



Welcome to the Salvation Army Gene Eppley Camp

Thank you for registering your child for camp. Included in this packet are two forms (Income Eligibility Form and Challenge Course Form) that need to be signed and returned to your local Salvation Army in order to complete your child's registration. Also included is a packing list so you know what your child needs to bring to camp. If you have any questions please call your local Salvation Army.

We are so excited that your child will be joining us this summer and we pray that it will be a life changing experience for them.

Gene Eppley Camp Staff

summer CAMP

What to Bring

THE SALVATION ARMY
Gene Eppley Camp



CLOTHING

T-SHIRTS (YOU WILL GET A CAMP SHIRT)

SHORTS

PANTS

JACKET OR SWEATER

UNDERWEAR

SOCKS

PAJAMAS

BATHING SUIT

(ONE PIECE OR TANKINI THAT DOESN'T SHOW STOMACH)

TOWEL (SWIMMING POOL & SHOWERS)

WASHCLOTH

CLOSED TOE-HIKING SHOES

(IF PARTICIPATING IN CERTAIN ACTIVITIES)

EXTRA SHOES

*PLEASE NOTE WHEN SENDING CLOTHES TO
CAMP WE DO ACTIVITIES IN WHICH CLOTHES
MAY GET DIRTY AND TORN.



PERSONAL CARE

GREAT ATTITUDE

SOAP

SHAMPOO

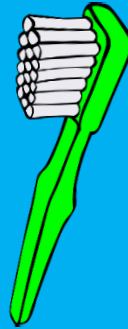
DEODORANT

TOOTHBRUSH & TOOTHPASTE

COMB/BRUSH

SUNSCREEN

BUG SPRAY



OTHER

SLEEPING BAG OR

SHEETS AND BLANKETS

PILLOW



OPTIONAL

BIBLE (WE HAVE SOME)

PEN

JOURNAL/NOTEBOOK

FLASHLIGHT

DIRTY LAUNDRY BAG

SHOWER SHOES

HAT

RAIN GEAR

GOGGLES

SUNDAY CLOTHES (FOR WMA)



**WE UNPLUG AT CAMP THEREFORE ALL ELECTRONICS WILL BE
CONFISCATED AND RETURNED DURING CHECKOUT**



Camper Name: _____ AGE _____

CHALLENGE COURSE FORM



Dear Parent,

This summer, your child may have the opportunity to participate in the **Gene Eppley Camp Challenge Course (GE3C)**, a great opportunity for growth and development.

The Challenge Course uses a variety of activities including warm-ups, group games, team-building initiatives and low and high confidence elements. The activities are physically demanding and designed with safety in mind for anyone in reasonably good health.

GE3C is inspected and staff are professionally trained by Adventure Experiences Inc.

Please discuss with your child that the **GE3C “Your Challenge, Your Choice”** philosophy means he or she has the power to choose his or her level of challenge in all activities. Course facilitators will encourage your child to excel while respecting their self-determined commitment.

And as with any physical activity, there is a risk of injury. To maximize safety and character growth potential, listening to and following facilitator instructions are essential. Asking questions is basic to understanding, and is expected from children.

Your child's **GE3C** experience may include any of the following. For each activity, please indicate if they **MAY** or **MAY NOT** participate by checking the appropriate box:

May	May Not	Activity/Description (age limits will apply to some activities)
<input type="checkbox"/>	<input type="checkbox"/>	High Challenge Course Campers are given the opportunity to experience an obstacle Course suspended 30 feet above the ground on poles. Safety harnesses, helmets and support lines are used. Instructors are trained to Beyond Ropes standards.
<input type="checkbox"/>	<input type="checkbox"/>	Climbing Tower Campers are given the opportunity to climb Beginner and Intermediate climbing walls built on the 37 ft. climbing tower. Safety harnesses, helmets and support lines are used. Instructors are trained to Beyond Ropes standards.
<input type="checkbox"/>	<input type="checkbox"/>	Zip Line Campers in safety harness and helmet ride a cable 250 feet long attached to two poles, beginning at the top of the 37 ft tower. Instructors and ground spotters are trained to Beyond Ropes standards.

Recommended Clothing:

- Comfortable, modest and non-revealing clothing that permits freedom of movement
- Tennis or walking shoes – no open-toed shoes, flip-flops, or sandals.

Signature below verifies the following:

I have submitted a Gene Eppley Camp health form and permission for medical treatment as part of my child's application to attend The Salvation Army Gene Eppley Camp. (That form covers all Camp activities, including Challenge Course, and must be on file at camp for your child to attend.)

I have provided my child with footwear which can be worn on the Challenge Course (tennis shoes, walking shoes, etc) (For your child's safety, **NO** flip-flops, sandals, or open-toed shoes will be allowed on the course.)

I affirm that I have answered questions accurately and completely, and I acknowledge that I understand the nature of the activities and associated risks to my child. The child described in this form has permission to engage in all Gene Eppley Camp Challenge Course activities except as noted by me above. I hereby release Gene Eppley Camp, The Salvation Army, GE Camp staff and medical caregivers from any and all liability for bodily injury, emotional injury or loss of property associated with these activities.

Signature of Participant

Date

Signature of Parent or Guardian (If Participant is under 19) Date

If you need help, call **Jessica at 402-898-5923**

Follow these instructions, if your household gets SNAP TANF or FDPIR: Part

Part 1: List participant's name and a SNAP, TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at **402-898-5923**

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions: Part 1:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B–Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony. In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C–Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

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 SNAP, 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

Non-discrimination Statement: 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, audiotope, 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.acsr.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: 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; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Income Eligibility Guidelines - FY 2017

NS-402-G

NUTRITION SERVICES INCOME ELIGIBILITY GUIDELINES JULY 1, 2017 - JUNE 30, 2018

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,678	1,307	654	603	302	22,311	1,860	930	859	430
2	21,112	1,760	880	812	406	30,044	2,504	1,252	1,156	578
3	26,546	2,213	1,107	1,021	511	37,777	3,149	1,575	1,453	727
4	31,980	2,665	1,333	1,230	615	45,510	3,793	1,897	1,751	876
5	37,414	3,118	1,559	1,439	720	53,243	4,437	2,219	2,048	1,024
6	42,848	3,571	1,786	1,648	824	60,976	5,082	2,541	2,346	1,173
7	48,282	4,024	2,012	1,857	929	68,709	5,726	2,863	2,643	1,322
8	53,716	4,477	2,239	2,066	1,033	76,442	6,371	3,186	2,941	1,471
For each additional family member add:	5,434	453	227	209	105	7,733	645	323	298	149

Income calculations are made based on the following formulas:

- Monthly income is calculated by dividing the annual income by 12.
- Twice monthly income is computed by dividing annual income by 24.
- Income received every two weeks is calculated by dividing annual income by 26.
- Weekly income is computed by dividing annual income by 52.
- All numbers are rounded upward to the next whole dollar.

Nebraska Department of Education Nutrition Services