



Oneida-Herkimer-Madison BOCES

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Dear Parent/Guardian,

The 2023-2024 school year is approaching and the OHM BOCES Food Service is so excited to announce that the following schools have been approved to operate under the Community Eligibility Provision - that means all meals can be served to **all students for FREE!**

These approved CEP schools are as follows:

Brookfield Central School District

Clinton Central School District

Frankfort-Schuyler Central School District

Herkimer Central School District

Mount Markham Central School District

Myles Elementary School

New York Mills Central School District

OHM BOCES - Middle Settlement Ave and Lincoln Ave locations

Oriskany Central School District

Owen D. Young Central School District

Poland Central School District

Remsen Central School District

Richfield Springs Central School District

Sauquoit Valley Central School District

Waterville Central School District

Westmoreland Central School District

Families in these schools do not need to fill out a free/reduced meal application, but it is helpful to your district if you fill out the income collection form available at EzMealApp.com or the hard copy included in this packet.

Our OHM BOCES staff in your district take great care in providing nutritious, well-balanced meals, including whole grains, lean proteins and lots of fresh fruits and vegetables. Our school nutrition professionals have extensive food safety training, make accommodations for students with food allergies and have the skills and knowledge to ensure a safe and healthy experience for all.

Please take a few minutes to complete the income collection form, **and submit anytime after July 1, 2023. The quickest and best way to complete the income form is by going to EzMealApp.com, select your school district and follow the prompts from there.** Alternatively, you can complete the hard copy application and return to: Your school building office or the OHM BOCES School Food Service Office, c/o Perry Jr. HS, 9499 Weston Rd. New Hartford, NY 13413.

Sincerely,

Kate Dorr, RDN, MBA

OHM BOCES SCHOOL FOOD SERVICES DIRECTOR

Dear Parent/Guardian,

We are pleased to inform you that OHM BOCES Food Service will be implementing the Community Eligibility Provision available to schools participating in the National School Lunch and School Breakfast Programs for the 2023-2024 school year.

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

All students enrolled at the following schools are eligible to receive a healthy breakfast and lunch at school at no charge 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.

THE APPROVED OHM BOCES FOOD SERVICE SCHOOLS INCLUDE:

Brookfield Central School District
Clinton Central School District
Frankfort-Schuyler Central School District
Herkimer Central School District
Mount Markham Central School District
Myles Elementary School
New York Mills Central School District
OHM BOCES -Middle Settlement Ave and Lincoln Ave locations
Oriskany Central School District
Owen D. Young Central School District
Poland Central School District
Remsen Central School District
Richfield Springs Central School District
Sauquoit Valley Central School District
Waterville Central School District
Westmoreland Central School District

If you have any further questions, please contact us at 315.738.0848.

Sincerely,

Kate Dorr, RDN, MBA

OHM BOCES SCHOOL FOOD SERVICES DIRECTOR

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

OHM BOCES 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 315-738-0848, if you need help.

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"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. 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.

SIGNATURE: _____ DATE: _____
 EMAIL: _____ HOME PHONE: _____
 HOME ADDRESS: _____ WORK PHONE: _____

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.

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.

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:

(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

(3) EMAIL:

program.intake@usda.gov.

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