

Income Eligibility Guidelines

July 1, 2018 - June 30, 2019

All States & Territories except Alaska & Hawaii

Household Size	Reduced Price Meals (185 Percent)			Free Meals (130 Percent)		
	Annual	Month	Week	Annual	Month	Week
1	22,459	1,872	432	15,782	1,316	304
2	30,451	2,538	586	21,398	1,784	412
3	38,443	3,204	740	27,014	2,252	520
4	46,435	3,870	893	32,630	2,720	628
5	54,427	4,536	1,047	38,246	3,188	736
6	62,419	5,202	1,201	43,862	3,656	844
7	70,411	5,868	1,355	49,478	4,124	952
8	78,403	6,534	1,508	55,094	4,592	1,060
For Each Additional Person, Add	7,992	666	154	5,616	468	108

For Office Use Only

Total Household Monthly Income \$ _____ Initials of Determining Official _____

___ Approved ___ Denied Date Reviewed _____



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



<http://spaceadventurecamp.cfaes.ohio-state.edu>

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Application for Reduced Fee

Dear Parent/Guardian:

4-H Space Adventure Camp tries to secure funds to assist campers who need financial assistance. Please complete this form to indicate your camper's eligibility for these funds. If determined eligible, your camper's fee will be reduced to the fullest extent possible (based on requests and funds available). Even with assistance, each camper will be responsible for at least \$50 and must be submitted as a deposit with the camp application in order to confirm participation.

CHILD INFORMATION: (enter only child who will be participating in 4-H Space Adventure Camp)

NAME	AGE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

ELIGIBILITY INFORMATION: (complete either **Part 1** OR **Part 2** that addresses your situation)

Part I: FOR CHILDREN RECEIVING FOOD STAMPS OR AFDC

_____ Yes, I received food stamps or AFDC for those child(ren) this month and want reduced fees.
My food stamp or AFDC case number is:

_____ Food Stamp **OR** _____ AFDC

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds, that program officials may certify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

Signature of adult household member Address Daytime Phone

Part 2: FOR CHILDREN NOT RECEIVING FOOD STAMPS OR AFDC

HOUSEHOLD MEMBERS AND MONTHLY INCOME: List the names of everyone living in your household, including yourself, all related and non-related individuals and the children listed above who will be campers. List all income received last month on the same line with the person who received it. List each amount under the correct title. You must list gross income BEFORE deductions, taxes, social security, etc. To determine monthly income, if you receive income every week - multiply the total gross income by 52 and divide by 12; every two weeks - multiply the total gross income by 26 and divide by 12; twice a month - multiple the total gross income by 2; once a year - divide the total gross income by 12. See reverse side for family size/income guidelines.

List all household members' names (last, first)	Monthly earnings from work before deductions	Monthly welfare, child support, alimony, AFDC	Monthly pensions, retirement, Social Security	All other income for the month
1.				
2.				
3.				
4.				
5.				
6.				

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds, that program officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

Signature of adult household member Address Daytime Phone