

**Student Contact Information**

\_\_\_\_\_  
 First Name                      Middle Name                      Last Name                      Suffix                      Social Security # (last 4)                      Date of Birth

\_\_\_\_\_  
 Gender                      Race                      Ethnicity                       Yes  No Disabled                       Yes  No U. S. Citizen                      Languages                      **Receive Free/Reduce Meals**

\_\_\_\_\_  
 Preferred Name of Camper                      School Attending                      Grade                      **Shirt Size**

**Camp Week Selection**

**Campers can attend more than one week: (scholarship is only good for one week)**

- Junior Day Camp Week 1  
June 17 – 21, 2024  
Cost: \$100 Ages: 6-11
- Junior Day Camp Week 2  
June 24 – 28, 2024  
Cost: \$100 Ages: 12-15
- Senior Day Camp  
July TBD (must have >9 interested)  
Cost: \$100 Ages: 16-17

Scholarship Request:

**Household Information**

\_\_\_\_\_  
 Housing Status: *Own, Rent, Homeless, Other Permanent, Other*                      Family Type: *Single, Single Female Parent, Single Male Parent, Mother and Father, Mother and Spouse/Partner, Father and Spouse/Partner, Foster Parents, Other*                      Home Phone                      Number in Household

\_\_\_\_\_  
**Physical Address**                      City                      State                      Zip Code

\_\_\_\_\_  
**Mailing Address**                      City                      State                      Zip Code

**Income Information**

**Proof of All Household Income must be attached for at least 30 days.**

**(If no income, letter for Social Services needs to be provided)**

Household Member	Income Source	Amount (Gross Income)	Period	Documentation Attached:	<input type="checkbox"/> This Household has NO INCOME (verified)
_____	_____	_____	_____	_____	Type of documentation: <b>Pay Stubs:</b> Must be for current previous 30 days. <b>Social Security:</b> Award letter or direct deposit statement <b>Child Support/Alimony:</b> Court decree, receipt, or letter <b>Food Stamps/TANF:</b> award/renewal letter from DSS <b>Foster Care:</b> Documentation from foster care program <b>W-2:</b> Previous Year <b>Letter:</b> Self-Declaration of Income
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

**Household Benefits**

This Household reports NO BENEFITS

Benefit	Amount	Period
SNAP		
Energy Assistance		

Benefit	Amount	Period
WIC		
Child Care Subsidy		

Benefit	Amount	Period
TANF		
HUD		

**Student Medical**

All information is strictly confidential and used only in case of an emergency.

Permission to Release Child To (other than guardians)

**DO NOT** Release Child To

**CUSTODY PAPERS SIGNED BY A COURT AUTHORITY MUST BE PROVIDED IF A BIOLOGICAL PARENT IS NOT ALLOWED TO PICK UP CHILD.**

Emergency Contact 1 \_\_\_\_\_ Physical Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Physical Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Physician \_\_\_\_\_ Contact Number \_\_\_\_\_ **Medical Treatment**  
 Cost Covered by: Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ No Insurance \_\_\_\_\_

Chronic Physical Problems (including allergies)

Consent to Administer Medication					
Medication	Dosage	Dosage Time	Refrigerate	Special Instructions	Side Effects

Medication must be marked in original prescription bottles with dosage information and prescribing doctor. Staff must be notified in writing if there is a cancellation or change to this medication. I further give permission for designated Camp Joy staff or its agents to administer the above medication(s) to my child, if applicable. Designated staff will be permitted to share and request relevant health information regarding the administration of this medication.

**SPEICAL DIETARY NEEDS-Medical**

Food Allergies: \_\_\_\_\_ Reactions: \_\_\_\_\_

Special Diet or Dietary Restrictions: \_\_\_\_\_

Food Substitutions: \_\_\_\_\_

Medical Provider and Phone Number: \_\_\_\_\_

SPECIAL DIETARY NEEDS-Philosophical/Religious	
Food Allergies:	Reactions:
Special Diet or Dietary Restrictions:	
Food Substitutions:	

**Father/Father Figure**

First Name	Middle Name	Last Name	Suffix	Social Security #	Date of Birth
Gender	Race	Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	Type of Health Insurance	Marital Status
			Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship	Languages (other than English)
Highest Grade Completed	Father Cell Phone Only	Father E-Mail Only			

**Mother/Mother Figure**

First Name	Middle Name	Last Name	Suffix	Social Security #	Date of Birth
Gender	Race	Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	Type of Health Insurance	Marital Status
			Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship	Languages (other than English)
Highest Grade Completed	Mother Cell Phone Only	Mother E-Mail Only			

**Addition Household Member**

First Name	Middle Name	Last Name	Suffix	Social Security #	Date of Birth	Relationship
Gender	Race	Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	Type of Health Insurance	Marital Status	Veteran Status
			<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship	Languages (other than English)		
Highest Grade Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No College Graduated	Name of College	Year Graduated	Cell Phone Only	E-Mail Only	

**Addition Household Member**

First Name	Middle Name	Last Name	Suffix	Social Security #	Date of Birth	Relationship		
Gender	Race	Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	Type of Health Insurance	Marital Status	Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship	Languages (other than English)
Highest Grade Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No College Graduated	Name of College	Year Graduated	Cell Phone Only	E-Mail Only			

**Addition Household Member**

First Name	Middle Name	Last Name	Suffix	Social Security #	Date of Birth	Relationship		
Gender	Race	Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	Type of Health Insurance	Marital Status	Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship	Languages (other than English)
Highest Grade Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No College Graduated	Name of College	Year Graduated	Cell Phone Only	E-Mail Only			

**Addition Household Member**

First Name	Middle Name	Last Name	Suffix	Social Security #	Date of Birth	Relationship		
Gender	Race	Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	Type of Health Insurance	Marital Status	Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship	Languages (other than English)
Highest Grade Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No College Graduated	Name of College	Year Graduated	Cell Phone Only	E-Mail Only			

**Special Child Information**

<b>Nickname:</b>		Swimming: <input type="checkbox"/> Strong Swimmer	<input type="checkbox"/> Fair Swimmer	<input type="checkbox"/> Poor Swimmer	<input type="checkbox"/> Allowed Use Diving Board
Hobbies/Interests:					
Talents:					

Sports:			
Extra Curriculum:			
Food Likes:		Food Dislikes:	
Anything you want staff to know about your child:			

**Agreements/Policies**

1. The parent/guardian agrees to pick up child as soon as possible when he/she becomes ill. If unable, agrees to make arrangements to have someone else pick up child and agrees to contact Camp Joy in regard to the person that will be allowed to pick up child.
2. The parent/guardian agrees to pick up child at the end of camp day or week.
3. The parent/guardian agrees to provide documentation of all household income. This information is used for scholarship request and statistical information for funding sources. Income does not affect the services the child or family receive.
4. The parent/guardian authorizes Camp Joy to obtain immediate medical care and consent to the hospitalization to perform necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to my child if any emergency occurs when I cannot be located immediately.
5. The parent/guardian will inform the camp within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately.
6. The parent/guardian authorizes Camp Joy to transport children on field trips with adequate notice.
7. The parent/guardian gives Clinch Valley Community Action, Inc./Camp Joy permission to photograph their child for promotion use such as: news articles, advertisement, web sites, etc.
8. The parent/guardian gives Clinch Valley Community Action staff and volunteers shall be held harmless in any and all claims or actions arising from the administration of listed medication(s). The parent/guardian acknowledges that medications may not be given by licensed medical personnel, and that a physician-patient relationship is not formed as a result of the Consent.
9. CONFIDENTIALITY POLICY: In accordance with the Policies and Procedures of Clinch Valley Community Action, all information obtained about children and families is confidential. Professional serving on federal/state and/or internal review teams are allowed to review files in their capacity as monitors of federal/state funding. Other agencies or organizations must obtain written parent/ guardian consent to review information in a child/family file.

**Camper Code of Conduct**

Each child plays an important role in the enjoyment of every camper at camp. Their attitude and behavior are critical to the success at camp this summer. Therefore, for the good of all-other campers, staff, and visitors to camp, each child agrees to abide by the following while at camp and sponsored activities:

- ✓ Respect and care for all the places and the people with whom they come in contact, including privacy and property of others.
- ✓ Be sensitive to the needs of others in my group/cabin/team.
- ✓ Understand the use of alcohol, tobacco, or drugs will not be tolerated. Possession or use at camp results in immediate expulsion, with no refund of fees.
- ✓ Understand that weapons at camp will not be tolerated. Possession or use at camp results in immediate expulsion, with no refund of fees.
- ✓ Act and speak positively and kindly to all campers and staff (i.e.: no swearing, lewd jokes, racial/ethnic jokes or slurs, etc.)
- ✓ Be responsible for personal belongings and equipment. Camp Joy is not responsible for items lost or give away to other campers.
- ✓ Share in daily responsibilities and duties including but not limited to unit and cabin clean up, dining hall set up or clean-up and other camp duties.

- ✓ Understand that social cruelty (bullying, teasing, put-downs) and physical violence (hitting, fighting, restraining) will not be tolerated. Engaging in these behaviors will result in immediate expulsion from my camp program.
- ✓ Understand that if they are a victim or witness acts of social cruelty or violent behavior they are to seek help immediately from a counselor, camp director, volunteer or other staff to ensure their and other physically and emotionally safety.
- ✓ Understand that all electronics (other than medical care) are to be left at home, including cell phones, personal DVD players, hand held games, etc. Items will be confiscated and stored in a safe place and then returned to at the end of camp.

Understand that if they do not abide by the guidelines above, the camp director will notify parents/guardians and could be sent home and that all arrangements and expenses will be the responsibility of my parents/guardians. Understand that if sent home early due to misconduct there will be no refunds. Violations of these agreements may also jeopardize my ability to return to camp in the future.

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing Clinch Valley Community Action and Camp Joy to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

Signature of Consenting Adult	Date Signed	Signature of Agency Representative	Date Signed
<b>Consent to Exchange</b>			

Child's Name	Date of Birth	Social Security #
--------------	---------------	-------------------

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing Clinch Valley Community Action to exchange certain information to work together effectively to provide or coordinate services or benefits. I want the following confidential information listed below but not limited to, to be exchanged:

- Financial information—Income/Services verification
- National School Lunch Program/USDA Free-Reduce Meal Eligibility
- Any medical/mental/dental health records or screening
- Educational Records
- Other:

I want Clinch Valley Community Action-to be able to exchange this information with other agencies. I want this information to be exchanged for the purpose of eligibility determination and services for Camp Joy. This consent is good from June 1, 2024 – July 30, 2025.

I can withdraw this consent at any time by telling the referring agency in writing. This will stop them from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared and why, when, and with whom it was shared. If I ask, they will provide me this information to me. I want the school system to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared, and I will have to contact Clinch Valley Community Action to give them information about me that they need.

**Certification:** I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I have read and understand the Clinch Valley Community Action Confidentiality Policy.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Crisis/Thrive Self-Sufficiency Scale Assessment

**ONLY CHOOSE ONE IN EACH SECTION**

- F**  
**o**  
**d**  
**&**  
**N**  
**u**  
**t**  
**r**  
**i**  
**t**  
**i**  
**o**  
**n**
- 10 Can shop at store of choice and purchase any food items desired
  - 9. Can choose to shop at store of choice, never reduces meal size or skips means because of money, and sometimes has money to eat out
  - 8. Can meet all basic food needs (do not skip or reduce meals because of lack of money) without assistance; no extras and very little/no eating out
  - 7. Receives occasional food assistance (brown bag, commodities); not eligible for food stamps
  - 6. Receives partial food stamps or subsidies to meet basic food needs
  - 5. Eligible for partial food stamps or subsidies but not receiving them
  - 4. Without food stamps or other food subsidies, would often not have enough food to eat
  - 3. Consistently unable to meet basic food needs; often didn't have enough food to eat in the past 3 months
  - 2. Has less than a day of food available and no money to purchase more
  - 1. Has less than a day of food and limited ability/means to prepare food

- H**  
**o**  
**u**  
**s**  
**i**  
**n**  
**g**
- 10 Household is in safe, affordable home they own
  - 9. Household is in safe, affordable unsubsidized rental housing of choice
  - 8. Household is in safe, affordable unsubsidized housing
  - 7. In stable housing (rent/own) that is not affordable (>40% on housing costs)
  - 6. In stable subsidized housing
  - 5. Receiving temporary rent/mortgage subsidy (or receive within last 3 months)
  - 4. Transitional housing OR staying with others OR foreclosure notice
  - 3. Legal threat of eviction (5-day notice, writ) or immediate foreclosure
  - 2. In emergency shelter or hotel
  - 1. Literally homeless

- C**  
**h**  
**i**  
**l**  
**d**  
**c**  
**a**
- 10 Safe quality care that includes early childhood education from licensed facility available and affordable (including Head Start, Early Head Start, Center Based)
  - 9. Safe, reliable care from family or friends and satisfied with it
  - 8. Safe, affordable, unsubsidized childcare available and satisfied with it
  - 7. Safe, affordable, unsubsidized childcare available but not satisfied with it
  - 6. Subsidized, safe childcare (not including quality early childhood education like Head Start) available and satisfied

- r**  
**e**
- 5. Subsidized, safe childcare is available but not satisfied with it
  - 4. Childcare is unreliable (unreliable family or friends)
  - 3. Childcare available in unlicensed facility
  - 2. Childcare available but cannot afford it
  - 1. Childcare not available for all children in the household

- T**  
**r**  
**a**  
**n**  
**s**  
**p**  
**o**  
**r**  
**t**  
**a**  
**t**  
**i**  
**o**  
**n**
- 10 Has enough reliable and affordable vehicles for family
  - 9. Has at least one reliable and affordable vehicle and backup transportation
  - 8. No alternative transportation if primary source is unavailable
  - 7. Vehicle is reliable but older or unaffordable and there is no alternative
  - 6. Has two (or more vehicles) but all vehicles are unreliable
  - 5. Has a single unreliable vehicle(s) that needs minor repairs to run
  - 4. Has a vehicle but no insurance and/or no license
  - 3. Relies exclusively on transportation from friends or family
  - 2. Owns an inoperable vehicle and no funds to fix it
  - 1. No means of transportation and public transportation not available when needed



Financial Management

- 10. Always paying all current bills and debts, and saving regularly
- 9. Always paying all current bills and debts, NOT saving regularly
- 8. Paying all current bills, paying off debts most months, saving regularly
- 7. Paying all current bills, paying off debts most months and not saving
- 6. Paying all current bills, following plan to pay off debts
- 5. Paying current bills; paying minimum on debt
- 4. NO #4
- 3. Paying all current bills, not paying past due debts
- 2. Paying some bills, but late/not paying others
- 1. Not able to pay bills or past due debts

n  
t

**TO BE FILLED OUT BY STAFF**

**SFSP Household Application**

**Step 1** List ALL household members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Grade			
				Check all that apply	Foster Child	Homeless, Migrant, Runaway
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Step 2** Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF?

**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)

Not sure what income to include here? Flip the page and carefully review the charts title "Sources of Income" for more information. The "Sources of Income for Children" will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All-Adult Household Members section.

**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  
\$

Weekly	Bi-Weekly	2x Monthly	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 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". If you enter "0" or leave any field blank, you are certifying that there is not income to report.

Name of Adult Household Members	Earning from Work	Public Assistance/ Child's Support/Alimony				Pensions/Retirement/ All Other Income
		Weekly	Bi-Weekly	2x Monthly	Monthly	
\$	?	?	?	?	?	?
\$	?	?	?	?	?	?
\$	?	?	?	?	?	?
\$	?	?	?	?	?	?
\$	?	?	?	?	?	?

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Members

Check if no SSN

**Step 4 Contact information and adult signature**

I certify 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 State and Federal officials may verify 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  City  State  Zip  Phone and Email (optional)

Printed name of adult completing the form  Signature of adult completing the form  Date

**INSTRUCTIONS Sources of Income**

Sources 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 of 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

Sources 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 or estates - Annuities - Invested income. - Earned interest. - Rental income - Regular cash payments from outside the household

The **Richard B Russell Nation 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 to Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR

identifiers 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 Summer Food Service Program. 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 investigate violators 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) 8778339. 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, (AD3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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) 6329992. 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. 202509410

fax: (202) 6907442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**DO NOT FILL OUT** For Directors Use Only

Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12

Total Income	Weekly	Bi-Weekly	2x Monthly	Monthly	Household size	Categorical Eligibility <input type="checkbox"/>	Free	Reduce	Paid
	?	?	?	?			?	?	?
Determining Official's Signature					Date	Confirming Official's Signature			Date