



Gilboa-Conesville Central School

132 Wyckoff Road • Gilboa, New York 12076-9703
607-588-7541 • FAX 607-588-6820

Jack Etter, Superintendent
Thomas Cervola, Principal

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

Dear Gilboa-Conesville Central School Families:

The District will continue to participate in the Community Eligibility Provision (CEP) program for the 2020/2021 school year. This federal program allows all students, PreK-12th grade, to receive free school breakfast and lunch, regardless of income. An application is not necessary for a student to participate in these meal programs.

The District is requesting that households complete a Household Income Eligibility Form. This form is used for reporting purposes and to determine if the district and/or families(s) may be eligible to receive additional funding as part of federal programs.

In effort to ensure that our community receives the highest amount of funding and to help reduce school taxpayer funding impact, we are asking each family to please complete the Household Income Eligibility Form, regardless of income level. Multiple funding allocations for our District are based on free and reduced lunch counts.

If your family is not eligible for SNAP, TANF or FDPIR benefits, please complete Item 1 by listing your students, check the "Do Not Qualify" box, and provide your signature before returning the form to the district.

Please complete the Household Income Eligibility Form and return to the District at your earliest convenience. Any questions regarding the form or about the CEP program can be directed to the Business Office, (607) 588-7541.

Students who wish to purchase additional (a la carte) items such as an additional milk, ice cream, extra snacks, a second meal, or any other items beyond the standard breakfast/lunch are not covered under the CEP program and will require payment.

Thank you for your assistance in gathering this information to ensure maximum funding for our school programs.

Sincerely, Jack Etter, Superintendent

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.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.



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

Please complete item 1 regardless of income level, sign and return to the district.

The Gilboa-Conesville Central School District is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/snacks 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 607-588-7541 Option 6, 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
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
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	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	

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 _____

SNAP/TANF/Foster Income Household: Free Eligibility Reduced Eligibility Denied Eligibility

Household Size: _____

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

Signature of Reviewing Official: _____

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 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.