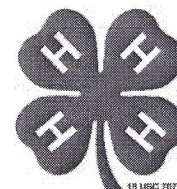


UF IFAS

UNIVERSITY of FLORIDA



Bay, Franklin, Gulf and Wakulla County Camp Registration Packet 4-H Camp Timpoochee, Niceville, FL June 26-30, 2017

CAMPER AGES: 4-H Campers must have turned 8-13 years old as of September 1, 2016.

JUNIOR/SENIOR COUNSELORS AGES: Interested 14-18 year olds as of September 1, 2016 **MUST** contact your local Extension Offices to learn about the application/training process.



This entire stapled packet MUST be completed and returned to your Extension Office by Friday, June 16th. Please keep this packet stapled.

***Write DECLINED on forms that do not pertain to your child.**

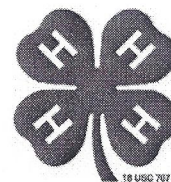
Bay Co. Office
2728 E. 14th St.
Panama City, FL 32401
850-784-6105
pmdavis@ufl.edu

Franklin Co. Office
33 Market St.
Apalachicola, FL 32320
850-653-9337
mmhuber@ufl.edu

Gulf Co. Office
232 E. Lake Ave.
Wewahitchka, FL 32465
850-639-3200
metaylor@ufl.edu

Wakulla Co. Office
84 Cedar Ave.
Crawfordville, FL 32327
850-926-3931
m.brewer@ufl.edu

4-H is open to ALL youth between the ages of 5 – 18 regardless of race, color, creed, nationality, ethnicity, gender, or disability. Persons with disabilities requiring special accommodations need to contact the 4-H Office at least 10 working days prior to the program, so the proper consideration may be given to the request.



Bay Co. Office
2728 E. 14th St.
Panama City, FL 32401
850-784-6105
pmdavis@ufl.edu

Franklin Co. Office
33 Market St.
Apalachicola, FL 32320
850-653-9337
mmhuber@ufl.edu

Gulf Co. Office
232 E. Lake Ave.
Wewahitchka, FL 32465
850-639-3200
metaylor@ufl.edu

Wakulla Co. Office
84 Cedar Ave.
Crawfordville, FL 32327
850-926-3931
m.brewer@ufl.edu

Complete and Return to county office: MANDATORY:

****Please keep these forms stapled. ***

- 4-H Youth Enrollment Form
- 4-H Youth Participation Form (Complete Front & Back)
- Florida 4-H Camping Official Authorizations - **Includes:** Cell Phone & Graffiti Policies, Special Dietary Needs, Cabin Assignments AND Camper Release Agreement (**Fill out front & back.**)
- Medication Form (Must be completed if medication(s) will be brought to camp. You **MUST** turn in the medications on the morning of camp departure in the **ORIGINAL bottles.**)
- Camp Financial Check List with payment of fees
- 4-H Camp Counselor Application if applicable (**Age 14+ ONLY**)

Optional:

- Summer Food Service Form (Fill out back of form, and the **SIGNATURE** of the campers' parent and /or legal guardian and their **SOCIAL SECURITY NUMBER** are **REQUIRED** on this form if you plan to receive the discount.)
- TANF/CareerSource Forms
- 4-H County Camp Scholarship Form

Deadline:

All camp forms must be completed and received in the office on or before **4pm CT/5pm ET Friday, June 16th.** **Camper space is limited! The spaces are on a first come, first serve basis. Do not delay in registering.**

Make check or money order payable to:

Gulf County Education Foundation, Inc.

Dear Campers, Junior & Senior Counselors, Parents/Guardians, & 4-H Adult Volunteers,

Welcome to the 2017 summer camping season! 4-H Camp is fast approaching and we are looking forward to a fun-filled camp week June 26-30, 2017 at 4-H Camp Timpoochee, in Niceville.

The camp theme this year is...*The Best Show on Earth!* During our week of camp, you will have fun discovering; activities like kayaking, outdoor recreation, archery, robotics, STEM programs, swimming, snorkeling, volleyball, arts and crafts, games, and more.

Enclosed you will find the necessary forms for camp. Please thoroughly read, complete, and return all of the stapled forms included. **The Mandatory and Optional forms are listed to the left.** We appreciate your time and effort in this area. **The Parent Packet is yours to keep for general 4-H Camp information.**

TRANSPORTATION IS AVAILABLE

Gulf and Franklin County youth are invited to ride to-and-from camp from Gulf County.

Port St. Joe Pick-up: The pick-up location will be at Port St. Joe Elementary School at **8am ET on Monday, June 26th** and return at approximately **2-3pm ET on Friday, June 30th.**

Wewahitchka Pick-up: The pick-up location will be the Gulf County Extension Office at 232 E. Lake Ave, Wewa. (Old Health Dept) at **8am CT on Monday, June 26th** and return at approximately **12-1pm CT on Friday, June 30th.**

If your child **will NOT be riding** on the Gulf County buses, please call the office at 639-3200 (Gulf) or 653-9337 (Franklin) so we know not to expect your child to be at the bus stops.

Sincerely,

Melanie G. Taylor, Extension Agent, 4-H/FCS



Florida 4-H Youth Enrollment Form

Directions: After you have contacted your County 4-H Agent and chosen a local 4-H Program for your child to be a part of, you will need to complete a 4-H Youth Enrollment Form and a Florida 4-H Participation Form for Youth and Adults. **These forms can be completed online by a parent or a legal guardian at <https://florida.4honline.com>.** If parents or guardians do not have access to a computer, they may complete the Enrollment and Participation Forms and turn both into their County 4-H Agent or 4-H Club Leader. You will be contacted by your County Extension Office when your forms have been entered in 4HOnline.

Family Profile Information

Family Last Name: _____ Family E-mail: _____ Primary Phone: (____) _____

Address: _____ City: _____ Zip: _____

Correspondence Preference: ☐ E-mail ☐ Mail 4-H County: _____ Primary 4-H Club: _____

Member Profile Information

Member E-mail (if different from Family E-mail): _____

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____ Mailing Address (if different from Family Address): _____

City: _____ State: _____ Zip Code: _____ Birth Date: ____/____/____

4-H Age (as of September 1, 2016): _____ Number of years as a 4-H member, including current year: _____

Parent/Guardian 1: First Name: _____ Last Name: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian 2: First Name: _____ Last Name: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact (Other than Parents/Guardians) First and Last Name: _____

Emergency Contact Phone: (____) _____ Emergency Contact Relationship: _____

Is the member a youth volunteer? ☐ Yes ☐ No * If the member is a youth volunteer, a UF/IFAS Employee may contact you with further enrollment instructions.

Ethnicity: Are you of Hispanic ethnicity? ☐ Yes ☐ No

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian or Alaskan ☐ Native Hawaiian or Pacific Islander ☐ I prefer not to give my race.

Gender: ☐ Male ☐ Female **Residence:** ☐ Farm ☐ Town Under 10,000 or rural non-farm ☐ Town/city 10,000-50,000
☐ Suburb of city more than 50,000 ☐ Central city more than 50,000

Parent or Sibling Serving in the Military: ☐ The member has a parent serving in the military. ☐ The member has a sibling serving in the military.

A Family Member is in: ☐ Air Force ☐ Army ☐ Coast Guard ☐ DOD Civilian ☐ Navy ☐ Marines

Branch: ☐ Active Duty ☐ National Guard ☐ Reserves

Grade: _____ **School:** _____ School is in my 4-H County? ☐ Yes ☐ No

☐ In 4-H in a county different from the County I Live in. **County I Live In:** _____

☐ In 4-H in 2 counties **My 2nd 4-H County:** _____ **Club** _____ **Project** _____ **Year** _____

Project Title	Years in Project	Project Book Title Needed http://florida4h.org/

For County Office Use Only: Date forms received in County Office: _____

Date forms entered into 4HOnline Database: _____

Program Fees if Applicable:

Club Fee/Dues Paid \$ _____

☐ Purchase of Project Books

Due \$ _____ Paid \$ _____

(Bal. Due: \$ _____)

Total Amount Paid: \$ _____

Paid by Check ☐ Check # _____

Paid by Cash ☐



Florida 4-H Participation Form for Youth and Adults

Directions: This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: _____ Birthdate: ____/____/____ Youth's Age (As of Sept. 1, 2016): ____ Male or Female: ____

Home Address: _____ 4-H County/District _____

City, ST, Zip: _____ Home Phone (____) _____

Name of Parent/Guardian or Emergency Contact: _____ Relationship to Participant: _____

Emergency Contact Primary Phone (____) _____

Name of Family Doctor: _____ Doctor's Office Phone: (____) _____

Health Insurance Company: _____ Policy #: _____

Name of Insured: _____ Relationship to Participant: _____

HEALTH FORM

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

Conditions	Yes	No
1) Asthma		
2) Bronchitis		
3) Convulsions		
4) Diabetes		
5) Ear Infection		
6) Fainting		
7) Heart Condition		
8) Headaches		
9) Hypoglycemia		
10) Serious Insect Stings		
11) Wear Glasses		

Conditions	Yes	No
12) Wear Contact Lenses		
13) Penicillin Allergy		
14) Aspirin Allergy		
15) Tetanus Allergy		
16) Other Drug Allergies		
17) Food Allergies		
18) Serious Ivy, Oak, or Sumac		
19) Sunscreen Allergies		
20) Other Allergies		
21) Other Health Conditions		

The following over-the-counter medications may be administered to my child, without contacting me. Check all that apply.

- ☐ Antihistamine
- ☐ Antacid
- ☐ Ibuprofen (Advil)
- ☐ Acetaminophen (Tylenol)
- ☐ Hydrocortisone
- ☐ Decongestant
- ☐ Dramamine
- ☐ Polysporin (topical antibiotics)
- ☐ Aloe Vera Gel for Sunburn
- ☐ Please contact me for permission to administer ANY over-the counter medications.

Date of Last Tetanus Shot ____/____/____

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Does the participant use an inhaler and/or an EpiPen? ☐ Yes ☐ No If yes, mark which is used: ☐ Inhaler ☐ EpiPen

Disabilities: If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

Special Needs: If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

Medical Consents

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging. **I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.**

____ (Initials) ☐ Yes ☐ No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. *

* Consent is required to participate in Florida 4-H.

more on back →

Gulf

4-H Participation Form for Youth and Adults: Authorizations

Florida 4-H Code of Conduct for Youth and Adults: As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

- (1) Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each 4-H function.
- (9) Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Youth or Adult Agreement: _____ (Initials) ☐ Yes ☐ No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.**

Parent/Guardian Agreement: _____ (Initials) ☐ Yes ☐ No I understand and agree to the Florida 4-H Code of Conduct above. **

General Release: In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

_____ (Initials) ☐ Yes ☐ No I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. **

Transportation Policy: I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

_____ (Initials) ☐ Yes ☐ No I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. **

Publicity Release: I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation.

_____ (Initials) ☐ Yes ☐ No I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant ***

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

_____ (Initials) ☐ Yes ☐ No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant ***

**Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.
***Consent is not required to participate in Florida 4-H.

Youth or Adult Member Signature : _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

* Be sure all Initials are signed
& signatures are complete.

Last Name: _____ First Name: _____ County: Gulf Age: _____

Florida 4-H Camping Official Authorizations

Cell Phone Policy: I know in this technological age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Campers are not allowed to bring cell phones or any other electronic devices to camp. If a cell phone is brought with a camper it will be held by the County Agent until they return to the county office. I understand that my camper maybe contacted by calling the office of the 4-H Camp my child is attending or by contacting their county agent directly while at camp.

Yes ☐ **No** ☐ **Participant:** I have read the cell phone policy above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

Yes ☐ **No** ☐ **Verification by Parent/Guardian:** By checking the box I understand and agree to the cell phone policy above. Checking the box is considered a Parent/Guardian Signature.

Graffiti Policy: Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces. Campers are not allowed to defame or deface ANY camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

Special Dietary Needs:

In the space provided please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space provided indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered:

Cabin Assignments: Please indicate the name of a friend going to camp that you would like to be in the cabin with (1 person of the same sex). We will do our best to accommodate your request. Please understand that we group campers in cabins based on age and your camper's choice must be within two years of your camper's age in order to be considered.

NAME OF FRIEND GOING TO CAMP: _____

Camp Release

This authorization form must be completed in full for someone other than the signing parent(s) to pick up a child from camp. Persons leaving camp will be required to check out and show their license or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

X

Signature of Parent or Legal Guardian _____ Date _____ Signature of 2nd Parent or Legal Guardian _____ Date _____

* If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.

Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

** Be sure all boxes and information are complete.*



Florida 4-H Medication Form

Youth Name: _____

4-H County: Gulf

Directions for Parents and Guardians: Please complete this form for any medication your child will be taking while attending any 4-H activity, including non-prescription drugs, lotions, inhalers or any other items. This form **must** accompany your child's medication for the activity. Any medication not meeting the following requirements will not be allowed at a Florida 4-H activity.

All prescription medications **MUST**:

- Be in the original container with a prescription label
- Be properly labeled with the youth's name, dosage, & frequency
- Have directions that match what is prescribed
- Have the doctor's name and prescription number
- Not be expired
- Sample medications must have a written prescription from doctor

Special consideration for inhalers and/or Epinephrine ("EpiPen"):

- The inhalers and/or EpiPens should be in their prescription box with their prescription label.
- If you've thrown out the box, your pharmacy can print you a label to bring, but it must match the medication and still be in date.
- We **cannot** accept expired inhalers or EpiPens.

All over the counter medications (includes ear drops/swim ear, allergy meds, pain relievers, vitamins etc.) **MUST**:

- Be in the original container
- Marked with youth's name
- Not be expired

I request that a person designated by Florida 4-H give my child, _____ the following medication:

1) Name of medication: _____

Amount to be given: _____

Time of day to be given: _____

Directions, if to be given "as needed": _____

Dates medication is to be given: From ____/____/____ To ____/____/____

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?

Yes ____ or No ____

I agree to furnish Florida 4-H with the medication(s) listed on this form per the guidelines above. I further understand that Florida 4-H's designated person will administer the medicine to my child in good faith, at request. I certify that I have signed the Florida 4-H Medication Consent provision in addition to this form.

Parent/Guardian

Signature Date

★ If you are sending more than one medication for your child, please complete the second page of this form. ⇒ ★

more on back →
if needed

Youth Name: _____

4-H County: Gulf

Additional Medications

2) Name of medication: _____

Amount to be given: _____

Time of day to be given: _____

Directions, if to be given "as needed": _____

Dates medication is to be given: From ____/____/____ To ____/____/____

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?

Yes ____ or No ____

3) Name of medication: _____

Amount to be given: _____

Time of day to be given: _____

Directions, if to be given "as needed": _____

Dates medication is to be given: From ____/____/____ To ____/____/____

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?

Yes ____ or No ____

4) Name of medication: _____

Amount to be given: _____

Time of day to be given: _____

Directions, if to be given "as needed": _____

Dates medication is to be given: From ____/____/____ To ____/____/____

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?

Yes ____ or No ____

2017 Camp Financial Check List

Camper/Counselor Name: _____ County: Gulf

Camper/Counselor T-shirt size: (circle one)

(Adult Sizes ONLY) S M L XL 2XL 3XL

Use the chart below to calculate your total camp fee:

AMOUNT	ITEM
\$ _____	<p>Gulf County Camp Fees (**must be a Gulf County Resident to receive this discounted camp fee.) Camper = \$125, Junior/Senior Counselor = \$75</p> <p><i>**Gulf County Residents: The original camp cost started at \$275, but do to a duPont grant Gulf County 4-H was awarded, you are receiving a \$150/\$200 scholarship as a Gulf County resident.</i></p> <p>*If further financial assistance is needed please complete the County Scholarship form, Summer Food Service and CareerSource/TANF forms in your packet.</p>
<p><u>- \$37.80</u> *ONLY if you completed the paperwork and qualify.</p>	<p>Deduct <u>\$37.80</u> if you qualify for the <u>Summer Food (Free/Reduced Lunch) Service Program</u>. Call your local Extension Office if you have questions about eligibility.</p>
<p>- \$ _____ *ONLY if you completed the paperwork and qualify.</p>	<p>Deduct \$ _____ if you qualify for the TANF/CareerSource Program. The Extension Office will confirm this qualification and give you the deduction amount once the paperwork is completed and turned in.</p>
<p>- \$ _____ *ONLY if you completed the paperwork. (You will be notified by Wednesday, June 21st if you receive scholarship funding).</p>	<p>Deduct \$ _____ if you are awarded a scholarship through the 4-H County Camp Scholarship Fund.</p>
<p>GRAND TOTAL = \$ _____</p>	<p>Please make checks payable to: Gulf County Extension Education Foundation, Inc.</p>

**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: [Name of Sponsor]

If you need help, call [phone number of Sponsor]

Follow these instructions, if your household gets SNAP TANF or FDPIR:

Part 1: List participant's name and a SNAP, TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at [phone number of Sponsor]

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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 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 for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier 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 Program.

Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identify, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at www.usda.gov or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Gulf

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last) SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _____ ☐ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year

Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

TANF Eligibility Short Form

Applicant's Name: _____ *SSN: _____

(Child's Name for Youth Programs)

If no SSN, proof of SSN application was provided? ☐ Yes ☐ NoIs the individual a United States Citizen? ☒ Yes ☐ No If no, a qualified non-citizen? ☐ Yes ☐ No

Family Size: _____ Date of Birth: _____

(Child's DOB for Youth Programs)

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Alternate Number: _____

Step 1: Family Demographics**The family requesting services include:**☐ Parent or relative caring for one or more children; ☐ Pregnant woman; and/or ☐ Non-custodial parent**Step 2: Need or Income Requirements** (For Youth Program, check "No" on letter a)a. Is the program or service eligibility based on income? ☐ Yes ☒ Nob. Does the family meet income eligibility requirements? ☒ Yes ☐ No (N/A for Youth Program)**Step 3: Self Attestation – Please Initial by each statement**

N/A Income based or means tested benefits require "family eligibility." I understand that a family member may be designated as a non-applicant, and his/her information regarding citizenship or qualified non-citizenship status will not be required. I understand that my benefits or services will not be delayed if information regarding the non-applicant's citizen status is not provided. (** N/A for Youth Programs)

PRIVACY ACT STATEMENT – Please initial by each statement

* I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act, section 1137. The Social Security Number is used to administer the program and associate all services, correspondence and participation with the appropriate individual.

* If I do not have a social security number and do not know how to apply for one, I understand that I can request help from the One-Stop Career Center or other program provider identified below. The indicated person will refer me to the appropriate agency and may provide other help as needed and requested.

* I understand that my Social Security Number will be used to associate all records to my identification, including program participation and the receipt of services and benefits.

* I _____ certify, to the best of my knowledge, the above information in this form
(Printed Name of Parent/Custodian)
is true, including income and citizenship/qualified non-citizenship information.

* Signature: _____ * Date: _____
(Parent/Custodian)

RWB Designee: _____ Date: _____

RWB Signature: _____ Phone: _____

Gulf

TANF Eligibility Short Form (Attachment)

Child Name	Date of Birth	Social Security Number	Parent/Guardian

★ Directions for TANF Eligibility Short Form.

Applicant Name: Child's Name

SSN – Child's Social Security Number **If more than one child in family participating, use page two for additional children from same parent

Step 1: Should always be the first or third box

Step 2 a – Check "No"

Step 3: NA

Initial all 3 boxes under Privacy Act Statement

Parent's/Custodian's name goes on line Below Privacy Act Statement

Parent or Guardian signs on signature line and dates form



Gulf



Participant Name _____

**NOTICE OF NONDISCRIMINATION AND
COMPLAINT & GRIEVANCE PROCEDURES**

NOTICE OF NONDISCRIMINATION:

CareerSource Gulf Coast does not discriminate on the basis of race, color, religion, sex (including pregnancy), sexual orientation, gender identity, gender expression, sex stereotyping, national origin, age, disability, marital status, political affiliation or belief, citizenship/status as a lawfully admitted immigrant authorized to work in the United States, participation in any WIOA Title I financially assisted program or activity, participation in any CareerSource Gulf Coast funded services, or any other characteristic protected by Federal, State or local law.

Programs funded through CareerSource Gulf Coast are equal opportunity programs with auxiliary aids and services available upon request to individuals with disabilities. Persons using TTY/TTD equipment use Florida Relay Service 711. Individuals with disabilities may make requests for reasonable accommodations to the CareerSource Gulf Coast Equal Opportunity Officer by calling (850) 913-3285, emailing accommodations@r4careersourcegfc.com or writing to CareerSource Gulf Coast, Equal Opportunity Officer, 5230 W US Hwy 98, Panama City, FL 32401.

INTIMIDATION AND RETALIATION PROHIBITED:

CareerSource Gulf Coast shall not discharge, intimidate, retaliate, threaten, coerce or discriminate against any person because such person has filed a complaint or grievance. The same prohibition applies to people who have furnished information, assisted or participated in any manner in an investigation, review, hearing or any other activity related to administration of, or exercise of authority under, or privilege secured by 29 CFR Part 34.

COMPLAINT PROCEDURES:

If you as a Workforce program participant feel that you have been subjected to discrimination based on race, color, religion, sex (including pregnancy), sexual orientation, gender identity, gender expression, sex stereotyping, national origin, age, disability, marital status, political affiliation or belief, citizenship/status as a lawfully admitted immigrant authorized to work in the United States, participation in any WIA Title I financially assisted program or activity, or any other characteristic protected by Federal, State or local law, you may file a complaint of discrimination with either the Local Equal Opportunity Officer, Shannon Walding, 5230 W. Highway 98, Panama City, FL, 32401, the Department of Economic Opportunity, Office of Civil Rights (OCR), Caldwell Building, 107 East Madison Street, MSC 150, Tallahassee, FL 32399-4129 or directly with the U.S. Department of Labor, Civil Rights Center (CRC), 200 Constitution Avenue, Northwest, Room N-4123, Washington, DC 20210. Your complaint must be filed within 180 days of the alleged discriminatory act.

If you elect to file your complaint with the OCR, you must wait until the OCR issues a decision or until 90 calendar days have passed, whichever is sooner, before filing with the CRC. If the OCR's resolution of your complaint is unsatisfactory, you may file the complaint with the CRC. The complaint must be filed within 30 calendar days of the date the notice of the OCR proposed resolution was received.

GRIEVANCE PROCEDURES (PARTICIPANTS):

If you as a Workforce participant have a problem which arose in connection with Workforce programs operated by the Region in Bay, Gulf or Franklin counties, under these Acts, you should discuss the matter with the appropriate representative. If the problem cannot be resolved at that level, you may request a review with the Supervisor. If you do not receive a response within ten working days or wish to further pursue the issue, please contact your Service Provider's individual responsible for Workforce Programs with your grievance. If you do receive an adverse response and wish to pursue the grievance further, OR ten working days have elapsed and no response received, please submit a formal letter of grievance to the Deputy Director or Executive Director of CareerSource Gulf Coast, 5230 West Hwy. 98, Panama City, FL 32401. If you do not receive a decision at the Region level within 60 calendar days of filing the grievance, or if there is an adverse decision, you may request a review within 10 days of the receipt of the adverse decision or, within 15 days from the date you should have received a timely decision. The request for review should be filed with the Department of Economic Opportunity. The Department of Economic Opportunity shall issue a decision within 30 calendar days of receipt of the request. The Department of Economic Opportunity's decision constitutes final agency action. If the Department of Economic Opportunity fails to provide a decision within the 30-day time limit, you may request a determination by the Secretary of the United States Department of Labor on whether reasonable cause exists to believe that the Act or its regulations have been violated. A grievance must be filed within ONE year of the alleged violation.

As a Workforce program participant, I certify that I have read the above statement and understand my rights and responsibilities as enumerated in this statement and a copy was provided for my reference.



Participant's signature

(YOUTH)



Date

As a representative of Gulf County 4-H, I verify that the above-signed participant read the above statement of the Workforce programs' grievance/complaint procedures and indicated an understanding of the procedures.

Program Representative

Date

2017 4-H County Camp Scholarship Application

(Complete both pages of the application separately for EACH CHILD)

DEADLINE FOR SCHOLARSHIP APPLICATION IS

June 16, 2017 @ 4pm CT/ 5pm ET to your local Extension Office.

**Applicants will be notified Wednesday, June 21st if they have received a camp scholarship and will be expected to pay the remaining balance on or before Friday, June 23, 2017.*

Scholarships to camp are offered to those participants and their families who have expressed a sincere financial need for assistance and will be evaluated based on the following criteria by an outside panel of volunteers. Scholarships are based on need and available funds. It is likely that not every family/child who applies will be eligible or will be granted a scholarship. It is the intention of the Gulf County 4-H program to have as many qualified and deserving participants find some assistance to be able to go to camp.

Applicant Name (youth's name):

Family income/member ratio:

Family members: _____ # children 8-18 years old living at home: _____

Of children from same family applying to attend camp: _____

Household income combined: \$ _____

4-H club participation/status – How are you currently involved in Gulf County 4-H?

(Check ALL that apply)

_____ Active 4-H Club Member in _____ Club.

_____ Club Officer in _____ Club

_____ Parent/Volunteer with _____ Club

_____ My child/I are not currently participating in any Gulf County 4-H Activities or Clubs.

_____ I have received 4-H Camp Scholarship award(s) in previous years.

My child(ren)/family qualify to receive Free and Reduced Lunch through the district school system.

_____ YES* If you indicate yes, you must complete the Summer Food Program Form (Free and Reduced Lunch) paperwork in your camp registration packet.

_____ NO

On the back of this page please explain to the committee in your own words any compelling need for the assistance in going to camp. Examples: grandparent raising grandchild, job loss, home loss, military family, motivational factor for student to achieve in school, etc. (attach additional sheets as needed)

Applicant # _____ (This # is for the Scholarship Committee and Office Use Only.)

Need for Scholarship Explanation: (attach additional sheets as needed)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

***All information that requires a name or other confidential information are concealed and/or not included in what the volunteer scholarship committee will review.**

***Scholarships will consist of a credit towards the camp balance.**