

Summer Food Service Program Household Letter Template for Camps/Enrolled Sites that are not Area Eligible

Insert the following on Agency Letterhead

The _____ (Name of Sponsoring Organization) serves nutritious meals every day. We participate in the Summer Food Service Program (SFSP) which is funded by the U.S. Department of Agriculture and is administered by the Arizona Department of Education, Health and Nutrition 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.

Please complete and return the Meal Benefit Income Eligibility Form ([English](#)) ([Spanish](#)) if:

- A member of your household is receiving benefits from the SNAP, TANF, or the FDPIR.
- You have one or more foster children in your household.
- The children in your household meet the definition of homeless, runaway, or migrant.
- The children in your household participate in a Head Start program.
- Your household income falls at or below the income guidelines on the chart below.

Federal Eligibility Income Chart			
Effective _____			
Household Size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1			
2			
3			
4			
5			
6			
7			
8			
Each additional person:			

The information you provide will be used only to document that meals may be claimed for reimbursement through the SFSP and will be maintained as private data.

If you have additional questions or need help, please contact the following:

[Name and Position]

[Email Address and Phone Number]

Sincerely,

[Signature]