

Dear Parent or Guardian:

The Wyman Teen Leadership Program serves nutritious meals every day. We participate in the Summer Food Service Program, which is funded by the US Department of Agriculture and administered by the Missouri Department of Health and Senior Services.

Our program receives reimbursement for meals served to children meeting the eligibility requirements for free or reduced-price school meals. We must document eligibility by obtaining family-size and income data. If your yearly income is equal to or less than the amount listed below for your family size, your child is eligible for free or reduced-price meals. **If your child is a member of a household receiving assistance under the Supplemental Nutrition Assistance Program (formerly known as food stamps) or the Temporary Assistance for Needy Families (TANF) program, he or she is automatically eligible when your case number is on the IEF.**

In order to apply for meal benefits, the attached form must be completed according to the directions below:

**Part 1: Children Enrolled in the Program**

List all of the children in the household for whom the application is made, this includes foster children. Indicate the birth date of the child.

Foster Children: Children whose care and placement is the responsibility of the State or have been placed by a court with a caretaker are eligible for free meal benefits without completing the IEF. You must provide appropriate documentation for verification. You may include a foster child as a household member on the application if also claiming non-foster children.

Supplemental Nutrition Assistance Program (SNAP) or TANF households: If you currently receive benefits from SNAP or TANF please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete Part 2.

**Part 2: Household and Income Information**

List the names of everyone who lives in your household. Include parents, grandparents, all children, foster children, other relatives, and unrelated people who live in your household. Report the monthly income by source for each household member. The income reported on the application must include all income before deductions.

**Part 3: Ethnic and Racial 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 SNAP or TANF 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, this institution 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) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sincerely,  
Tara Burnett  
TLP Administrative Assistant  
(636) 549-1222



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM  
**INCOME ELIGIBILITY FORM**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program

**PART 1 CHILDREN ENROLLED IN THE PROGRAM**

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. ***In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.***

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)**

Hispanic or Latino:  YES  NO

Race:	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct and true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER XXX-XX-_____	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

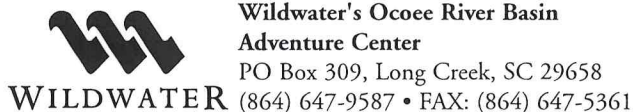
The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household 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. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR SPONSOR USE ONLY**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Eligibility Determination:  Eligible  Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE
▶	



(Wildwater information only) Middle

Date \_\_\_\_\_ Trip Time \_\_\_\_\_ Group Name \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY—PLEASE READ CAREFULLY**

In consideration of Wildwater, Ltd. furnishing services and/or equipment to enable me to participate in whitewater paddling, transportation and other activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of paddling equipment and my participation in paddling activities and related activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owner, employees, officers or agents of the United States of America, United States Forest Service, State of Tennessee, Tennessee Valley Authority and Wildwater, Ltd.; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, staff decision making, including that staff may misjudge terrain, weather, transportation, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or kayak and such other risks and hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) and by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of the United States of America, United States Forest Service, State of Tennessee, Tennessee Valley Authority and Wildwater, Ltd., or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the United States of America, United States Forest Service, State of Tennessee, Tennessee Valley Authority and Wildwater, Ltd. and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of paddling equipment or my participation in paddling activities, transportation, and related activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of the United States of America, United States Forest Service, State of Tennessee, Tennessee Valley Authority and Wildwater, Ltd.

I hereby authorize Wildwater, Ltd. and its photographic agents to take and utilize photographs of me for the purpose of sale, promotion and advertising.

I understand that I and anyone for whom I sign as a Parent or Guardian must be of the required age of 12 years.

**I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE WILDWATER, LTD. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

(optional) email: \_\_\_\_\_

PLEASE SIGN AND FILL OUT COMPLETELY

<input checked="" type="checkbox"/>				Age
Signature of Participant	Street Address	City, State, Zip	Print Name	IF UNDER 18

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility of this participant, do consent and agree to his/her release as provided above of the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

<input checked="" type="checkbox"/>				3/2011
Parent or Guardian	Date	Emergency phone number(s)		

# WYMAN PROVIDES LIMITED BUS TRANSPORTATION ON OPENING DAY & CLOSING DAY OF EACH SESSION.

WE HAVE BUS STOPS  
AT THESE LOCATIONS:

**Hazelwood West High School:** 1 Wildcat Lane, Hazelwood, MO 63042

**Brittany Woods Middle School:** 8125 Groby Road, Saint Louis, MO 63130

**Wyman City Office:** 1401 LaSalle Lane, Saint Louis, MO 63104

If you would like to make a reservation for your teen to ride the bus, please check the pick up and/or drop off location you prefer, fill in the information below, and email this back to us. You may also reserve a spot by emailing [tara.burnett@wymancenter.org](mailto:tara.burnett@wymancenter.org) or by calling (636) 549-1222.

PICK UP - OPENING DAY (CHECK ONE)

- 1:00PM HAZELWOOD WEST
- 1:30PM BRITTANY WOODS
- 2:00PM WYMAN CITY OFFICE

DROP OFF - CLOSING DAY (CHECK ONE)

- 11:45AM HAZELWOOD WEST
- 12:15PM BRITTANY WOODS
- 12:45PM WYMAN CITY OFFICE

TEEN NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT PHONE: \_\_\_\_\_

Please arrive 15 minutes prior to when the bus is scheduled to arrive at your stop. You MUST sign in/out your teen at the bus stop. We will call if any significant circumstances may affect pick up or drop off.