**SFSP - Housing Authority Data Collection**

**Instructions:**

To qualify a location as a Summer Food Service Program (SFSP) open site using housing authority data, the sponsor must ask the housing authority official to complete a Housing Authority Collection form. This form must be completed annually, before the beginning of program operations, to qualify the site. Once returned, the sponsor can determine how many households are at or below the federal poverty level by using the most current [Income Guidelines](http://www.k12.wa.us/ChildNutrition/Programs/SummerPrograms/SimplifiedSummerFoodFreeReducedInfo.aspx). At least one half the households must be at or below the federal poverty level to qualify the site as an eligible SFSP open site. Once returned, note on the form the percentage of households qualifying. File the form with the SFSP records.

**Example of a completed Housing Authority Collection form:**

Dear Housing Authority Official:

Anytown Parks & Recreation is requesting the information below be provided to assist them in determining if the address noted will qualify as an open Summer Food Service Program (SFSP) site using housing authority data. Please complete the table below with the information you have for each household living at this location. If the household does not have any income, please note “none” and indicate the type of assistance received to qualify for housing. Thank you.

Anytown Apartments located at 3412 Main Street, Anytown, WA 98000

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Number** | **Total number of individuals in household, including children** | **Total number of children 18 and younger in household** | **Annual** **Household** **Income** | **Household is receiving public assistance (TANF / WBF / housing assistance, etc.).** |
| 1 | *6* | *4* | *$57,430* |  |
| 2 | *2* | *1* | *none* | *TANF & WBF* |
| 3 | *1* | *0* | *none* | *TANF & WBF* |
| 4 | *1* | *0* | *none* | *TANF & WBF* |
| 5 | *5* | *4* | *none* | *TANF & WBF* |
| 6 | *3* | *1* | *$39,000* |  |
| 7 | *4* | *2* | *$23,178* |  |
| 8 | *4* | *3* | *$15,014* |  |
| 9 | *4* | *3* | *$32,119* |  |
| 10 | *6* | *2* | *$68,569* |  |
| 11 | *5* | *2* | *none* | *TANF & WBF* |
| 12 | *4* | *3* | *none* | *TANF & WBF* |
| 13 | *3* | *2* | *$22,587* |  |
| 14 | *4* | *2* | *none* | *TANF & WBF* |
| 15 | *1* | *0* | *none* | *TANF & WBF* |

Clementine Parker Date Completed: June 1, 2017

Clementine Parker 123.456.3698 / cparker@anytownapts.org

 *13 of the 15 household (87 %) are at/below federal poverty guidelines.*

Insert ospi forms header, with the name “Housing Authority Data Collection” added. Make the form fillable in the highlighted areas.

Dear Housing Authority Official:

Sponsor Name is requesting the information below be provided to assist them in determining if the address noted will qualify as an open Summer Food Service Program (SFSP) site using housing authority data. Please complete the table below with the information you have for each household living at this location. If the household does not have any income, please note “none” and indicate the type of assistance received to qualify for housing. Thank you.

Location Name located at Location Address, City, State Zip

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Number** | **Total number of individuals in household, including children** | **Total number of children 18 and younger in household** | **Annual** **Household** **Income** | **Household is receiving public assistance (TANF / WBF / housing assistance, etc.).** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |
| 21 |  |  |  |  |
| 22 |  |  |  |  |
| 23 |  |  |  |  |
| 24 |  |  |  |  |
| 25 |  |  |  |  |
| 26 |  |  |  |  |
| 27 |  |  |  |  |
| 28 |  |  |  |  |
| 29 |  |  |  |  |
| 30 |  |  |  |  |

Signature of Housing Authority Official Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Housing Authority Official Phone Number/E-Mail Address