



## UCLA UniCamp Older Camper Program Application

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Older camper programs are available for campers ages 15 - 17 and are designed to push campers out of their comfort zone and challenge them to become leaders within UniCamp. Participants are taught program specific skills and asked to take on more leadership responsibilities around the campsite. Listed below are the descriptions of the 3 older camper programs that will be offered this summer.

### **C.L.I.M.B. (Core Lessons in Mind and Body)**

Core Lessons in Mind & Body is an Older Camper Program that offers an opportunity to learn about the fundamentals and safety of rock climbing as a platform to experience self-growth. It focuses around the 5 pillars of rock climbing to teach campers responsibility, trust, and mindfulness. Along with learning how to climb, campers will exercise new skills in leadership and communication as they teach the basics of climbing to younger campers at the Alpine Tower. The C.L.I.M.B. program culminates with an off-site, outdoor climb, which allows them to fully appreciate and utilize everything they have learned through the program.

### **UniCorps**

UniCorps is an Older Camper Program that focuses on leadership, service learning, and educational awareness. Campers will engage in community service projects that will improve upon the natural beauty and aesthetic of the UniCamp campsite. Campers also lead younger campers in outcome-based programs. Campers who complete this program earn 30 hours of community service towards their high school graduation requirement. Led by UCLA students and alumni, UniCorps provides the perfect opportunity for your child to learn how to get to college from those who have already made it.

### **WALL (Wilderness Adventures in Leadership and Learning)**

WALL is an Older Camper Program where campers and their volunteer advisors embark on a 4-day journey to summit Mt. Sugarloaf, the tallest peak in the Big Bear Basin. Through WALL, we embrace the beauty of nature, the skills needed for survival in the wilderness, and the challenges that come with the journey. We look within ourselves to find the strength to achieve something remarkable. At the end of their long journey, the WALL participants leave with a newfound appreciation for the environment, stronger leadership skills, and the knowledge that they can achieve more than they thought they were capable of.



**(DO NOT RETURN THIS SHEET)**

## **How to Submit this Application**

Please submit the completed application to [apply@unicamp.org](mailto:apply@unicamp.org). Applications are due 15 days before the first day of the session to which you are applying. The due dates are listed next to the session dates below. If you are applying to multiple sessions, the application is due 15 days before the earliest session you are applying to. We will reach out to you regarding payment shortly after the application is submitted.

## **Program Ranking**

### **RANK EACH PROGRAM IN ORDER FROM 1 to 3 BASED ON INTEREST LEVEL**

(You will be contacted by the program that you have been placed into. Please see below for specific Older Camper Program session availability.)

\_\_\_\_\_ C.L.I.M.B.  
\_\_\_\_\_ UniCorps  
\_\_\_\_\_ W.A.L.L.

## **2017 Camp Session Dates**

Listed below are the available session dates for each of the OCP Programs for this upcoming summer. Write an "X" next to **ALL** the dates you are available for. This year, Older Camper Programs will be going up to camp a day before classic camp session begins.

### **C.L.I.M.B. Dates:**

- June 25 – 30 (Application due June 10<sup>th</sup>)
- July 9 – 15 (Application due June 24<sup>th</sup>)
- July 15 – 22 (Application due June 30<sup>th</sup>)

### **UniCorps Dates:**

- July 9 – 15 (Application due June 24<sup>th</sup>)
- July 15 – 22 (Application due June 30<sup>th</sup>)
- July 22 – 29 (Application due July 7<sup>th</sup>)
- August 5 – 11 (Application due July 21<sup>nd</sup>)

### **WALL Dates:**

- June 25 – 30 (Application due June 10<sup>th</sup>)
- July 9 – 15 (Application due June 24<sup>th</sup>)
- July 15 – 22 (Application due June 30<sup>th</sup>)
- July 22 – 29 (Application due July 7<sup>th</sup>)
- August 5 – 11 (Application due July 21<sup>nd</sup>)

## **Cost**

The actual cost of UCLA UniCamp ranges from \$600 - \$800 a participant. However, UCLA UniCamp is committed to ensuring that every camper, regardless of income, has the opportunity to attend camp. To fulfill this mission, we guarantee all of our campers an automatic \$350 scholarship\*. With this scholarship, campers can attend camp at a lowered cost of only \$300 dollars. If circumstances make \$300 out of the question, the Program Directors will be available to discuss alternative payment plans after a camper has been accepted into an OCP program.



## UCLA UniCamp Health History Form

(A photocopy of front and back of health insurance card must be attached)

Last Name: \_\_\_\_\_  
(Camp office use only)

<b>Camper</b>	Last Name: _____ First Name: _____ MI: _____ DOB: _____ Age: _____ Current Grade: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> Address: _____ <i style="margin-left: 40px;">Street Address</i> <i style="margin-left: 180px;">City</i> <i style="margin-left: 120px;">State</i> <i style="margin-left: 60px;">Zip</i> Email: _____ Phone: _____
<b>Adult 1</b>	Last Name: _____ First Name: _____ MI: _____ Relation to Camper: _____ Email: _____ Address: _____ <i style="margin-left: 40px;">Street Address</i> <i style="margin-left: 180px;">City</i> <i style="margin-left: 120px;">State</i> <i style="margin-left: 60px;">Zip</i> Phone 1: _____ Phone 2: _____
<b>Adult 2</b>	Last Name: _____ First Name: _____ MI: _____ Relation to Camper: _____ Email: _____ Address: _____ <i style="margin-left: 40px;">Street Address</i> <i style="margin-left: 180px;">City</i> <i style="margin-left: 120px;">State</i> <i style="margin-left: 60px;">Zip</i> Phone 1: _____ Phone 2: _____
<b>Emergency</b>	Last Name: _____ First Name: _____ MI: _____ Relation to Camper: _____ Email: _____ Address: _____ <i style="margin-left: 40px;">Street Address</i> <i style="margin-left: 180px;">City</i> <i style="margin-left: 120px;">State</i> <i style="margin-left: 60px;">Zip</i> Phone 1: _____ Phone 2: _____
<b>Insurance</b>	Is the participant covered by medical insurance? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Plan Name & Policy# or Group: _____ Medical #: _____ Name of Family Physician: _____ Phone: _____

First Name: \_\_\_\_\_

Session: \_\_\_\_\_

Age: \_\_\_\_\_

**Parent/ Guardian Authorization:** This Health History Form is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I have read the program descriptions and my child has no medical condition that would prevent them from participation. I hereby give permission to UCLA UniCamp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including; ordering x-rays, routine emergency medical treatment, or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes and understand that I will be responsible for any medical costs incurred. I give permission to the camp to arrange necessary transportation for the camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. This information is confidential and will not be shared with anyone except necessary camp staff.  
 \* If for religious reasons you cannot sign this, contact the UCLA UniCamp office for a legal waiver, which must be signed for attendance.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camper Acknowledgement:** I understand and agree to abide by any restrictions placed on my participation in any camp activities.

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cabin: \_\_\_\_\_

<b>Allergies</b>	<p><b>ALLERGIES:</b> List all known allergies: Medication/ Food/ others (bug stings, fever, asthma, animal dander, etc.)</p> <p style="text-align: center;"><b>Describe reaction and management of the reaction</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**Medications:** List ALL medications taken (including over-the-counter or non prescription drugs). Bring enough to last the entire session. Keep it in the original packaging or bottle that identifies the prescribing physician, the name of the medication, dosage, & frequency.

Med: \_\_\_\_\_ Dose: \_\_\_\_\_ Time of day: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_

Med: \_\_\_\_\_ Dose: \_\_\_\_\_ Time of day: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_

Med: \_\_\_\_\_ Dose: \_\_\_\_\_ Time of day: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_

Identify any meds taken during the school year that the participant may not take during the summer:

<b>Immunization</b>	Which of the following has the participant had? <input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C	Please give all dates of immunization for:						
	TB Mantoux Test: Test Date: _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Vaccine:	Date:	Mo/ Yr	Mo/ Yr	Mo/ Yr	Mo/ Yr	Mo/ Yr
		DTP:	_____	_____	_____	_____	_____	_____
		TD ( <i>tetanus/diphtheria</i> ):	_____	_____	_____	_____	_____	_____
		Tetanus:	_____	_____	_____	_____	_____	_____
		Polio:	_____	_____	_____	_____	_____	_____
		MMR:	_____	_____	_____	_____	_____	_____
		or Measles:	_____	_____	_____	_____	_____	_____
		or Mumps:	_____	_____	_____	_____	_____	_____
		or Rubella:	_____	_____	_____	_____	_____	_____
		Haemophilus influenza B:	_____	_____	_____	_____	_____	_____
		Hepatitis B:	_____	_____	_____	_____	_____	_____
		Varicella:	_____	_____	_____	_____	_____	_____

**RESTRICTIONS:** (The following restrictions apply to this individual)

Cannot eat:  Red Meat  Pork  Dairy  Peanuts  Seafood  Eggs  Wheat/ Gluten  Others \_\_\_\_\_

Provide a signed doctors note for food allergies or mark the box to the right that food restrictions are for religious beliefs.  Religious Food Restrictions

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary): \_\_\_\_\_

**GENERAL QUESTIONS:** Has/ does the participant...?

1. Had any recent injury, illness, or infection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Been diagnosed with a heart murmur?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have a chronic illness/ condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Had back or joint problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Ever been hospitalized?	Yes <input type="checkbox"/> No <input type="checkbox"/>	16. Have a orthodontic appliance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Ever had surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	17. Have any skin problems (itching, rash, acne)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have frequent headaches?	Yes <input type="checkbox"/> No <input type="checkbox"/>	18. Have diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Ever had a head injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	19. Have asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Ever been knocked unconscious?	Yes <input type="checkbox"/> No <input type="checkbox"/>	20. Had mononucleosis in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Wear glasses or contacts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	21. Had issues with diarrhea/ constipation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Had frequent ear infections?	Yes <input type="checkbox"/> No <input type="checkbox"/>	22. Have a history of sleepwalking?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Passed out/ felt dizzy during exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	23. Have a history of bed-wetting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Ever had seizures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	24. Ever had an eating disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Ever had high blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	25. ( <i>If female</i> ) have abnormal menstrual history?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Ever had emotional difficulties for which professional help was sought?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please explain any 'yes' answers, noting the question # \_\_\_\_\_

Use this space to provide additional information about the participant's behavior and/or physical, emotional, or mental health about which UCLA UniCamp should be aware: \_\_\_\_\_

<b>Screening Record (camp use only)</b>	Date Screened: _____ Screened by: _____
	Updates to Health History Form? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what? _____
	Meds Received: _____
	Current health needs identified: _____
	Observational Notes: _____



UCLA UniCamp  
**Parent/ Guardian Medical Consent Form**

Whereas the California Legislature has authorized consent, in advance, by parents or legal guardians for such treatment (Section 6910 of the California Family Code) to medical treatment, I, the parent or legal guardian of \_\_\_\_\_ (my Child) agree that while my Child is in the care of University Camps Inc. (dba UCLA UniCamp) going to, attending, and returning from UCLA UniCamp, should an accident or emergency occur which requires immediate attention without sufficient time to contact parents or legal guardians, I authorize the following:

- I, authorize UCLA UniCamp as an agent for me to consent to pay any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care to be rendered under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Dental Practice Act and the Medical Practice Act or of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said hospital or at others near the facilities of UCLA UniCamp.
- I understand that this authorization is given in advance of any specific diagnosis or treatment or hospital care being required, but is given to provide authority and power to UCLA UniCamp to give specific consent to any and all such diagnoses, treatments, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.
- I understand that I will assume full financial responsibility for all expenses accrued for any of the foregoing services. This authorization shall remain effective for 12 months from the date signed; unless sooner revoked in writing delivered to UCLA UniCamp.
- I hereby certify that:
  - The camper's medical history as provided by me to UCLA UniCamp is correct, and my Child has permission to engage in all prescribed camp activities except as noted;
  - The licensed medical and nursing personnel of UCLA UniCamp may, if necessary in their sole discretion, administer first aid treatment and over-the-counter medication including but not limited to the following conditions: cold, headaches, stomach aches, allergies, and asthma;
  - I understand that if an emergency arose and my Child needs to be picked up from camp, the camp staff will call the home number, the work number, and the emergency numbers that I have provided. Should these steps fail to provide timely (within one hour) transportation to my Child's home, UCLA UniCamp may be forced by law, to turn the camper over to the Department of Children and Family Services or local enforcement agencies as practicable;
  - I understand that it is impossible for UCLA UniCamp to continue to retain custody of my Child if my Child has not been picked up at the end of the camp session. If I fail to arrive at the designated pick-up location, the camp staff will attempt to use the same procedure as used in an emergency situation: Staff will call the home number, the work number, and then the emergency numbers. Should these steps fail to provide timely (within one hour) transportation to my Child's home, my Child must, by law, be turned over to the Department of Children and Family Services or local enforcement agencies as practicable.
- I acknowledge that UCLA UniCamp's only responsibility in the event of an emergency, or at the end of the camp session, is to attempt once to make contact at the telephone numbers provided, and then deliver the child to the Department of Children and Family Services or local enforcement agencies. I, along with my Child, hereby waive and release UCLA UniCamp of all claims and agree to hold UCLA UniCamp harmless from any liability arising from its adherence to this policy.
- I understand that if my Child is sent home early from UCLA UniCamp for any reason, I will be responsible for arranging transportation or I will be charged for transportation cost.

(Camp office use only) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Session: \_\_\_\_\_ Age: \_\_\_\_\_ Cabin: \_\_\_\_\_

- ACKNOWLEDGEMENT OF RISKS:** I recognize that there is an inherent danger in and there are significant elements of risk in any adventure, sport, activity, or training associated with outdoors or wilderness, including environmental education, camping, hiking, and swimming (*referred to herein as "activity"*) and the use of any related equipment. These risks may result in serious injury or loss of life, and include but are not limited to: 1) falls; 2) cold weather related injuries; 3) heat related illness; 4) altitude related sicknesses; 5) an "act of nature"; 6) river crossings, fording, or travel to or from activity; 7) risk associated with crossing, climbing, or down climbing rocks; 8) equipment failure; 9) vector exposure; 10) changing water flow or currents, submerged and/ or semi-submerged objects, varying wind, water, and weather conditions, the presence of other water craft, the speed at which I travel, the stability characteristics of a water craft, and my balance and ability to control the craft or follow directions; and that I may suffer accidents or illnesses in remote places where I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the risks, dangers and hazards of the activity, that wearing a U.S. Coast Guard-approved personal flotation device is a basic safety precaution while operating water craft; that wearing a helmet and appropriate clothing and footwear is a basic safety precaution while engaged in rock climbing/ mountaineering activities; that using the "buddy-system" is a basic safety precaution while swimming or snorkeling; and that I should ask about other potential dangers and hazards and recommend precautions and procedures.
- I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the risks, dangers, and hazards of the activity.
- EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks (those risks, which are not the result of UniCamp's negligence) of the activity, which I will engage in, I confirm that I am physically and mentally capable of participating in the activity and/ or using equipment. I acknowledge that during the activity I may experience fatigue, chill and/ or dizziness, which may diminish my reaction time and increase the risk of accident. I will only participate willingly. I will assume financial responsibility for personal injury or accident. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.
- COVENANT OF GOOD FAITH:** I realize that UniCamp, as a provider of goods and/or services, operates under a covenant of good faith and fair dealing, but that UniCamp may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the groups; and/or refuse or terminate, the participation of any person UniCamp deems to be incapable of meeting the rigors or requirements of participating in the activity. I accept UniCamp's right to take such actions for my safety.

**I HAVE HEREBY READ AND UNDERSTOOD THE FOREGOING ACKNOWLEDGEMENT OF RISKS, ASSUMPTIONS OF RISK AND RESPONSIBILITY.**

**Camper Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(optional)*

**I HAVE HEREBY READ AND UNDERSTOOD THE FOREGOING ACKNOWLEDGEMENT OF RISKS, ASSUMPTIONS OF RISK AND RESPONSIBILITY.**

**Parent/ Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



UCLA UniCamp
Activity Permission Form

Last Name:
(Camp office use only)

PLEASE NOTE: Your child will not be considered for attendance of UCLA UniCamp unless this form is complete. Your child's ability to participate in the following activities will be evaluated and taken into consideration before and during the actual activity.

Along with typical resident camp activities, I, the legal parent or guardian of (my Child) authorize (initial each line) my Child to participate in the following activities:

First Name:

- Bus service contracted by University Camps Inc. dba UCLA UniCamp to transport to and from the campsite in the San Bernardino National Forest. Initial:
Participate in a 2.2-mile hike during the week and on the day of arrival and/ or departure. Initial:
Participate in and climb a 50' Alpine Climbing Tower Initial:
Participate in group problem solving on a low-ropes challenge course. Initial:
Camp overnight in the out-of-doors, off camp property. Initial:
Sleep in open-air summer sleeping structures with no electricity. Initial:
Rock climbing with rope/ helmet/ harness supervised by trained instructors. Initial:
Ride mountain bikes on a guided tour in the San Bernardino National Forest. Initial:
Swim in the camp pool supervised by certified lifeguards. Initial:
Pass a swim test once allowed entrance to the camp pool. Initial:
Participate in recreational activities and sports as outlined on our webpage. Initial:
Leave campsite for activities such as nature walks, hikes, or other group activities. Initial:
Participate in camp community service projects such as maintaining hiking trails, litter removal, erosion control, and/ or other improvement projects. Initial:
Help with camp community chores such as: dining hall cleanup, dish washing, restroom, shower, and cabin cleanup, and helping maintain the overall natural beauty of the campsite. Initial:
Leave the campsite in order to attend lake activities such as: sailing, canoeing, zip lining. Initial:

Session:

IN ADDITION: "I understand that..."

- if my Child is unable to attend for any reason, there will be no refund of "fees" paid. Initial:
if my Child misses the scheduled departure time for camp, my Child's registration is non-transferable. This may also affect future opportunities to attend UCLA UniCamp. Initial:
my Child can only attend camp if he/she is at least 10 years old but not older than 17. Initial:
I will be required to arrange for transportation from the campsite if the camp personnel determine any early departure is necessary for my Child prior to the end of the session.
I may be asked to do so for the following:
o Taking another person's property without permission.
o Leaving camp without permission.
o Possessing firearms, weapons, alcohol, drugs, cigarettes, lighters, or matches at camp.
o Exhibiting a medical or behavioral condition that UCLA UniCamp is not equipped, or prepared. Initial:
o Acting in an inappropriate or harmful manner. Initial:
if camp staff is unable to reach the parents/ guardians or emergency contact at the numbers provided, camp staff may be forced by law to turn the camper over to the Department of Children and Family Services or local enforcement agencies as practicable. Initial:
if camp staff require early departure for my Child, my Child will not be able to participate in any camp activities between the time camp staff required my Child to be transported from camp early and my Child's departure from the campsite. Initial:
camp staff are authorized to search my Child's belongings, with my Child present, when the health, well being and/ or safety of my Child or others warrant the action. Initial:

Age:

Cabin:

- although the camp employs a full-time registered nurse, I understand that the traveling distance to the next level of medical care is 45 minutes on mountainous roads with no delays. Initial: \_\_\_\_\_
- I must drop off and pick-up my Child at the designated "pickup" site, in a timely manner. Initial: \_\_\_\_\_
- If my Child is photographed or filmed at camp or any University Camp Inc. sponsored activities, the pictures and/ or film may be used for any camp purposes including but not limited to: brochures, newspaper articles, advertisements, websites, social media posts, or television broadcasts. Initial: \_\_\_\_\_
- All of the lost and found articles collected during my Camper's camp experience will return on the buses and What remains will be donated to another charity within five days of my Camper's return. Initial: \_\_\_\_\_
- it is impossible for UCLA UniCamp to continue to retain custody of my Child if my Child has not been picked up at the end of the camp session. If I fail to arrive at the designated pick-up location, the camp staff will attempt to use the same procedure as used in an emergency situation: Staff will call the home number, the work number, and then the emergency numbers. Should these steps fail to provide timely (within one hour) transportation to my Child's home, my Child must, by law, be turned over to the Department of Children and Family Services or local enforcement agencies as practicable. Initial: \_\_\_\_\_

**MY SIGNATURE BELOW IS MY ENDORESMENT THAT:**

- **I have read the program descriptions above;**
- **I have discussed going to camp with my Parent/ Guardian;**
- **I am excited to have a UCLA UniCamp experience this summer.**

**Camper Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(optional)*

**MY SIGNATURE BELOW IS MY ENDORESMENT THAT:**

- **I have read the program descriptions above;**
- **I have discussed going to camp with my Child;**
- **Both I and my Child want a UCLA UniCamp experience for my Child;**  
**and**
- **I have legal authority to provide this authorization.**

**Parent/ Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**SUMMER FOOD SERVICE PROGRAM  
LETTER TO PARENTS**

Dear Parent/Guardian:

Providing nutritious meals to children at a reasonable cost is an increasing growing challenge. To assist our program in offsetting the costs for meals served to the children, we receive federal reimbursement funds through the Summer Food Service Program (SFSP). This reimbursement allows us to afford and offer better service to children. Please complete, sign, and return the attached confidential *Income Eligibility Form for Camps and Enrolled Sites* as soon as possible.

Instructions for completing the eligibility information are on the reverse side of the form. Please contact [jlou@unicamp.org](mailto:jlou@unicamp.org) if you have questions or need assistance in completing form.

The chart below is used to determine the children's/child's eligibility to receive SFSP meals. If the children's/child's family household income is at or below the dollar amount in the chart, the children/child are/is eligible to receive free Summer Food Service Program meals.

**Please complete the attached form and return it to your agency representative.**

Thank you for your participation and cooperation.

**THIS SCALE DOES NOT APPLY TO HOUSEHOLDS THAT RECEIVE CALFRESH, CALWORKS, FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), WORKFORCE INVESTMENT ACT (WIA), OR KIN-GAP BENEFITS. THOSE CHILDREN ARE AUTOMATICALLY ELIGIBLE FOR FREE MEAL BENEFITS.**

ELIGIBILITY SCALE FOR CAMPS AND CLOSED ENROLLED SITES July 1, 2016–June 30, 2017					
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 21,978	\$ 1,832	\$ 916	\$ 846	\$ 423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,106	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

\* A household of one means a child who is his or her sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

**(DO NOT RETURN THIS SHEET)**

## HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Using the instructions below, please complete, sign, and return the Income Eligibility Form to your agency representative. If you need help, email [jliou@unicamp.org](mailto:jliou@unicamp.org).

**1. CHILD INFORMATION:**

- a) Print your child's name.
- b) Check a box in the right column to identify a foster child.

**2. CATEGORICAL ELIGIBILITY:** Complete this section and sign the form in section #4.

- a) List your current CalFresh, CalWORKs, FDPIR or Kin-GAP case number(s) for your child(ren).
- b) Sign the form in section #4. An adult household member must sign. You do not have to list a SSN.

**3. HOUSEHOLD INCOME:** Complete this section if the child does not qualify as Categorical Eligibility and sign the form in section #4.

Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. **If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.**

- a) Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, CalWORKs, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
- b) If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
- c) Sign the form and include the last four digits of your SSN in section #4. *If you do not have a SSN, check the box "Check here if no SSN."*

**4. LAST FOUR DIGITS OF SSN AND SIGNATURE:**

- a) The form must have a **signature** of an adult household member.
- b) The adult household member who signs the statement must include the last four digits of his/her **SSN**. *If he/she does not have a SSN, check the box "Check here if no SSN".* The last four digits of your SSN is not needed if you listed a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number.

**5. RACIAL/ETHNIC IDENTITY:** You **are not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

**INCOME TO REPORT**

Earnings from Work	Pensions/Retirement/Social Security	Other Monthly Income
<ul style="list-style-type: none"> <li>• Wages/salaries/tips</li> <li>• Strike benefits</li> <li>• Unemployment compensation</li> <li>• Worker's compensation</li> <li>• Net income from self-employment</li> <li>• Public assistance payments</li> <li>• CalWORKs payments</li> <li>• Alimony/child support payments</li> </ul>	<ul style="list-style-type: none"> <li>• Pensions</li> <li>• Supplemental security income</li> <li>• Retirement income</li> <li>• Veteran's payments</li> <li>• Social Security</li> </ul>	<ul style="list-style-type: none"> <li>• Disability benefits</li> <li>• Cash withdrawn from savings</li> <li>• <i>Interest dividends</i></li> <li>• Income from estates/trusts/investments</li> <li>• Regular contributions from persons not living in the household</li> <li>• Net royalties/annuities/net rental income</li> <li>• Military allowance for off-base housing</li> <li>• Any other income</li> </ul>

**"FOR AGENCY USE ONLY" SECTION**

The sponsor must complete this section to indicate whether the enrolled participant is or is not eligible to receive meals. Failure to complete this final step could cause loss of reimbursement.

**(DO NOT RETURN THIS SHEET)**

UCLA UniCamp  
**Camp and Closed Enrolled Site Income Eligibility Form**

Last Name: \_\_\_\_\_  
 (Camp office use only)  
 First Name: \_\_\_\_\_  
 Session: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Cabin: \_\_\_\_\_

**1. CHILD INFORMATION**

(List names of all enrolled children)

Last	First	M.I.	Check box to identify a foster child (Legal responsibility of welfare agency/court)
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>

**If all children listed above are foster children, go to section #4 to sign this form.**

**2. CATEGORICAL ELIGIBILITY:** If you are getting CalFresh, CalWORKS, Food Distribution Program on Indian Reservations (FDPIR), or Kin-Gap benefits for your child, list the case number. If your child participates in the Workforce Investment Act (WIA) check the box.

CalFresh Case Number:
CalWORKS Case Number:
FDPIR Case Number:
Kin-Gap:
WIA: <input type="checkbox"/>

**If you listed a case number or checked a box in section 2, DO NOT complete #3. Go to section #4.**

**3. HOUSEHOLD INCOME:** Complete this section if you DID NOT complete #2.

List ALL household members & their income. Proceed to #4 after.

NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME
	Amount/ How Often	Amount/ How Often	Amount/ How Often	Amount/ How Often
1.	\$ /	\$ /	\$ /	\$ /
2.	\$ /	\$ /	\$ /	\$ /
3.	\$ /	\$ /	\$ /	\$ /
4.	\$ /	\$ /	\$ /	\$ /
5.	\$ /	\$ /	\$ /	\$ /
6.	\$ /	\$ /	\$ /	\$ /
7.	\$ /	\$ /	\$ /	\$ /
8.	\$ /	\$ /	\$ /	\$ /
9.	\$ /	\$ /	\$ /	\$ /

**For Agency Use Only**

**CATEGORICAL ELIGIBILITY**

CalFresh/ CalWORKS/ FDPIR/ Kin-GAP household categorically eligible:  Yes  No

Foster Child Automatically Eligible:  Yes  No

**INCOME ELIGIBILITY** – Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Household size: \_\_\_\_\_

Eligibility Classification:  Eligible  Not Eligible

Determining Official (Print Name): \_\_\_\_\_

Determining Official Signature: \_\_\_\_\_

Certification Date: \_\_\_\_\_

#### 4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE:

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, Kin-GAP, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is provided for the receipt of federal funds; that agency officials may verify the information on the Income Eligibility Form for Camp and Enrolled Sites and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name:	
Last Four Digits of SSN:	<input type="checkbox"/> Check here if no SSN
Signature of Adult:	Date:

**Privacy Act Statement:** Unless you list the child's CalFresh, CalWORKs, FDPIR, WIA or Kin-GAP case number, Section 9 of the National School Lunch Act (NSLA) requires that you include the last four digits of the SSN for the household member signing the form, or indicate that the household member signing the form does not have a SSN. You do not have to list the last four digits of a SSN, but if they are not listed, or the "Check here if no SSN" is not marked, we cannot approve your child for free or reduced price meals. The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, FDPIR, or Kin-GAP office to determine current certification for CalFresh, CalWORKs, FDPIR, or Kin-GAP benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

**5. RACIAL/ETHNIC IDENTITY:** You are not required to answer these questions. If you choose to do so, please mark one or more of the following **racial** identities:

- American Indian or Alaska Native       Asia       Black or African American  
 Native Hawaiian or Other Pacific Islander       White

Please mark one of the following **ethnic** identities:  Hispanic or Latino  Not Hispanic or Latino

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, disability, age, 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, audiotape, 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 800-877-8339. 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 (AD-3027), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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 866-632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



## UCLA UniCamp Frequently Asked Questions

### WHAT SHOULD MY CHILD BRING TO CAMP/ PACKING LIST?

Your child will need a sack lunch for the trip to camp. The average temperature can range from 40 degrees at night to over 90 degrees during the day. With swimming, recreation rotation, hiking and such, kids can go through clean clothes quickly. **Please limit your child to two pieces of luggage.** The following is a list of items and recommended clothing (included in the count is what your child will wear to camp):

- 7 pair of underwear
- 7 pair of socks
- 3 – 4 pair of durable pants
- 3 – 4 pair of shorts
- 6 T-shirts
- 1 jacket
- 2 sweatshirts/ sweaters
- 1 swim suit (one piece)
- 1 pair CLOSED TOE shoes
- 1 pajama
- 2 towels
- 1 water bottle
- 1 pair sunglasses (*optional*)
- 1 cheap camera (*optional*)
- 1 hat
- 1 flashlight
- 1 pillow
- 1 WARM sleeping bag
- 2 towels
- Toiletries (in a small bag)
  - unscented soap
  - toothbrush & toothpaste
  - comb or brush
  - unscented shampoo
  - deodorant
  - sunscreen
  - bug spray
  - chap stick/ lip balm

### LUGGAGE?

Please pack your child's bag with them so they know that they brought, along with where it is. Make sure luggage is sturdy and clearly marked with their name on the outside. We suggest masking tape and a marker. We also suggest packing two smaller bags instead of one large bag that the camper may not be able to lift. **Please limit your child to two pieces of luggage.**

### CAN MY CHILD TAKE FOOD?

Every child needs to bring a sack lunch for the first day of camp. Children will not arrive at camp until after lunch so they will need to eat lunch along the way. Aside from a sack lunch, outside food is not permitted at camp and will be taken away upon arrival.

### WHAT IF MY CHILD TAKES MEDICATION?

If your child has medications, they must be brought in their original prescription packaging! We cannot administer medication without the child's name on the original packing from the doctor.

### WHAT NOT TO BRING TO CAMP?

The following items are not needed at camp and we have prohibited campers from having them:

- weapons (of any type)
- fireworks (or anything of the type)
- alcohol
- drugs or any controlled substance
- toys (small stuffed friends are OK)
- any video games
- portable music players
- matches/ lighter
- tobacco or vaping products
- marking pens/ markers
- revealing clothing/ clothing with profanity
- pets

**Any of these items can earn your child an early trip home at your expense.  
Know what your child is bringing!**

**(DO NOT RETURN THIS SHEET)**