

Elmira City School District



Food Services

777 S. Main Street
Elmira, NY 14904

Phone: (607) 735-3236
www.elmiracityschools.com

Dear Parent/Guardian:

Our school district is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. The CEP provision is directed toward schools with a high percentage of economically disadvantaged students. Under CEP, all students receive a breakfast and lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren), you will need to complete **Form F008 Household Income Eligibility Form**. Here are common questions and answers related to the form:

1. **DO I NEED TO FILL OUT A FORM FOR EACH CHILD?** No. Use one Household and Income Form for all students in your household. We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to your child's school or send to Elmira High School Food Services, 777 South Main Street, Elmira, NY 14904
2. **MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE. WHY SHOULD I COMPLETE THIS FORM, AS WELL?** Many state and federal programs use socio-economic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form your school is able to determine eligibility for additional programs your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge in Elmira City School District.
3. **WHO SHOULD I INCLUDE AS MEMEBERS OF MY HOUSEHOLD?** You must include all people living in your household related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent(for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
4. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work and only made \$900, put down that your make \$1000 per month. If you normally get overtime, include it, but do not include it if you only work sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have any other questions, please contact us at (607) 735-3236.

Elmira City School District Food Services

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, audiotape, 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.

2019-2020 HOUSEHOLD INCOME ELIGIBILITY FORM

PARENT INSTRUCTIONS: The Elmira City School District is participating in the Community Eligibility Provision (CEP). All children in the district 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. Complete only one form for your household, sign your name and return it to your child's school. Call (607) 735-3236 if you need help or assistance. **See page 2 for Instructions. PLEASE PRINT CLEARLY.**

A. STUDENT INFORMATION

Student Name	School	Grade/Teacher	Foster Child	No Income
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>

B. SNAP/TANF/FDPIR BENEFITS

Name:	CASE #
-------	--------

C. HOUSEHOLD GROSS INCOME

Name of Household Member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support or Alimony payments <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
1.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
2.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
3.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
4.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
5.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
6.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
7.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
8.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

If additional lines are needed, please attach a separate page

D. PARENT/GUARDIAN SIGNATURE

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. 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.

Parent or Guardian Signature: _____	Date: _____
Email Address: _____	Home Phone: _____
Home Address: _____	Work Phone: _____

OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOX

Collected by: _____ Send all forms to Food Services at Elmira High School, 777 S. Main St., Elmira NY 14904

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 _____ Total Household Income/How Often: _____ Household Size: _____

- Free Eligibility
- Reduced Eligibility
- Denied Eligibility

Signature of Reviewing Official: _____

2019-2020 HOUSEHOLD INCOME ELIGIBILITY FORM

INSTRUCTIONS FOR EACH SECTION

A. STUDENT INFORMATION

- ALL HOUSEHOLDS MUST COMPLETE PART A. **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.
- List their school and grade.
- Check the box to indicate a foster child living in your household, and check the box for each child with no income.

B. SNAP/TANF/FDPIR BENEFITS

- **HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART B AND SIGN PART D.**
- 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.
- An adult household member must sign the form in PART D. **SKIP PART C - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.**

C. HOUSEHOLD GROSS INCOME

- **ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PART C.**
- 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.
- 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.

D. PARENT/GUARDIAN SIGNATURE

- **ALL HOUSEHOLDS MUST COMPLETE PART D.** An adult household member must sign this application.

PRIVACY ACT STATEMENT

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.