

LAKOTA YOUTH DEVELOPMENT

Youth Rise through Wolakota

WICOTI TIWAHE

CAMP APPLICATION

2021 SEASON

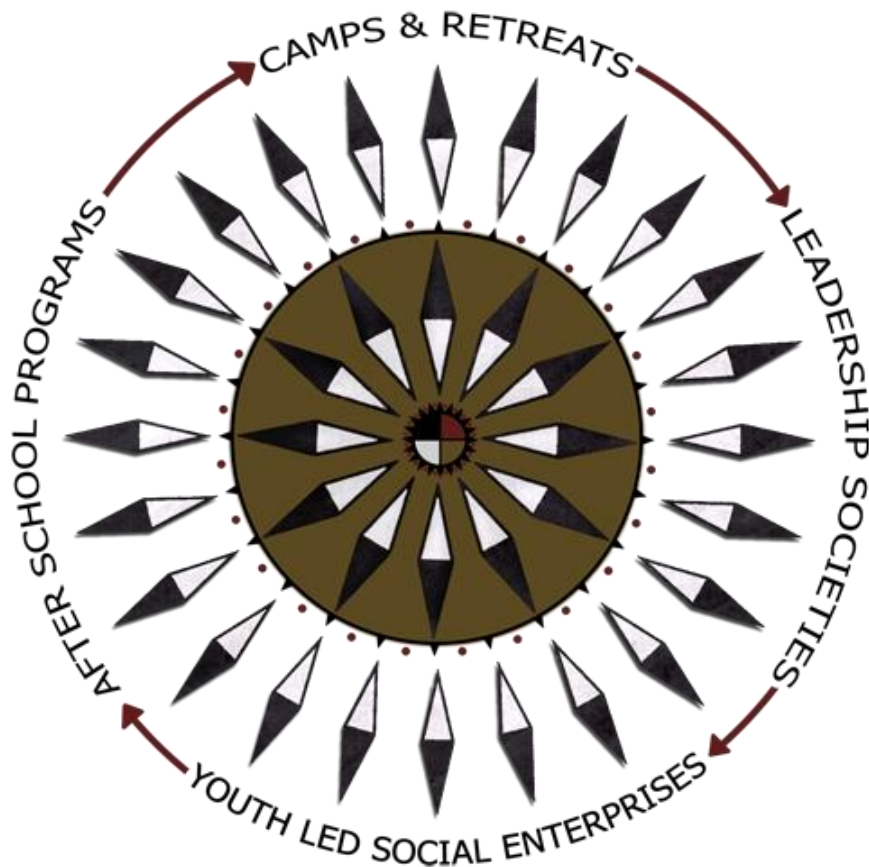
FOR AGES 12 TO 18 YEARS OLD

CONTACT: Marla C. Bull Bear phone: 605-654-2050 Cell# 605-840-4417

Tyler Makes Room for Them 605-654-2050 Cell# 840-8152

Fax: 605-605-2057 Lakota Youth Development P.O. Box 277 Herrick, SD 57538-0277

www.lakotayouthdevelopment.org lakotayouthdevelopment@gmail.com



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Lakota Youth Development
30122 352nd Avenue
PO Box 277
Herrick SD 57538
(605)654-2050

FOR PROGRAM USE ONLY

Participant Enrollment Year _____

ID CODE _____

Name _____ Date of Birth _____

Address _____

City: _____ Zip Code _____

School: _____ Grade _____

Home Phone: _____ Cell phone: _____

Mother's name _____ Phone/Cell _____

Work phone _____ Email _____

Father's name _____ Phone/Cell _____

Work phone _____ Email _____

*I wish to enroll in the following Camps /programs offered by the Lakota Youth Development
WicozaniPatintanpi Prevention Activities*

Spring Lakota Medicines Camp	June 7-10	{ }
Isnati Awica Lowanpi, girls coming of age camp	June 21-24	{ }
WoitancanSkanpi Leadership Camp	July 12-15	{ }
Lakota History Camp	TBA	{ }
Horse Camp	TBA	{ }
Bow and Arrow Camp	July 26-29	{ }
Theater camp	Aug16-19	{ }
Summer Lakota Medicines camp	Aug. 9-12	{ }
Hunt Safe Certification Camp	Sept. 10-12	{ }
Fall Hunt camp weekend	Oct. 8-10	{ }
Monthly Girls weekend retreats	Oct. - May	{ }
Monthly Boys weekend retreats	Oct.-May	{ }

Liability/Drugs/Weapons/electronics/Publications/and Medical Waiver Form

Risk/Dangers/Safety:

I am aware that participation in Lakota Youth Development (LYD) sponsored activities poses certain physical, mental and emotional challenges. I acknowledge that certain risks and dangers exist in activities that take place in an outdoor setting where many of the programs are conducted. These risks include, but are not limited to, loss or damage to personal property, injury such as scrapes, cuts, bruises and though extremely rare , more serious injuries due to events (i.e. lightening) which are beyond the control of the program or the facilitators. I understand that while the program and its staff will make every reasonable effort to minimize exposure to known risks, not all dangers, hazards and perils can be foreseen. I and my (son/daughter/ward) have a personal responsibility and duty to learn and follow all safety standards, guidelines and procedures established by the instructor/facilitator and will make instructors /facilitators aware at any point during the activity in which I question my knowledge of these standards , guidelines and procedures or my ability to participate.

Participant Initial

Parent Initial

Risk & Liability

I understand and assume all dangers (hazards or perils) and risks associated with these programs and activities and waive all claims or causes of action arising from my (son's/daughter's/ward) participation in the Lakota Youth Development activities and do hereby release the Lakota Youth Development all persons and agents from liability which I may ever have against LYD, its successors and assigns, its officers, employees, volunteers, agents and their heirs, executors and assigns. Furthermore, I give my consent to the instructors/facilitators or other medical personnel to treat me and my (son/daughter/ward) in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

Participant Initial

Parent Initial

Drug& Alcohol Free/No weapons

I understand that all LYD programs and activities are "Drug -Free" and that no Tobacco, Alcohol, or other illegal substances may be used or in possession during any LYD activity. I also acknowledge that any type of weapon/firearms or any materials that could cause

Participant Initial

Parent Initial

Liability/Drugs/Weapons/electronics/Publications/and Medical Waiver Form

Damage or personal injury is strictly prohibited from the LYD programs, activities, camps and offices.

Participant Initial

Parent Initial

I-pods, cell Phones, and other media devices:

I understand that I-pods, cell phones, text messaging and other behaviors and devices that distract from being present during programming should be turned into staff or left at home. I understand that LYD will allow youth to have access to cell phones and text messages to communicate with family/guardians. Anyone needing to reach a participant during programming times should call the Executive Director/ camp coordinator directly or call the LYD office at 605-654-2050.

Participant Initial

Parent Initial

Appropriate clothing:

I understand that my son/daughter/ward will wear clothing that conveys positive and appropriate messages. Clothing must fit and cover underwear and mid-drift areas should not be exposed.

Participant Initial

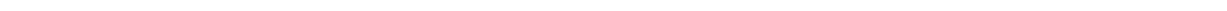
Parent Initial

Photos/Videos/Publications:

I consent and authorize LYD to use, reuse and/or publish photographic and /or video graphic material taken of me and/or my (son/daughter/ward) while participating in activities sponsored by Lakota Youth Development. I understand that these photographs, negatives, and/or videotapes may be used in educational settings, promotions and/or professional publications and/or conferences. I further understand that these materials can be used without limitation, reservation, or compensation, other than the receipt hereby given. I further understand that my name and/or (my son/daughter/ward) name will be kept confidential.

Participant Initial

Parent Initial



Liability/Drugs/Weapons/electronics/Publications/and Medical Waiver Form

Medical Advice/Health Insurance

In signing this document for participation in the Lakota Youth Development youth programs and activities, I authorize the instructor/facilitator of the event to secure such medical advice and services for a participant, attempts will be made to contact the parent or guardian whenever possible. If the attempts are unsuccessful or when due to the nature of the emergency there is insufficient time to contact the parent or guardian, the medical advice and/or services will be sought. I agree to accept financial responsibility for any such services where:

-
- The health and well-being of the applicant is involved.
 - Medical advice has been such that further services are required.
 - Benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.
-

Participant Initial

Parent Initial

Signature of participant (minors must sign)

Date

Signature of Parent /guardian

Date

If you need further explanation on any of the above statements, please ask for assistance or clarification.

The Wicozani Patintanpi Coalition / Lakota Youth Development believe all youth deserve a second chance as well have the power to become responsible contributors to their families and communities. The Wicozani Patintanpi Prevention Activities welcome court involved youth however, to participate in Wicozani Patintanpi Prevention Activities permission must also be sought from your child's probation officer.

Probation Officer Name

Phone

**LYD Youth Activities
PARENTAL/GUARDIAN INFORMED CONSENT FORM**

Introductory Statement

You have chosen to enroll your son or daughter in an activity of Lakota Youth Development Wicozani Patintanpi Coalition and Project Venture Prevention Model. This program is a Lakota/Dakota culturally based Substance Abuse and Juvenile Delinquency Prevention model. All Wicozani Patintanpi Prevention Activities are funded with South Dakota state prevention dollars, private donations and other grant awards as well as efforts from volunteers.

Discomforts and Risks

Your child may experience certain physical changes during exercise and horseback riding. These changes may include heat related illnesses, abnormal heartbeats and blood pressure and, in rare instances, events such as "heart attacks". Professional care in the selection and supervision of participants provides, but does not insure, appropriate precautions against such problems.

Parent Roles and Expectations

Parents are encouraged to become actively involved, however involvement is not required for your child to participate in activities. However if your child becomes disruptive and/or is causing a hardship on the rest of the group and LYD staff have tried to intervene with the youth to attain acceptable behavior, the staff have the parents/guardians permission to take whatever action they deem appropriate even to sending the said youth home, **AT THE EXPENSE OF THE PARENT/GUARDIAN.**

Authorization

I have read this form and understand there are inherent risks associated with physical activity, horseback riding and recognize it is my responsibility to provide accurate and complete health history information. I also understand that my son or daughter will be participating and learning about the Lakota/Dakota culture to some this is considered spirituality and it may conflict with the Non-Native society definition of spirituality, as well as other Native Americans. I also understand that all rewards (field trips, incentives) are based on attendance, discipline, and participation. To the best of my knowledge there are no contraindications to my child's participation in Lakota Youth Development Prevention Activities.

Signed by parent or guardian

Date

Lakota Youth Development
Wicozani Patintanpi Prevention Activities
Health History Form

Name _____ Birthdate _____

height: _____ Weight: _____ Do you wear glasses? ___Yes ___No

Do you wear contacts? ___Yes ___No

Are you under the care of a physician? ___Yes ___No If yes, Please

explain _____

Please check if your child has any of these problems, these are common health problems that are important to be aware of so that our exercise routines will be safe.

_____ Heart murmur or heart problems _____ High blood pressure

_____ Asthma (If yes, bring your inhaler) _____ Diabetes or abnormal blood sugar tests

_____ Are you pregnant? If yes, you cannot actively participate without permission from your physician.

_____ Epilepsy/ seizures or frequent fainting/dizziness _____ Exposed to Violence

_____ Treated for Mental Health problems _____ Orthopedic or muscular

_____ ADD/ADHD _____ Obesity or weight problems

Do you have disabilities ___Yes ___No If yes, please explain:

ALLERGIES: (PLEASE CHECK ALL THAT APPLY. BRING YOUR EPI-PEN OR OTHER MEDICATIONS ALONG.

___Poison Ivy ___Bee stings ___Other insect stings, bites ___Penicillin ___Aspirin

___ Foods? (Please list _____

___ Other (Please explain) _____

Please List any allergies to other medications: _____

Please list all prescription drugs your child is taking. _____

Do you live with or spend a lot of time with someone who smokes cigarettes? ___ Yes ___ No
Do you ever sleepwalk? _____ yes: _____ no

Immunizations:

___ DTP Series ___ Tetanus Booster ___ Polio Series ___ Small pox ___ Measles
___ Rubella ___ Tuberculosis Test result: ___ Pos. ___ Neg.

Please indicate any other health information we should know to provide you with a safe experience such as special diet requirements, physical restrictions, and etc. _____

Who should we contact in case of emergency?

Name _____ Phone _____

ALTERNATE EMERGENCY CONTACT:

Name _____ Phone _____

I certify that the information provided above is a complete and accurate statement of the physical factors which may affect my participation in Lakota Youth Development activities. I realize that failure to disclose such information could result in harm to myself or my fellow participants. I agree to indemnify and hold Lakota Youth Development, its staff and contractors harmless.

Participant signature: _____ **Date:** _____

Parent/Guardian Signature if under 18 years old: _____ Date: _____

Name of youth participant: _____

DOB: _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

Social Security Number _____

Tribal Enrollment Number _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY LAKOTA YOUTH DEVELOPMENT WICOZANI PATINTANPI PREVENTION ACTIVITIES TO PROVIDE TRANSPORTATION AND OBTAIN MEDICAL CARE FOR MY CHILD. IN THE EVENT I CANNOT BE REACHED OR MY EMERGENCY CONTACT IN AN EMERGENCY. I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY LAKOTA YOUTH DEVELOPMENT STAFF TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION FOR THE PERSON NAMED IN THE HEALTH HISTORY FORM.

SIGNATURE OF PARENT/GUARDIAN

DATE

LAKOTA YOUTH DEVELOPMENT Wicozani Patintanpi Will Measure Participant

Date Measurements Taken _____

Weight _____ Height _____

Waist _____ BMI _____

Return signed application to LYD

LAKOTA YOUTH DEVELOPMENT
Wicozani Patintanpi (Promoting Healthy Lifestyle)
Information for Parent/Guardian

Wicozani Patintanpi (Promoting Healthy Lifestyles) a Project Venture prevention program model is an experiential learning program for girls and boys ages 12-18 years old which focuses on re-establishing Wolakota (Lakota way of life) through focusing on the twelve Lakota virtues known to the Seven Council Fires of the Tetowan Lakota – compassion, perseverance, sacrifice, fortitude, generosity, wisdom, love, respect, bravery, honor, humility and truth. The goal of the Wicozani Patintanpi Project Venture prevention program model is to promote thoughtful behavior choices, provide youth with information and skills to reduce risk behaviors associated with historical trauma and internalized oppression while strengthening youth via cultural roles and responsibilities so that they can avoid negative elements in their lives such as alcohol, drugs, violence and suicide. It is anticipated that this curriculum develops a greater sense of self-esteem through learning, practicing and building resiliency and refusal skills by being immersed in the Lakota culture. It is also anticipated that the youth who participate will re-establish their cultural identity engendering a pride in themselves that will create an internal motivation to avoid negative elements in their lives. The program, as an evidence model requires extensive evaluation on its benefits and outcomes to participating youth to comply with Project Venture standards, as Project venture is the model that is followed. It is listed in the National Registry of Evidence-based Programs and Practices. The program and staff are housed within LAKOTA YOUTH DEVELOPMENT under the guidance of the Wicozani Patintanpi Coalition on the Rosebud Sioux Tribe Reservation in rural south central South Dakota. As a project venture program, our philosophy focuses on strengths –based approach and service staff participants are role models for youth. Based on this, our explanation is that Service staff will wear clothing that conveys positive and appropriate messages. Clothing must fit and cover underwear and mid-drift areas should not be exposed.

I-pods, cell phones, text messaging and other behaviors and devices that distract from being present during programming should be left at home or put away in the “off” position. We understand that youth, may need to have access to cell phones and text messages to communicate with family/guardians. Specific times will be set aside when youth can access their devices to “check in”

PURPOSE

I am being invited to take part in the Wicozani Patintanpi prevention program model evaluation. I/my child are being invited to do so as a volunteer. The purpose of this project is to examine the Wicozani Patintanpi prevention program model to see, 1) if my child’s participation helps decrease or prevents the use of drugs, tobacco, and alcohol, 2) if my child’s health risk behaviors change over time and 3) if my child’s chances of engaging in and remaining in community-based organizations and cultural activities are better than the chances of those who do not participate in the Wicozani Patintanpi Prevention Program. I/my child are being invited to participate because I am over 18 years of age and my child is participating in the program. If I/my child do/does not take part in the evaluation, or choose

to drop out of the evaluation I/my child will still be allowed to receive the same services from the Wicozani Patintanpi Prevention Program.

BENEFITS/RISKS

Your child will receive program services designed to develop skills needed to lead a healthy life, and to develop confidence and self-esteem. He or she will get to participate in positive recreational activities such as hiking, climbing horseback riding and camping. We'll also be doing service learning projects together. We believe that this will help your child to solve problems, to make good choices, and to develop leadership skills.

LYD has been working with youth for 16 years and Project venture has been working with youth for 25 years this combined experience and knowledge has allowed both to not have a serious accident or problem. IT is possible however, that your child could get hurt on one of the recreational activities. LYD carries the required liability insurance, though parents must still be responsible for their own medical coverage for their child. All staff and chaperones and service staff complete training that includes CPR, AED use, First aid and all must pass back ground checks.

My/my child's participation in this evaluation may involve some risks. I/my child may feel anxious and depressed after reporting my/their behavior during the planned and printed up interviews. While feelings of being really worried or angry or sad don't happen very often, there will be a trained counselor available to me or my child if these feelings happen. There is also the risk that information I/my child give could be given to outsiders. The evaluators have taken steps to prevent this. See "confidentiality". There are no guaranteed direct benefits from my participation in this evaluation.

CONFIDENTIALITY

Any ongoing drug use or other behaviors that I/my child may report to the interviewer will not be recorded by Lakota Youth Development – Wicozani Patintanpi prevention program. A number will be assigned to me/my child, and will be used on my/my child's structured interview. My/my child's name will not appear on the structured interview or in any report or publication. The list with names to be used to locate participants for the follow-up structured interviews and code numbers will be kept in a locked file and only Lakota Youth Development Executive Director will have a key.

PARTICIPATION COSTS AND SUBJECT COMPENSATION

It will not cost me/my child any money to take part in this study. I/my child will receive the valuable teachings and resources provided as a resulting in the Wicozani Patintanpi prevention program activities.

WHOM DO I CONTACT IF I HAVE QUESTIONS OR PROBLEMS DURING THE PROGRAMMING?

If I/my child have questions concerning my rights as an evaluation participant, I/my child should contact Lakota Youth Development Executive Director, Marla C. Bull Bear, and M.A. at (605)-654-2050.

PARENTS/Guardians, PLEASE KEEP THIS SECTION

LYD COVID 19 PROTOCOLS 2021

- LYD STAFF WILL DO PRESCREENING OF TEMP AND ASKING IF THERE ARE ANY COVID LIKE SYMPTOMS OR FAMILYMEMBERS WITH SYMTPONS OR ACTIVE COVID CASE, WILL BE CONDUCTED UPON ARRIVAL AND OR ENTERING LYD VEHICLES.
- ALL PARTICIPANTS CHAPERONES AND VISITORS MUST PRESENT THEIR VACCINATION CARD OR PROVIDE A COPY IF THEY HAVE BEEN VACCINATED
- INDOOR ACTIVITIES – MASKS MUST BE PROPERLY WORN (TIGHT AND OVER THE NOSE) AND FOLLOW SOCIAL DISTANCING (6 FT DISTANCE BETWEEN PEOPLE THAT DO NOT LIVE TOGETHER) MASKS WILL BE MADE AVAILABLE, HOWEVER IF YOU HAVE ONE BRING IT!
- NO MASKS WILL BE REQUIRED FOR OUTDOOR ACTIVITIES, HOWEVER WE ASK THAT YOU MAINTAIN SOCIAL DISTANCING WITH ELDERS AND VISITORS
- IF SOMEONE BECOMES ILL WHILE IN ATTENDENCE THEY WILL BE QUARENTINED, FAMILY WILL BE NOTIFIED AND THEY WILL BE TAKEN HOME.
- FREQUENT HAND WASHING WILL BE ENFORCED!
- FOOD PREP AND SERVING PRACTICES WILL BE MODIFIED AND STRICT LIMITATIONS WILL BE ENFORCED OF ACCESS TO KITCHEN FACILITIES.

*******PROTOCOLS ARE SUBJECT TO CHANGE *******

Prototype Household Application for Free and Reduced Price Summer Meals

(For Use by Camps and Closed Enrolled Sites)

Apply online at www.abcdefgh.edu

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO > Go to STEP 3. IF YES > Write a case number here then go to STEP 4. (Do not complete STEP 3)

Case Number: _____ Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income: \$ _____

How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income					
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	\$			\$				\$				
	\$			\$				\$				
	\$			\$				\$				
	\$			\$				\$				
	\$			\$				\$				

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Check if no SSN

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult completing the form Signature of adult completing the form Today's date

SUMMER FOOD SERVICE PROGRAM
 (For Use by Camps and Closed Enrolled Sites)

Prototype Household Application for Free and Reduced Price Summer Meals
 Apply online at www.abcdefgh.edu

INSTRUCTIONS Sources of Income

Source of Income for Children	
Sources of Child Income	Example(s)
- Earning from work	- A child has a job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives social security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) - Strike benefits If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Income from trusts and estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. 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, religious creed, disability, age, political beliefs, 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, (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:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442; or
 email: program.intake@usda.gov
 This institution is an equal opportunity provider.

Do not fill out For School Use Only

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

Total Income

How often?
 Weekly Bi-Weekly 2x/Month Monthly Household size

Categorical Eligibility

Eligibility:
 Free Reduced Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date