Campland on the Bay (Campland) Free Camping Program Certification



Background

This Free Camping Program is provided in cooperation with the California Coastal Commission and is limited to California underserved youth and families. As determined by the California Coastal Commission, underserved youth and families includes low-income households; Black, Indigenous, and people of color; people with disabilities; youth who attend Title 1 schools (and their caregiver/s); and foster and transition age youth. See definitions listed on Exhibit A below.

Contact Information (must be a California Resident)

Ente	r name, addres	ss and other co	ntact i	nformati	on for the	Progra	ım Appli	cant	
First	Name:			La	st Name: _				
Nun	nber, Street, Ui	nit #:							
City	City in California: Zip Code:								
Tele	phone Number	r:							
Ema	il address(s)								
Can	nper(s) Inforn	nation (includ	ing Pr	ogram A	Applicant	:)			
	• , ,	·	• 1			_			
	First Name	Last Name	Age		Race/ Ethnicity	Disab ility (Y/N)	Title 1 School (Y/N)	Foster or Transition Youth (Y/N)	California Resident (Y/N)
1									
2									
3									
4									
5									
6									
How	y many people Yes - I/we are			_				for the first	t time?

Hov	w did you hear abou	it the Campland Free Camping	Program? (Please select below)
	Campland Webs	te	
	Internet Search		
	Radio		
	TV		
	Newspaper/Maga	azine	
	Organization tha	t serves the underserved	
	Word of Mouth (someone told me about it)	
	Other		
Fin	ancial Hardship		
	I hereby certify that	t I/we are experiencing extrements to bags for our camping trip.	e financial hardship and would like to
	Number of Selling	Bags Requested:	
	(Campland can profinancial hardship.)	1 0 0	camper that is experiencing extreme
<u>Cer</u>	tification (Require	d)	
	of my signature bel in the Free Campin	ow, and that I and the other can g Program as underserved you atation required by Campland of	I the above is true and correct as of the date impers in my group are eligible to participate th or families. I agree to provide any or the California Coastal Commission to
Nar	ne for Consent (Re	quired): First:	Last:
Dat	e (Required):	Signature:	
Nar	me of Parent or Gua	rdian (for any minors):	
Dat	e:		
Tha	ank you.		

This Free Camping Program is provided in cooperation with the California Coastal Commission and any information provided for participation in the program may be shared with the California Coastal Commission.

Exhibit A – Definitions

Title 1 School: A school that receives funds under the Title 1 federal entitlement program that provides funds to schools in need based on student enrollment, the free and reduced lunch

percentage for that school, and other informative data. Any school that is eligible for and accepts funds under any programs authorized by Title 1 of No Child Left Behind is a "Title 1 school". Anyone can determine if a child's school is a "Title 1 school" by searching the Public Schools database supplied by the National Center for Education Statistics at Search For Schools and Colleges (ed.gov) (https://nces.ed.gov/globallocator).

Disability: In California disabilities are broadly defined as conditions that limit a major life activity, including physical and mental disabilities, as well as medical conditions such as cancer or HIV/AIDS.

Transition age youth are usually aged 16 -24 and transitioning out of foster care or juvenile detention facilities, or youth who have run away from home or dropped out of school, and youth with disabilities (www.youth.gov).

Low Income individuals and families: The phrase "low income" can be calculated by any of three methods:

• using the Area Median Household Income for your county income limits as published by the California Department of Housing and Community Development income-limits-2021.pdf (ca.gov) (https://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits/docs/income-limits-2021.pdf). For example, in 2021 a family of four living in San Diego County, with a household income of less than \$97,000, would qualify as low income to participate in the Free Camping Program.

				Low Income	
Family	60%	65%	70%	80%	
Size	Income	Income	Income	Income	
ONE	\$50,940	\$55,150	\$59,400	\$67,900	
TWO	\$58,200	\$63,050	\$67,900	\$77,600	
THREE	\$65,460	\$70,900	\$76,350	\$87,300	
FOUR	\$72,720	\$78,800	\$84,850	\$97,000	
FIVE	\$78,540	\$85,100	\$91,650	\$104,800	
SIX	\$84,360	\$91,400	\$98,450	\$112,550	
SEVEN	\$90,180	\$97,700	\$105,200	\$120,300	
EIGHT	\$96,000	\$104,000	\$112,000	\$128,050	

- using the United States Health and Human Services poverty guidelines for number of persons in family/household, which can be found here Poverty Guidelines | ASPE (https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines). For example, under the 2022 Poverty Guidelines for the 48 contiguous states and the District of Columbia, the Poverty Guideline for a family of 5 is \$32,470.
- using the housing burden analysis to determine if the persons/household in a census tract is both low income (making less than 80% of their county's median family income) and

severely burdened by housing costs (paying greater than 50% of their income for housing costs). This information can be found at Housing Burden | OEHHA (ca.gov) (https://oehha.ca.gov/calenviroscreen/indicator/housing-burden). For example, census tract 6073015801 in El Cajon has 3,544 people, and 34 percent of people in this census tract are housing burdened low-income households.