CHIEF OPERATIONS OFFICER Michael M. Ferraro

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(315) 792-2231 **C]** (315) 269-9146 **F]** (315) 792-2260

Buildings & Grounds / Food Service / Technology & Communications / Transportation



UTICA CITY SCHOOL DISTRICT / 320 ELIZABETH STREET / UTICA, NY 13501

Community Eligibility Provision (CEP) Household Income Eligibility Form

form for your household, sign your name and return it to the school named above. Call 315-792-2231, if you need help. Utica City 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/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

	No Income blank	No Income Income Onth, monthly). Do not leave Other Income, Social Security Amount / How Often \$/	Foster Child application.	re. Skip to Part 5, and sign the a lid (weekly, every other week, to Pensions, Retirement Payments Amount / How Often \$/	e pa ## he	School IF or FDPIR benefits, list our household, how much lid above, you must repor nwork tions w Often S	Student Name Student Name School Student Name Student Name Student Name Student Name Student Name Student Name School School	2. SNAP/TANF/FDPIR Benefits: If anyone in your household who attend school: check box. If you have listed a foster child before deduct Amount / Ho Name of household member Name of household member \$/ \$
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Signature: An adult household member must sign this form

I certify (promise) that all 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

Email Address Home Address Work Phone Home Phone Signature: Date: SNAP/TANF/Foster 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 Free Eligibility DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY Total Household Income/How Often: Reduced Eligibility Denied Eligibility Household Size:

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.

-) 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 fost
- 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.

- 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

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

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- 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.
- $\widehat{\mathcal{D}}$ 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 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 Child Care Programs should not be considered as income for this program. 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 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

PRIVACY ACT STATEMENT

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- U.S. Department of Agriculture
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
- fax:
 (833) 256-1665 or (202) 690-7442; or
 email:

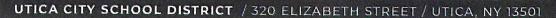
program.intake@usda.gov

This institution is an equal opportunity provider.

Michael M. Ferraro CHIEF OPERATIONS OFFICER

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Letter to Parents for School Meal Programs Special Provision Options (Provision 2 Non-Base Year & Community Eligibility Provision)

Dear Parent or Guardian:

We are pleased to inform you that <u>Utica City School District</u> will be implementing the Community Eligibility Provision available to schools participating in the National School Lunch and School Breakfast Programs for <u>2023-2024 school year</u>.

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

All students enrolled at the following schools are eligible to receive a healthy breakfast and lunch at school at <u>no charge</u> to your household each day of the 2023-2024 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. However, completing the attached income collection form will help your district with their reporting requirements.

If you have any further questions, please contact us at 315-792-2231.

Sincerely,

Michael M. Ferraro Chief Operations Officer

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