



Daniel W. Mannix
Superintendent

BEEKMANTOWN CENTRAL SCHOOL DISTRICT

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Roxann V. Barnes
School Food Service Director I

August 2016

2016-2017 Community Eligibility Provision

To BSCD Families:

We are requesting that all BCS D Families complete the attached Household Income Eligibility Form for the 2016-2017 school year.

Once again, our District is participating in the Community Eligibility Provision (CEP) which means that all children in our district, regardless of household income or completion of this form, will receive free breakfast and free lunch daily at their school.

We are, however, requesting that each family in the district complete and return one form. The information we collect is not to determine if your child(ren) are eligible for free meals. We must collect the information for reporting purposes and for applications for additional funding and grants that will benefit your children.

If you have received a letter from New York State stating that your child(ren) are directly certified for free meals, please send a copy to your school. Also, if you know your household would normally not qualify and you do not wish to disclose your income, you may simply state "do not qualify for benefits" on the income portion of the form. Please remember to complete all other sections.

You may return the signed form to barnes.roxann@bcsdk12.org or Mrs. Roxann Barnes 37 Eagle Way, West Chazy, NY 12992. You may also return the form to your child's school.

Thank you in advance for your cooperation. If you have any questions, please call Mrs. Roxann Barnes, School Food Service Director I at 563-8685.

Sincerely,

Daniel W. Mannix
Superintendent of Schools

Beekmantown Central School District 2016-17 Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form

Beekmantown 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 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. Please contact Mrs. Roxann Barnes, School Food Service Director at 563-8685 or barnes.roxann@bcsdk12.org, if you need help. **Please return completed application to your child's school immediately.**

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

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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 <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

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 WRITE BELOW THIS LINE – 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 _____ Date Notice Sent: _____

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.
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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.
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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.
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PRIVACY ACT STATEMENT

The Beekmantown Central School District is collecting the information contained in this form for reporting purposes, required of the District under the Healthy, Hunger Free Kids Act of 2010. This information is not collected to determine student eligibility for school meal benefits which are free for all students in the District. The information contained in this form shall be kept confidential and used only for the required reporting purposes.