** wear one piece bathing suits, Boys are not allowed to wear Speedo suits. For sun safety, *t-shirts will be worn by all to cover delicate skin.*
2. No underwear of any kind showing (this includes bra straps), pants/shorts must be worn at reasonable waist length
3. No see through clothing without a shirt underneath
4. Shorts must be mid thigh or longer
5. No bare midriffs
6. Shirt sleeves must be at least 4 inches wide. (No spaghetti straps.)
7. Closed toe/ athletic type shoes are worn at all times, except at the waterfront

Comfortable Clothes (appropriate for casual dress)

shorts, jeans, slacks, t-shirts (at least five (5) changes)
tennis shoes (or other closed toe shoes)
underclothing (at least five (5) changes)
one (1) sweater/light jacket/sweatshirt (for cool nights)
bathing suit / swim clothes
rain gear
socks
pajamas

Personal Articles

wash cloth shower shoes comb or brush
two (2) towels (swimming & bathing)
toothbrush toothpaste insect repellent
soap & shampoo plastic bag for dirty clothes
deodorant sunscreen

Bedding (for bunk-style beds)

pillow and case
two (2) sheets & light blanket or sleeping bag

Other items (optional) label items clearly with campers name

athletic attire (for sports), camera, water shoes, **water bottle** (very important for hot days)
hat, flashlight, alarm clock, sunglasses, pen, paper & stamps (there is a box for outgoing mail),
small mat or rug for bedside.

HELPFUL HINTS:

Do not bring expensive items to camp such as jewelry, radios etc. Please try to pack all clothing in a small suitcase or duffel bag, in order to save time and space when loading the bus. Campers will have to carry their own suitcase to and from buses and cabins.

Cell Phones, MP3's, IPODs, Gameboys, other electronics, money, candy, gum, snacks, knives (or other weapons) and fireworks are not allowed at camp. Neither the county nor the camp is responsible for lost, stolen or damaged items.



Frequently Asked Questions

1. 4-H camp mission, philosophy, and program emphasis

The mission of the Florida 4-H camping program is to help develop life skills in youth through experiential education in a camping environment. Research has shown residential camping helps youth build life skills in a safe atmosphere while having fun. We offer outdoor adventure, environmental education and more, geared toward the positive growth of our youth.

2. Rooming Requests and Cabin Assignments

We make a best effort to ensure each child is with at least one person that is provided in their registration information. However, since youth are developmentally different at certain ages, we have a policy that youth must be within 2 years of age of their cabin mates. This ensures that all campers have the best possible experience while at camp. ***Do not expect siblings to be placed in the same cabin.***

3. Cabin Supervision

Campers are supervised in their cabins by teenage volunteers who serve as cabin counselors. The teen volunteers have been trained by their county 4-H agent. Adults do not have a supervisory role in cabins, and do not stay in cabins with campers. Adult volunteers and county agents perform regular walks around camp during the hours after lights out to monitor camper cabins and be available in the event of an emergency. Adults will be on night duty while campers sleep so there will always be an adult awake and watching. County agents also check in with campers at regular intervals during the course of the day.

4. Supervision Ratios

Campers are always supervised. During the course of a camp program day, a supervision ratio of 1 adult (either agent, volunteer or camp staff) to 10 youth participants is maintained. In the evening, after camp programming is done and youth go back to their cabins, they are supervised by teen counselors. This ratio is generally 2 counselors to 9/10 youth in a cabin.

5. Contacting Your Camper

If you wish to check on your camper or if there is an emergency, please call the camp office number. Each resident camp director has their cell phone number on the camp voicemail and is always happy to take parent phone calls and relay messages to county Extension faculty to put you in touch with your child. Campers and teen counselors are not permitted to bring cell phones to camp. Bringing a cell phone to camp will lead to the confiscation of the cellular device and can lead to the dismissal of the youth participant from camp. As we live in a time when videos and photographs can be posted to social media sites in an instant, we want to ensure that the privacy of all campers is respected. Your county agent has provided her cell phone as well.

We do not recommend making visits to camp during the camp week, as it serves as a distraction for your camper and others. If you would like to see the camping facility that your child will be attending the resident camp directors of each camp are happy to schedule a tour of camp prior to your child's camp week. We do recommend sending mail to your camper. Please make sure that it is postmarked at least 2 working days prior to the camper arrival day at camp

6. Electronic Devices

Use of personal electronic devices during camp encourages campers to be solitary and sedentary, which clashes with what camp is all about - developing social skills, building new relationships, sharing traditions, appreciating nature, and being physically active. At camp, these expensive items get lost, broken, stolen or dropped in the water and in the case of phones shared with other campers, resulting in charges you weren't expecting. More importantly, a child who is focused on using the device may miss out on learning something new, or worse, may lose concentration during an activity and be injured. We believe camp without electronics is the best policy for everyone involved.

7. Picking campers up early

For safety reasons and so all campers may enjoy the entire 4-H camping experience, campers are encouraged to arrive on time, not miss mid-week days, or leave camp early. We enjoy having each camper fully participate from the beginning to the closing of each camp week.

8. Camp Personnel

All camp personnel are fingerprinted and background screened prior to their employment. Camp personnel are divided into 2 separate groups: program staff and facility staff. Program staff members are generally college students age 18-25. They receive approximately 200 hours of specialized training in working with youth. Their training includes managing behaviors, large group activities, and a variety of educational program areas. The program staff that work at the waterfront are certified American Red Cross lifeguards. Facility staffers have responsibilities for helping to maintain the facility. They are general maintenance, food service or clerical staff. They receive specialized training in their specific areas of work on camp.

9. Camp Food

All food is provided by the camping facility. Your child does not need to bring any food or snacks to camp. All meals are reviewed by certified dieticians to ensure that your child is getting all the proper nutrition possible during the course of a camp day. They are served 3 meals and a snack at the camp canteen. If your child has special dietary needs or food allergies please let the county extension agent know as soon as possible. Camp is able to accommodate a variety of special dietary needs. Camp has vegetarian options, options for the lactose intolerant and a limited number of gluten free meals. If your child has dietary needs such as gluten intolerance, allergies to dyes, or is vegan camp asks that you send supplemental foods to camp with your county extension agent.

10. Behavioral and disciplinary problems

Behavioral expectations and consequences are communicated through the 4-H Code-of-Conduct, which campers and parents/guardians must sign prior to camp. During camp, expectations for behavior are reviewed the first day, and good behavior is facilitated through positive reinforcement and role-modeling. Corporal punishment is never allowed at 4-H camp.

11. Emergency Preparedness

Each camp facility has extensive emergency action plans for instances such as thunderstorms and bad weather, hurricanes or other severe weather events, and accidents or injuries. All of our camp program staff are American Red Cross certified in First Aid and CPR. Each of our camp sites is accessible by emergency personnel.

12. Natural Environment:

4-H camp is meant to provide a natural experience. Camp staffers work to ensure that this experience is the safest one possible. There is the opportunity for campers to encounter different varieties of wildlife; every precaution is taken to make sure that these encounters are learning experiences.

13. Class assignments:

The structure of the camp schedule, as designed by the 4-H agent, determines the classes and activities that campers attend. It is the goal of both the camp staff and the county agent to make sure that campers have both an educational and fun week.

14. Personal Camper Needs:

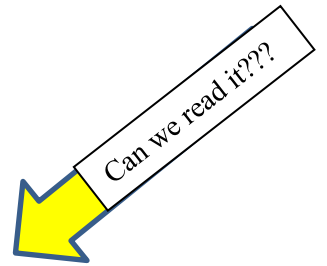
The camping environment serves as an opportunity for campers to learn to care for some of their own personal needs. Campers are given time every day to handle their personal hygiene needs, such as showering, brushing teeth, etc. Medication at camp is collected and administered to camper by the camp health aid.

This page intentionally blank.

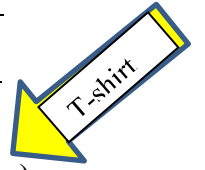
2019 Summer Camp Youth Registration Form

Indicate One:

- CAMPER (at least 8 years of age but not yet 13 by Sept. 1, 2018)
- Counselors in Training (only those 13-14 years of age but no older as of Sept. 1, 2018)
- COUNSELOR (Only those notified by Ms. Nancy are eligible)



Name: _____ Gender: _____ Male _____ Female
Address: _____ County: _____
City: _____ State: _____ Zip: _____
Phone: _____ Parent/Guardian Cell Phone: _____
Email: _____ 4-H Age: _____ Birth Date: _____



*******T-shirt Size (circle one):** S M L XL XXL (Adult Sizes) (Included in price of camp)

Emergency Contact Information:

Primary Contact: _____ Phone: () _____ Cell () _____
Secondary Contact: _____ Phone: () _____ Cell () _____
Tertiary Contact: _____ Phone: () _____ Cell () _____

Costs:

Include the **Registration Fee of \$250** with a completed registration packet and return to Hernando County 4-H Office. Fees due with registration no later than **June 27th**. A deposit can be made in advance to hold a spot. Checks must be made payable to **Hernando County 4-H**.

No applications will be accepted without a deposit.

If eligible for specified discount, total cost is \$214.

Forms Needed:

Your registration must consist of these *completed* forms: registration, participation, medication administration, income eligibility (please just sign and return if not eligible), dietary needs, cell phone policy, camp release, cabin assignment & graffiti policy.

Registration Deadline:

All registration materials and payments must be *received* by **June 27th**.

For More Information Contact:

Hernando County 4-H Office

Phone: 352-540-6229

Email: nmoores@ufl.edu

Return/Send Registration Information to:

Mail to: UF/IFAS Extension 4-H PO Box 15427 Brooksville, FL 34604
for drop off, we are at 16110 Aviation Loop Drive, Brooksville, FL 34604

OFFICE USE ONLY:

Deposit paid: \$ _____ Date: _____

Balance due: \$ _____ - must be paid in full by June 27. Any exceptions must be approved in writing.

Last Name: _____ First Name: _____ County: HERNANDO

Florida 4-H Camping Official Authorizations (MANDATORY to mark/sign at all arrows)

Cell Phone Policy: I know in this technological age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Campers are not allowed to bring cell phones or any other electronic devices to camp. If a cell phone is brought with a camper it will be held by the County Agent until they return to the county office. I understand that my camper maybe contacted by calling the office of the 4-H Camp my child is attending or by contacting their county agent directly while at camp.

Yes **No (Participant):** I have read the cell phone policy above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event & future.

Yes **No (Verification by Parent/Guardian):** By checking the box I understand and agree to the cell phone policy above. Checking the box is considered a Parent/Guardian Signature.

Graffiti Policy: Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces. Campers are not allowed to defame or deface **ANY** camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

Special Dietary Needs:

In the space provided please list all **food allergies** for the person listed above and any necessary precautions that should be taken: _____

In the space provided indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered: _____

Cabin Assignments: Please indicate the name of a friend going to camp that you would like to be in the cabin with (one person of the same gender). We will do our best to accommodate your request. We group youth by age (elementary and middle school students are typically in different cabins.)

NAME OF FRIEND GOING TO CAMP: _____

Camp Release

This authorization form must be completed in full for someone other than the signing parent(s) to pick up a child from camp. Persons leaving camp will be required to check out and show their license or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

X _____ Date _____ X _____ Date _____
Signature of Parent or Legal Guardian Signature of 2nd Parent or Legal Guardian

* If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.

Member Signature: _____ **Date:** _____

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

Florida 4-H Medication Form

Parent or Guardian: Please complete this form for any medication your child will be taking while attending any 4-H event, *including non-prescription drugs*, lotions, inhalers or any other items. This form **must** accompany your child's medication for camp. Bring your child's medications to the camp bus in a zipper type bag and we will place this form in the bag prior to boarding the bus. **Thanks!**

4-Hers name: _____
Parent/Guardian name: _____
Address: _____
Phone (day): _____ Phone (evening): _____
County/City: _____ Gender: _____

The following will need to be completed for each medication your child will be taking while at any 4-H event, including non-prescription medications such as allergy medicine.

Medication name:

Dosage:

Time of day for administration:

Special instructions or warnings:

Medication name:

Dosage:

Time of day for administration:

Special instructions or warnings:

Medication name:

Dosage:

Time of day for administration:

Special instructions or warnings:

Medication name:

Dosage:

Time of day for administration:

Special instructions or warnings:

Are any of these medications fairly new to your child? _____ . If so, please indicate.

NOTE: Medications are distributed by the camp health care provider who may not be an RN.

This page intentionally blank. This is the back of the medication page.



Florida 4-H Participation Form for Youth and Adults

Directions: This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: _____ Birthdate: ____ / ____ / ____ Youth's Age (As of Sept.1, 2018): ____ Male or Female: ____
Last First

Home Address: _____ 4-H County/District _____

City, ST, Zip: _____ Home Phone (_____) _____

Name of Parent/Guardian or Emergency Contact: _____ Relationship to Participant: _____

Emergency Contact Primary Phone (_____) _____

Name of Family Doctor: _____ Doctor's Office Phone: (_____) _____

Health Insurance Company: _____ Policy #: _____

Name of Insured: _____ Relationship to Participant: _____

HEALTH FORM

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

Conditions	Yes	No
1) Asthma		
2) Bronchitis		
3) Convulsions		
4) Diabetes		
5) Ear Infection		
6) Fainting		
7) Heart Condition		
8) Headaches		
9) Hypoglycemia		
10) Serious Insect Stings		
11) Wear Glasses		

Conditions	Yes	No
12) Wear Contact Lenses		
13) Penicillin Allergy		
14) Aspirin Allergy		
15) Tetanus Allergy		
16) Other Drug Allergies		
17) Food Allergies		
18) Serious Ivy, Oak, or Sumac		
19) Sunscreen Allergies		
20) Other Allergies		
21) Other Health Conditions		

The following over-the-counter medications may be administered to my child, without contacting me. Check all that apply.

- Antihistamine
- Antacid
- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- Hydrocortisone
- Decongestant
- Dramamine
- Polysporin (topical antibiotics)
- Aloe Vera Gel for Sunburn
- Please contact me for permission to administer ANY over-the counter medications.

Date of Last Tetanus Shot ____ / ____ / ____

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Does the participant use an inhaler and/or an EpiPen? Yes No **If yes, mark which is used:** Inhaler EpiPen

Disabilities: If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

Special Needs: If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

Medical Consents

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging. **I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.**

_____(Initials) Yes No **I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. ***

* Consent is required to participate in Florida 4-H.

4-H Participation Form for Youth and Adults: Authorizations

Florida 4-H Code of Conduct for Youth and Adults: As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

- (1) Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each 4-H function.
- (9) Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Youth or Adult Agreement: _____ (Initials) Yes No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.**

Parent/Guardian Agreement: _____ (Initials) Yes No I understand and agree to the Florida 4-H Code of Conduct above.**

General Release: In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

_____ (Initials) Yes No I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. **

Transportation Policy: I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

_____ (Initials) Yes No I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. **

Publicity Release: I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation.

_____ (Initials) Yes No I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant ***

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

_____ (Initials) Yes No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant ***

**Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

***Consent is not required to participate in Florida 4-H.

Youth or Adult Member Signature : _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**INCOME ELIGIBILITY FORM
FOR THE
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: **Hernando Co 4-H**
If you need help, call **352/540-6229**

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: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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 unless eligible to skip right to part 4.

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. EXAMPLE: Jane Smith	\$ <u>200/weekly</u>	\$ <u>150/every other week</u>	\$ <u>100/monthly</u>	\$ / _____	<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:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic or Latino	<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

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: _____