



# Oneida-Herkimer-Madison BOCES

P.O. Box 70 • 4747 Middle Settlement Road • New Hartford, NY 13413-0070  
www.oneida-boces.org

**Kate Dorr, RDN, MBA**

*Director, School Food Services*

T: 315.223.6068

F: 315.223.6069

kdorr@oneida-boces.org

August 2024

**Dear Parent/Guardian,**

The 2024-2025 school year is approaching and the OHM BOCES Food Service is so excited to announce that the following schools have been approved to continue operating under the Community Eligibility Provision (CEP) - that means each student can receive breakfast and lunch 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

New Hartford Central School District

New York Mills Union Free School District

OHM BOCES - Middle Settlement Academy  
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. Accurate data is important to ensure correct funding for your district!

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.

Beyond FREE meals, additional items such as chips, drinks or ice cream may be offered for purchase. Please visit EZSchoolPay.com to see your student's account activity and add money to their account if you choose.

Please take a few minutes to complete the Income Collection Form and submit anytime after July 1, 2024. The quickest and best way to complete the income form is by going to EzMealApp.com, selecting your school district and following the prompts from there. Alternatively, you can complete the hard copy application and return it to your school building office or the OHM BOCES School Food Service, 502 Court Street 2nd floor, Utica, NY 13502.

Sincerely,

Kate Dorr, RDN, MBA

**OHM BOCES DIRECTOR OF SHARED FOOD SERVICES**

# 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 315-223-6068, if you need help.

**1. List all of the 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 number 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	Child Support, Alimony	Pensions, Retirement Payments	Other Income, Social Security	No Income
	AMOUNT/HOW OFTEN	AMOUNT/HOW OFTEN	AMOUNT/HOW OFTEN	AMOUNT/HOW OFTEN	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	

**4. Signature: An adult household member must sign this application.**

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 Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

\_\_\_\_ SNAP/TANF/FOSTER

\_\_\_\_ Income Household: Total Household Income/How Often: \$ \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

\_\_\_\_ Free Eligibility      \_\_\_\_ Reduced Eligibility      \_\_\_\_ Denied Eligibility

Signature of Reviewing Official \_\_\_\_\_ Date: \_\_\_\_\_

# 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 and 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), twice 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 the USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact the 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 the USDA by:*

#### **MAIL**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

#### **FAX**

(202) 690-7442; or

#### **EMAIL**

program.intake@usda.gov

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.**