

©2011 South Mountain Christian Camp

FACILITIES

With over 260 acres of property, South Mountain Christian Camp is able to offer a wide variety of activities in order to make camp a unique, memorable experience for any child.

Our program activities include a full-size gym for basketball, volleyball, and floor hockey; an indoor climbing wall; a game room with foosball, ping-pong, and air hockey; a camp store with souvenirs and gifts; arts & crafts; and chapel room.

Outdoors we have a full-size soft-ball field, a junior-size soccer field, a volleyball court, a swimming pool, a lake used for fishing, canoeing, and paddle-boating, and hiking trails. We also have a High Ropes Course for older campers and a Low Ropes Course for all ages.



SPIRITUAL EMPHASIS

It is our aim to help campers to respond in faith to the call of God on their lives. With this focus, campers will attend nightly chapel services for their age group. These are interactive times which include singing, skits, puppets, videos, games, object lessons and teaching times.

Additionally, campers will participate in daily devotional times with their cabin group. These are small group discussion times led by the Cabin Director.

On Friday mornings we provide an opportunity for campers who have made a profession of faith to be baptized.

ARRIVAL/DEPARTURE

ANYONE NOT HERE BY 4:00 WILL BE REPLACED BY CAMPERS ON OUR WAITING LIST

CHECK-IN AT JOY CENTER

EACH SUNDAY 3:00 P.M. - 4:00 P.M.

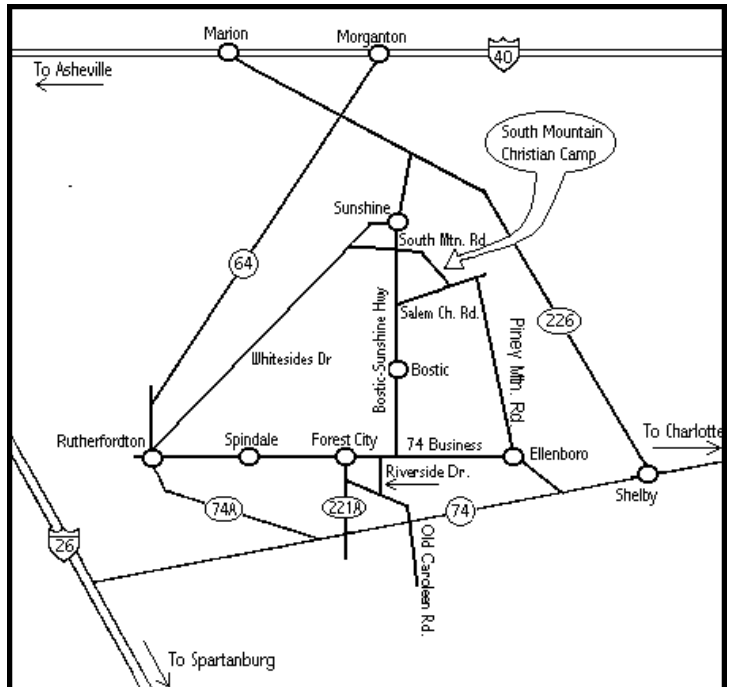
DEPARTURE FROM JOY CENTER

EACH FRIDAY 6:00 P.M. - 6:30 P.M.

OUR PROGRAM IS A FIVE-DAY PROGRAM
PLEASE REFRAIN FROM PICKING UP CHILDREN EARLY

DIRECTIONS TO CAMP

ON BUSINESS 74, AT THE INTERSECTION OF 74 & BOSTIC-SUNSHINE HWY, TAKE BOSTIC-SUNSHINE HIGHWAY FOR 4.5 MI. AT WASHBURN STORE, TAKE THE RIGHT FORK ONTO SALEM CHURCH ROAD. GO 1.8 MILES TO CROSSROADS. MAKE A LEFT ONTO SOUTH MOUNTAIN ROAD. GO ¼ MILE TO CAMP ENTRANCE ON THE RIGHT. SMCC SIGN AND RED METAL GATE MARK ENTRANCE TO CAMP. FOLLOW THIS ROAD AROUND AND BACK TO THE LEFT. IT WILL LEAD TO A LARGE CLAY-COLORED METAL BUILDING: **JOY CENTER**.



VAN SERVICE

THE CAMP VAN IS AVAILABLE ONLY FOR THOSE CAMPERS WHO DO NOT HAVE OTHER MEANS OF TRANSPORTATION AND IS LIMITED TO 8 CAMPERS PER WEEK. **THERE IS ONLY ONE VAN STOP.** BE PROMPT. THE VAN DOES NOT WAIT.

VAN SCHEDULE

LOCAL PICK-UP AND DROP-OFF ONLY

SUNDAYS THE VAN PICKS UP CAMPERS

A-1 VACUUM MAIN ST. FOREST CITY 3:00 PM

FRIDAYS THE VAN RETURNS CAMPERS

A-1 VACUUM MAIN ST. FOREST CITY 6:30 PM



FREQUENTLY ASKED QUESTIONS

- Q: WHEN DOES SUMMER CAMP TAKE PLACE?
A: SMCC OFFERS 6 ONE-WEEK CAMP SESSIONS DURING JUNE AND JULY.
- Q: HOW LONG DO CAMPERS STAY AT CAMP?
A: CAMPERS STAY FROM 4 PM SUNDAY UNTIL 6 PM FRIDAY.
- Q: WHAT IS THE COST FOR A WEEK OF CAMP?
A: FULL COST IS \$160 PLUS SPENDING MONEY. FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT PAY THE FULL AMOUNT.
- Q: WHAT IS THE AGE REQUIREMENT?
A: CAMP IS FOR YOUTH AGES 7-15. ALL AGES CAN COME EACH WEEK.
- Q: HOW MANY CAMPERS ARE IN EACH CABIN?
A: CABIN GROUPS CONSIST OF 6-8 CAMPERS. ALL CABIN GROUPS ARE ASSIGNED TO A TRAINED CABIN DIRECTOR.
- Q: WHO PROVIDES THE SCHOLARSHIPS FOR CAMPERS?
A: SCHOLARSHIP FUNDS ARE CONTRIBUTED BY INDIVIDUALS, BUSINESSES, CHURCHES, CIVIC CLUBS, AND UNITED WAY.



1129 SOUTH MOUNTAIN RD
PO BOX 9
BOSTIC NC 28018

PHONE: 828-245-3322
FAX: 828-245-1659
SMCC@BLUERIDGE.NET
SouthMountainChristianCamp.org

IF YOU NEED ASSISTANCE OR HAVE QUESTIONS ABOUT THIS APPLICATION PLEASE FEEL FREE TO CONTACT US AT THE CAMP OFFICE BETWEEN THE HOURS OF 9:00 A.M. AND 3:00 P.M. WEEKDAYS OR LEAVE YOUR NAME AND NUMBER ON THE ANSWERING MACHINE, AND WE WILL RETURN YOUR CALL AS SOON AS POSSIBLE.

PLEASE NOTE ALL POLICY CHANGES

ITEMS TO BRING

SLEEPING BAG OR 2 SHEETS & BLANKET	BATH TOWELS & WASH CLOTHS FOR 5 DAYS
TENNIS SHOES (2 PAIRS)	UNDERWEAR FOR 5 DAYS
LIGHT-WEIGHT JACKET	CLOTHES FOR FIVE DAYS (SHIRTS REQUIRED)
PILLOW	SHORTS (NO SHORT SHORTS)
2 SWIMMING TOWELS	BATHING SUIT (NO BARE MIDRIFF OR HIGH CUT)
1 OR 2 PAIR JEANS	RAIN GEAR
EXTRA SOCKS	BIBLE & NOTEBOOK (OPTIONAL)
TOILET ARTICLES	FISHING GEAR (OPTIONAL)
	CAMERA & FILM (OPTIONAL)

ALL MEDICATIONS MUST BE BROUGHT IN ORIGINAL CONTAINERS WITH DIRECTIONS

DO NOT BRING

FIREARMS OR FIREWORKS	DRUGS OR CIGARETTES	KNIVES OR MARTIAL-ARTS WEAPONS
PORTABLE TV/DVD PLAYERS	DRINKS OR SNACKS	
PHONES	INAPPROPRIATE READING MATERIALS	
ANY ELECTRONIC DEVICES		

IF BROUGHT, THESE ITEMS WILL BE TAKEN AND HELD IN THE OFFICE UNTIL CAMPER'S DEPARTURE. SOUTH MOUNTAIN CHRISTIAN CAMP, ITS CABIN DIRECTORS OR STAFF ARE NOT RESPONSIBLE FOR ANY LOST OR STOLEN ITEM DURING THE CAMPER'S STAY.

CAMPER APPLICATION

(AGES 7 THROUGH 15)

OFFICE USE ONLY	CARD	D	B	S	C	C.A.	M
w							

NAME OF CAMPER _____ NICKNAME _____ AGE _____
SEX _____ RACE _____ DATE OF BIRTH _____ PHONE # (____) _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
MAILING ADDRESS (IF DIFFERENT) _____ CITY _____ STATE _____ ZIP _____
FATHER'S NAME _____ WORK OR CELL PHONE _____
MOTHER'S NAME _____ WORK OR CELL PHONE _____
GUARDIAN/AGENCY _____ PHONE _____
PARENT'S, GUARDIAN'S AND/ OR AGENCY'S ADDRESS/PHONE IF DIFFERENT FROM CAMPER:
ADDRESS _____ PHONE _____

MEDICAL INFORMATION

IN CASE OF EMERGENCY CONTACT (GIVE 2 NAMES AND TELEPHONE NUMBERS NOT LISTED ABOVE.)

(1) _____
(2) _____
MEDICATION(S) NOW TAKING _____
REASON(S) _____

MEDICATIONS MUST BE IN ORIGINAL BOTTLES

DATE OF LAST PHYSICAL EXAM _____ DATE OF LAST TETANUS BOOSTER SHOT _____
PHYSICIAN'S NAME _____ PHONE _____
DOES CAMPER HAVE MEDICAL INSURANCE? _____ COMPANY _____ POLICY NO. _____

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

IS CAMPER ALLERGIC TO: BEE STINGS? _____ POISON OAK/IVY? _____ FOODS? _____ LOTION/SUNSCREEN? _____
WHAT TO DO IN CASE OF ALLERGIC REACTION TO ANY OF THE ABOVE _____

IS CAMPER'S SHOT RECORD CURRENT? _____ IF NOT, WHAT IS MISSING AND WHY _____

LIST ALL MEDICATIONS TO WHICH CAMPER IS ALLERGIC _____

IS CAMPER CURRENTLY RECEIVING THERAPY OR ATTENDING ANY SPECIAL ED. CLASSES? YES NO

IF YES, EXPLAIN _____ WHAT AGENCY? _____
COUNSELOR'S NAME _____ PHONE NUMBER _____

MEDICAL RELEASE (THIS MUST BE SIGNED BEFORE APPLICATION CAN BE PROCESSED)

South Mountain Christian Camp has my permission to obtain medical treatment and care for _____
(child's legal name)
as needed while under the supervision of South Mountain Christian Camp according to the discretion of camp personnel.

SIGNED - PARENT OR LEGAL GUARDIAN **DATE**

List any activities in which you do NOT want your child to take part: _____

ADDITIONAL INFORMATION

HAS THIS CHILD CAMPED WITH US BEFORE? _____ WITH OTHER ORGANIZATIONS? _____ NAME _____
HAS CAMPER SPENT TIME AWAY FROM HOME? _____ SCHOOL GRADE NEXT YEAR? _____

PLACE A (1) BY FIRST CHOICE FOR CAMP WEEK. A (2) BY CAMPERS SECOND CHOICE. YOU WILL BE NOTIFIED BY MAIL OR EMAIL AS TO WHICH WEEK WE ARE ABLE TO PROVIDE. CAMP WEEK IS FROM 3:00 SUNDAY UNTIL 6:00 FRIDAY.

JUNE 17 – JUNE 22 _____ **JULY 01 – JULY 06** _____ **JULY 15 – JULY 20** _____
JUNE 24 – JUNE 29 _____ **JULY 08 – JULY 13** _____ **JULY 22 – JULY 27** _____

IS CHILD RIDING SOUTH MOUNTAIN CHRISTIAN CAMP VAN TO AND FROM CAMP? Yes No
SPACE IS LIMITED – FIRST COME, FIRST SERVED BASIS - CHECK INFORMATION SHEET FOR PICK-UP LOCATIONS AND TIMES - LOCAL PICKUP ONLY.

(OVER→)

FINANCIAL INFORMATION

- ENCLOSED IS A CHECK FOR \$160 FOR MY CHILD'S WEEK OF CAMP.
- ENCLOSED IS \$ _____ AS A DEPOSIT FOR MY CHILD'S WEEK OF CAMP AND I WILL PAY THE BALANCE OF \$ _____ AT CHECK-IN.
- ENCLOSED IS \$ _____ TO HELP WITH THE COST OF SENDING MY CHILD TO CAMP. I HAVE COMPLETED BOTH THE FINANCIAL AID FORM BELOW AND THE SUMMER FOOD SERVICE PROGRAM CHILD ELIGIBILITY APPLICATION.

CANTEEN INFORMATION

THERE IS A CANTEEN AT THE POOL WHERE A CHILD MAY PURCHASE SODAS, POTATO CHIPS AND/OR CANDY EACH DAY. ITEMS ARE 65 CENTS EACH. CANTEEN FUNDS ARE **PAYABLE IN ADVANCE OR AT CHECK-IN**. IN ADDITION, THERE IS A CAMP STORE WHERE T-SHIRTS, SOUVENIRS, ETC., ARE AVAILABLE ON FRIDAY.

CANTEEN PAYMENT: Enclosed (Amount \$ _____) At check-in

FINANCIAL AID FORM TO OBTAIN SCHOLARSHIP

It is our sincere desire that no child be denied the opportunity to attend camp because of financial difficulties. We work hard raising scholarships to see that this does not happen, but we can make no guarantees. **There are four steps to qualifying for financial assistance:**

STEP 1: We ask that you, the parents/guardians, pay as much toward the full cost of \$160 as you can possibly afford.

STEP 2: You must attach a letter explaining your financial situation

STEP 3: You must take time to fill out this application as completely as possible since many of the organizations and individuals who donate funds set very specific guidelines for eligibility.

STEP 4: You must fill out the enclosed Summer Food Service Program Child Eligibility Application. You may include up to three campers from the same household on a single form.

CAMPER'S LIVING ARRANGEMENTS (PLEASE CHECK APPROPRIATE BOX/BOXES)

BOTH PARENTS MOTHER ONLY FATHER ONLY FOSTER CARE
MOTHER & STEPFATHER FATHER & STEPMOTHER OTHER RELATIVE
GROUP HOME / SHELTER NUMBER OF CHILDREN LIVING IN HOUSEHOLD _____

DO YOU RECEIVE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

FOOD STAMPS SOCIAL SECURITY CHECKS CHILD SUPPORT SSI
AFDC WIC OTHER FINANCIAL OR GOVERNMENT SUPPORT MEDICAID NUMBER _____

AGENCY/ PERSON WHO REFERRED YOU FOR SCHOLARSHIP (PLEASE CHECK & FILL IN NAMES WHEN REQUIRED)

JUVENILE COURT DSS MENTAL HEALTH PARENT/GUARDIAN YOUTH EMPOWERMENT
LAW OFFICER DOCTOR SCHOOL CLERGY OTHER
NAME _____ AGENCY _____

CONSENT FORM

THE FOLLOWING MUST BE SIGNED BEFORE APPLICATION CAN BE PROCESSED.

I/we agree in this covenant that I/we will indemnify, protect and hold harmless South Mountain Christian Camp, Staff, Volunteers, and Board Members from and against any and all losses, damages, injuries, claims, liabilities, suits, actions, judgments and costs which might arise from or grow out of any camping, sports, activities, or traveling while _____ is attending South

(child's legal name)

Mountain Christian Camp. Camper insurance will pay only if there is no existing family or school insurance policy for this child. Benefits under this policy are limited to amount set by insurance company. Policy will not cover pre-existing conditions or illnesses. I, the undersigned, am responsible for disclosing, in writing, at the time of check-in, **any** medical changes which have occurred since the completion of this application. I also agree that pictures and videos of my child taken at camp may be used to promote SMCC.

SIGNED - PARENT OR LEGAL GUARDIAN

DATE

RETURN APPLICATION TO : South Mountain Christian Camp
P.O. Box 9
Bostic, NC 28018-0009

You can download more Camper Applications
at www.SouthMountainChristianCamp.org

FOR MORE INFORMATION CALL (828) 245-3322. APPLICATIONS ARE PROCESSED ON A FIRST-COME, FIRST-SERVED BASIS. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT PROCESSING.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

**North Carolina Department of Health and Human Services
Women's and Children's Health
SUMMER FOOD SERVICE PROGRAM -CHILD ELIGIBILITY APPLICATION
(For Camps and Closed Enrolled Sites)**

1. PRINT THE PARTICIPANT'S NAME AND DATE OF BIRTH: _____ NAME OF SPONSOR: South Mountain Christian Youth Camp Inc.

First Name Last Name Date of Birth

SITE NAME: South Mountain Christian Camp Cafeteria

First Name Last Name Date of Birth

AGREEMENT NUMBER: 9195

First Name Last Name Date of Birth

2. FOOD STAMP, TANF or FDPIR : If the household currently receives FOOD STAMP, TANF or FDPIR benefits give the case number. Yes, we receive food stamps, TANF or FDPIR benefits. Case number is: **Food Stamp #** _____

TANF # _____ **FDPIR #** _____

If yes, and you have provided the case number, **DO NOT complete #3 and #4. Complete #5(voluntary) and #6.** If a child is a member of a food stamp or FDPIR household or TANF assistance unit, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application.

3. IS THIS A FOSTER CHILD? Yes No. **DO NOT complete #4. Complete #5 (voluntary) and contact sponsor for further instructions. A separate application must be completed for each foster child.**

4. HOUSEHOLD MEMBERS MONTHLY INCOME: List all others living in your household, **DO NOT** include participant listed above. List all gross income (**before deductions**) received last month. If you did not give a food stamp, TANF or FDPIR case number or if this is not a foster child, you must complete the income information.

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security Earnings	Monthly Public Assistance/ Child Support Earnings	Monthly Retirement Pensions Earnings	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: Hispanic or Latino Not Hispanic or Latino

RACE OF PARTICIPANT: You are NOT required to answer this question.

White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that Sponsor or SFSP officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member (Required) Date: _____ Social Security Number- last 4 digits I do not have a social security number

Printed Name Home Telephone # Work Telephone #

Address City Zip Code

Unless you include your child's case number for the Food Stamp Program, the Food Distribution Program on Indian Reservations (or other identifier for the Food Distribution Program on Indian Reservations) or the Temporary Assistance for Needy Families Program, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. This is required by section 9 of the National School Lunch Act. The social security number is not mandatory, but the application cannot be approved if a social security number is not given or an indication is not made that the signer does not have a social security number. The social security number will be used in the administration and enforcement of the program. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

For Sponsor To be classified and completed by institution/sponsor

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

Approved: Free Reduced Denied Categorical Eligibility

Reason for denial: Income too high incomplete application other

Withdrew on (Date): _____

For state use only:
Verified by: _____ Date: _____
Verified classification: Free Reduced Denied
Reason for change in classification: _____

Signature of Eligibility Official Date

SUMMER FOOD SERVICE PROGRAM

Dear Parent or Guardian,

Please help us comply with the federal requirement mandating the annual submission of Program Eligibility Application . This application will be used only for eligibility determination, placed in our files and treated as confidential information. In order for participants and the Sponsor/site to be considered eligible for program benefits, an adult household member must complete the Program Eligibility Application for each household enrolled in the site as soon as possible, sign, date and return it to the Sponsor. Completion of the application is not mandatory unless you wish to be considered for eligibility as a free or reduced price participant.

If you currently receive food stamps, Temporary Aid to Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR), you are not required to list household income. You may give your food stamp, TANF or FDPIR case number, sign, date and return the application. Foster children categorically eligible SFSP benefits.

You should list the name of everyone who lives in your household, including all children, parents, grandparents and other relatives. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

The income which you report **must** be the total gross income, before deductions, received by all members of your household last month (i.e. wages, welfare or retirement etc). Military benefits received in cash, such as housing allowance for military households living off base and food or clothing allowance **must** be considered as income. If you have a household, member for whom last month's income was higher or lower than usual, list that person's expected average monthly income. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the participant and the day care center will be eligible for program benefits.

EFFECTIVE JULY 1, 2011 - JUNE 30, 2012 REDUCED GUIDELINES

HOUSEHOLD SIZE	YEARLY	MONTHLY		TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	20,147	1,679		840	775	388
2	27,214	2,268		1,134	1,047	524
3	34,281	2,857	3,446	1,429	1,319	660
4	41,348	4,035		1,723	1,591	796
5	48,415	4,624		2,018	1,863	932
6	55,482	5,213		2,312	2,134	1,067
7	62,549	5,802		2,607	2,406	1,203
8	69,616			2,901	2,678	1,339
For each Household member add:	+7,067	+589		+295	+272	+136

You may submit a program eligibility application any time during the fiscal year. If you aren't eligible now but have an increase in household size, become unemployed or have a decrease in income causes your household's total income to be within the eligibility standards on the chart above, you may reapply for program benefits. The information on the application may be verified by the institution's eligibility official at any time during the fiscal year.

In accordance with the Reauthorization Act, households are no longer required to report changes in circumstances, such as an increase in income (currently \$50 per month, or \$600 annually), a decrease in household size or when the household is no longer certified eligible for food stamps or Temporary Assistance for Needy Families. Therefore, once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

Privacy Act Statement: 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 Food Stamp, 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.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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.

SFSP ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Summer Food Service Program Eligibility Applications using the instructions below. Sign the statement and return it to your child care center.

PART 1-PARTICIPANT'S INFORMATION: Complete this part.

Print the name(s) of the child enrolled in the center.

PART 2-HOUSEHOLD GETTING FOOD STAMPS, TANF, OR FDPIR BENEFITS: Complete this PART and PART 6.

- (1) List your current food stamp, TANF, or FDPIR case identification number.
- (2) An adult household member must sign the statement in PART 6.

PART 3-FOSTER CHILD

- (1) Indicate if child is a Foster Child. A separate application must be completed for each foster child.
- (2) An Adult household Member must sign the statement in PART 6.

PART 4- HOUSEHOLD INCOME: Complete this PART and PART 6

- (1) List the names of household members.
- (2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e. weekly, every two weeks, twice a month, or monthly) received **last month** for each household member and where it came from, such as earnings, welfare, pensions and other income (refer to examples below for types of income to report). If any amount last month was less than usual, write the person's usual income.
- (3) An adult household member must sign this income eligibility statement and give his/her social security number in PART 6.

PART 5-ETHNIC/ RACIAL IDENTITY: Complete the Ethnic/ Racial identity question if you wish.

You are not required to answer this question to get meal benefits. However, this information will help ensure that everyone is treated fairly.

PART 6-SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this PART.

- (1) All eligibility statements must have this signature of an adult household member;
The adult household member who signs the statement must include his/her last four digits of his/her social security number. If he/she does not have a social security number, write "none." If you listed a food stamp, TANF, or FDIR number a social security number is not needed.

INCOME TO REPORT

Earnings from Employment

Wage/salaries/tips
Strike benefits

Unemployment compensation
Worker's compensation
Net income from self-owned
business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/Child support payments

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Other Income

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/
investments

Regular contributions from
persons not living in the
household
Net royalties/annuities/
net rental income
Any other income

All programs of the United States Department of Agriculture are available to everyone with out regard to race, color, sex, national origin, age, or disability.