

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)

Camp Week 1
 June 15-19, 2026
 Cost: \$100 **Ages: 6-11**

Junior Day Camp Week 2
 June 22-26, 2026
 Cost: \$100 **Ages: 12-17**

Camp Week 3
 July 6-10, 2026
 Cost: \$100 **Ages: 6-11**

Camp Week 4
 July 13-17, 2026
 Cost: \$100 **Ages: 12-17**

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 Home

 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.

This Household has NO INCOME (verified)
(If no income, letter for Social Services needs to be provided)

| Household Member | Income Source | Amount (Gross Income) | Period | Documentation Attached: |
|------------------|---------------|-----------------------|--------|-------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Type of documentation:
Pay Stubs: Must be for current previous 30 days.
Social Security: Award letter or direct deposit statement
Child Support/Alimony: Court degree, receipt, or letter
Food Stamps/TANF: award/renewal letter from DSS
Foster Care: Documentation from foster care program
W-2: Previous Year
Letter: Self-Declaration of Income

Household Benefits

This Household reports NO BENEFITS

| Benefit | Amount | Period |
|---------|--------|--------|
| SNAP | | |
| LIHEAP | | |

| Benefit | Amount | Period |
|--------------------|--------|--------|
| WIC | | |
| Child Care Subsidy | | |

| Benefit | Amount | Period |
|---------|--------|--------|
| TANF | | |
| HUD | | |

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 | |
| 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 | |
| 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 | Languages (other than English) |
| | | Marital Status | Veteran Status | <input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship | | |
| 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 | Languages (other than English) |
| | | Marital Status | Veteran Status | <input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship | | |
| 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

| | | |
|---|--|---|
| Nickname: | | 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, agree to plan to have someone else pick-up a child and agree to contact Camp Joy regarding the person that will be allowed to pick up a child. The camp sign-in starts at 8am and pick-up is between 4:30 and 5p,
2. The parent/guardian agrees to pick up a 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 requests 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, handheld 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.

Crisis/Thrive Self-Sufficiency Scale Assessment

ONLY CHOOSE ONE IN EACH SECTION

- Food & Nutrition**
- 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 meals 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

- Housing**
- 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

- Childcare**
- 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
 - 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

- Transportation**
- 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

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 violates 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, audiotope, 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, 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.

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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 | Free | Reduce | Paid | Categorical Eligibility <input type="checkbox"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Determining Official's Signature | Date | Confirming Official's Signature | Date | | | | | | |
| | | | | | | | | | |