

Summer Food Service Program Housing Documentation of Eligibility

Facility: _____

Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Phone: _____

Summer Food Service Program (SFSP) Sponsor: _____

SFSP Site: _____

Each year sponsors of the SFSP must qualify a serving site to determine if it is eligible to serve summer meals.

The eligibility for a Housing Authority facility is determined by comparing the incomes of the families residing in the complex to the current year's Household Income Guidelines for reduced-price meals.

Complete one of the following options below:

Option A – If the housing complex requirements are less than the SFSP income guidelines (see page 2):

Certification: We certify that the households in this housing complex have incomes less than the maximum for reduced-price meals for their household size (see guidelines, page 2).

Signature of person making income determinations or certifications Date

Option B – If the housing complex has mixed income levels, complete the following:

Number of children in the housing complex eligible for free and reduced-price meals (see guidelines page 2) _____

Total Number of all the children living in the housing complex. _____

Percent eligible (# of eligible ÷ total # of children = % eligible) _____

Signature of person making income determinations or certifications Date

Return this form to the SFSP sponsor, who will advise you of the site's eligibility. The income eligibility guidelines that qualify households for free and reduced-price meals are listed on page 2.

Summer Food Service Program
Household Income Guidelines—Maximum for Reduced-Price Meals
Total Household Income—Maximum
SFSP Guidelines Effective July 1, 2020 – June 30, 2021

| Household size | \$ Per Year | \$ Per Month | \$ Twice Per Month | \$ Per 2 Weeks | \$ Per Week |
|--------------------------------|-------------|--------------|--------------------|----------------|-------------|
| 1 | 23,606 | 1,968 | 984 | 908 | 454 |
| 2 | 31,894 | 2,658 | 1,329 | 1,227 | 614 |
| 3 | 40,182 | 3,349 | 1,675 | 1,546 | 773 |
| 4 | 48,470 | 4,040 | 2,020 | 1,865 | 933 |
| 5 | 56,758 | 4,730 | 2,365 | 2,183 | 1,092 |
| 6 | 65,046 | 5,421 | 2,711 | 2,502 | 1,251 |
| 7 | 73,334 | 6,112 | 3,056 | 2,821 | 1,411 |
| 8 | 81,622 | 6,802 | 3,401 | 3,140 | 1,570 |
| Add for each additional person | 8,288 | 691 | 346 | 319 | 160 |

If you have any questions, contact Food and Nutrition Service at: 651-582-8526, 1-800-366-8922 (Minnesota toll-free) or mde.fns@state.mn.us.