

Summer Food Service Program (SFSP) Enrollment Certification

INSTRUCTIONS: Sponsors of enrolled, National Youth Sports Program (NYSP) and nonresidential camp sites must complete this form for each site and/or session. This completed form must be submitted to KSDE within five (5) calendar days after food service begins.

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Sponsor _____ Phone _____

Site Name _____ Site Address _____

Session Number (if applicable) _____

Opening Date _____ Closing Date _____

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Complete the information in one (1) of these boxes to document site/session eligibility:

Any site	Number	NYSP sites only	Number	NYSP sites only	Number
Total enrollment	_____	Total enrollment	_____	Total enrollment	_____
Number of children who qualify for free and reduced price school meals.	_____	Number of children who reside in an area where poor economic conditions exist.	_____	Number of eligible children based on site compliance with current U.S. Department of Health and Human Services guidelines for income eligibility.	_____
Number of children whose household size/income exceeds the guidelines for free and reduced price school meals.	_____	Number of children who reside outside of an area where poor economic conditions exist.	_____	Number of ineligible children.	_____

I certify that the above information is true and correct and that this information is being given in connection with the receipt of Federal funds. Deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature of Authorized Representative

Date

This institution is an equal opportunity provider.