Dear Family:

Midwest Children's Burn Camp (MCBC) is participating in the Missouri Department of Health & Senior Services – Summer Food Service Program. You ***MUST*** complete the attached form for MCBC to be part of this program. If your yearly income is equal to or less than the amount listed below for your family size, MCBC will be eligible for assistance, or if your child is a member of the Supplemental Nutrition Assistance Program (SNAP – formerly known as food stamps) or Temporary Assistance for Needy Families (TANF) program, MCBC is automatically eligible to receive the program benefits. *If your family is not eligible, please put the child's name on the form and then mark the form N/A.* This will help us keep track of our campers and make sure that MCBC is able to receive all possible assistance.

Family Size	Year	Month	Week
1	$21,775	$1,815	$419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each additional member add:	+ 7,696	+ 642	+ 148

MCBC cannot be approved unless the attached application is completed according to the directions provided below:

Part 1: Children Enrolled in the Program
List all of the children in the household for whom application is made. This includes foster children. Indicate the birth date of the child. If you have a foster child, whose care and placement is the responsibility of the State or has been placed by a court with a caretaker, MCBC is eligible for this program regardless of household income. If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, your signature and the date. If your child receives TA payments or food stamps, please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete part 2. If you do not list a SNAP or TANF case number for your children, you must complete parts 2 and 4.

Part 2: Household and Income Information
List all members of the household. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). Report the monthly income by source for each household member. The income reported on the application must include all income before deductions.

Part 3: Racial Ethnic Information – Completion is voluntary

Part 4: Signature
The adult household member completing the application must sign and date the application. If the household does not receive TANF or SNAP benefits, the adult signing the application must provide the last four digits of their social security number. If the adult does not have a social security number, write "none" in the space provided.

In accordance with Federal law and U.S. Department of Agriculture policy, MCBC is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 702-6382 9TTY). USDA is an equal opportunity provider and employer.

If you have any questions about how to fill out this form please contact our office at 314-997-2757 and we will be more than happy to help.

Sincerely,

Emily Bieker
Camp Coordinator