2025-2026 SUMMER FOOD SERVICE PROGRAM
LETTER TO PARENTS

Dear Parent or Guardian:
The Summer Food Service Program, a federal program of the United States Department of Agriculture (USDA), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

Eligibility: Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for free and reduced-price meals is included in this letter for your information. If your income is less than or equal to the free or reduced-price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

July 1, 2025, to June 30, 2026
FAMILY SIZE AND INCOME SCALE
FOR FREE AND REDUCED-PRICE MEALS
(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	FREE MEALS			REDUCED PRICE MEALS		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	$20,345	$1,696	$392	$28,953	$2,413	$557
2	$27,495	$2,292	$529	$39,128	$3,261	$753
3	$34,645	$2,888	$667	$49,303	$4,109	$949
4	$41,795	$3,483	$804	$59,478	$4,957	$1,144
5	$48,945	$4,079	$942	$69,653	$5,805	$1,340
6	$56,095	$4,675	$1,079	$79,828	$6,653	$1,536
7	$63,245	$5,271	$1,217	$90,003	$7,501	$1,731
8	$70,395	$5,867	$1,354	$100,178	$8,349	$1,927
Each Additional Family Member	**+7,150**	**+596**	**+138**	**+10,175**	**+848**	**+196**

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by the agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

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 race, color, national origin, sex (including gender identify 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/USDA-OASCR%20P-Compliant-Form-0508-0002-508-11-28-17Fax2Mail.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.
This institution is an equal opportunity provider.

Karen M. Stackhouse
Signature of Sponsoring Organization Representative

2025-2026 SUMMER FOOD SERVICE PROGRAM
ELIGIBILITY APPLICATION

PROGRAM NAME: **Collier Services/Kateri**

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by June 1, 2025. An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: 732-946-9694.

1 **ENROLLMENT INFORMATION**

Name of Child: _____ **Age:** _____
Last Name First Name

2 **FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.**

If this is a foster child, check this box ☐ Write the child's monthly personal use income. Write "0" if the child has no income $_____.

3A **HOUSEHOLDS NOW GETTING SNAP OR TANF BENEFITS FOR THEIR CHILDREN, Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.**

SNAP Case Number: _____ TANF Case Number: _____

3B **ALL OTHER HOUSEHOLDS – If you did not write a SNAP/TANF case number or checked Foster Child, complete this part and sign the application in Part 4.**

NAMES		MONTHLY INCOME				
List the Names of Everyone in Your Household	No Income	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
		Job 1.	Job 2.			
1.		$	$	$	$	$
2.		$	$	$	$	$
3.		$	$	$	$	$
4.		$	$	$	$	$
5.		$	$	$	$	$
6.		$	$	$	$	$
7.		$	$	$	$	$
8.		$	$	$	$	$
9.		$	$	$	$	$

4 **SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.**

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school 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 laws.

SIGNATURE: _____ _____
SIGNATURE OF ADULT HOUSEHOLD MEMBER *HOME ADDRESS*

_____ _____ _____
*LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER** *TOWN/CITY* *ZIP CODE*

_____ _____ _____ _____ _____
PRINTED NAME OF ADULT SIGNING APPLICATION *DATE SIGNED* *HOME TELEPHONE* *WORK TELEPHONE*

☐ *I do not have a Social Security Number*

5 **Participant's ethnic and racial identities (optional)**

Mark one ethnic identity: Mark one or more racial identities:

☐ **Hispanic or Latino** ☐ **Asian** ☐ **American Indian or Alaska Native** ☐ **White** ☐ **Native Hawaiian or Other Pacific Islander**

☐ **Not Hispanic or Latino**

☐ **Black or African American**

Do Not Write Below This Line - Official Use Only.

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

Total Income: _____ ☐**Annual** ☐**Monthly** ☐**Twice Per Month** ☐**Every Two Weeks** ☐**Weekly**

Household size: _____

Categorical Eligibility: ____ **Date Withdrawn:** _____ **Eligibility: Free** _____ **Reduced**_____ **Denied** _____

Reason: _____

Temporary: Free_____ **Reduced**_____ **Time Period:** _____ **(expires after** _____**days**

Determining Official's Signature: _____ **Date:** _____

Confirming Official's Signature: _____ **Date:** _____

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