



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office of P-20 Education Policy
Child Nutrition Program Administration
89 Washington Avenue, Room 375 EBA, Albany, NY 12234
(518) 473-8781 Fax (518) 473-0018
www.nysed.gov/cn/cnms.htm

**Letter to Parents for School Meal Programs
Special Provision Options (Community Eligibility Provision)**

Dear Parent or Guardian:

We are pleased to inform you that Sidney Central School will be implementing a meal certification option available to schools participating in the National School Lunch and School Breakfast Programs for 2018-2019

What does this mean for your child(ren) attending the school(s) identified above?

All students enrolled at Sidney Central School are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2018-2019 school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

If you have any further questions, please contact us at 607-563-2135 EXT. 4264 or corcorak@dcmoboces.com.

Sincerely,

Kim Corcoran

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.

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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, 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; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

PART 1

ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2

HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4

ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.

PRIVACY ACT STATEMENT

Section 301 of the The Healthy, Hunger-Free Kids Act of 2010 (the Act), Public Law 111-296 amends section 9(d)(1) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(d) (1)) by removing the requirement that the adult household member who signs a household application for free and reduced-price meals also must provide his or her complete Social Security Number (SSN), as a condition of eligibility. As amended by the Act, Section 9(d)(1) now requires that only the last four digits of the SSN must be provided on the application. The Act also removes the requirement that the SSN of each household member be collected to verify applications. The new requirements increase privacy protections.

Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form

Sidney Central School
is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call 607-563-2135 EXT. 4264 if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE #: _____

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	

4. Signature: An adult household member must sign this application.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone _____

Work Phone _____

Home Address _____

DO NOT FILL OUT – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
 Free Eligibility Reduced Eligibility Denied Eligibility

Signature of Reviewing Official: _____

fold line

First
Class
Postage
Required

CONFIDENTIAL

Sidney Central School
Kim Corcoran
95 West Main Street
Sidney, NY 13838

fold line