

Dear BCS Families,

NYS foundation aid (our primary source of district funding) is determined by a district's poverty rate. Data used to calculate this comes from the number of eligible free & reduced lunch students within the district. In years past to enroll students in the free & reduced lunch program families needed to fill out a form. The number of students enrolled would be used in calculating the foundation aid Brookfield receives (the higher the enrollment, the more foundation aid).

This year, Brookfield is part of the OHM BOCES Community Eligibility Provision (CEP) which provides free breakfast and lunch to all students. While 100% supportive of the CEP, this means families no longer need to complete the free & reduced lunch eligibility form for their students to receive free meals at school. Families not completing the form puts our district at risk of losing state funding because New York State still uses data collected from the form to calculate foundation aid. It is vital the forms still get completed by families. Fewer numbers of eligible families completing the form can negatively impact the amount of foundation aid we receive from New York State the following year.

We are asking all families to please complete the Free & Reduced Lunch form to ensure we do not lose future foundation aid funding due to a perceived lack of eligible students by New York State. It seems counterintuitive to rely on this form to determine a district's poverty rate when the form is not needed for free & reduced lunches, but this is the system that NYS has in place.

The good news is the form only takes a couple of minutes to complete and can be done 100% online. All information is kept confidential.

1. Go to <http://www.ezmealapp.com> EzMealApp.com and click the "Start Now" button
2. After agreeing to the terms, select New York from the drop down
3. Then search for and select Brookfield Central School District
4. After reading the letter to the household, click next
5. Fill in the household information and click next
6. Add your students and click next
7. Add your household income and click next
8. Sign the form and click next
9. Review and submit

If you prefer, a paper form can be printed and returned to school with your student.





To: School District Offices

From: Kate Dorr, RDN, MBA

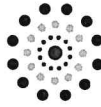
Date: August 2024

Enclosed is the Income Collection Form and information packet for this coming school year. Included is the parent letter and the Income Collection Form. As usual, this information can be shared in your August/September district newsletter, calendar or other communication packets you send home.

IMPORTANT

Due to central office processing requirements, it is important that the Income Collection Form be sent out on WHITE paper only - please do not alter the application format in ANY WAY.

If you have any questions, please don't hesitate to call 315.223.6068. Thank you.



Oneida-Herkimer-Madison BOCES

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Kate Dorr, RDN, MBA
Director, School Food Services
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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	Oriskany Central School District
Clinton Central School District	Owen D. Young Central School District
Frankfort-Schuyler Central School District	Poland Central School District
Herkimer Central School District	Remsen Central School District
New Hartford Central School District	Richfield Springs Central School District
New York Mills Union Free School District	Sauquoit Valley Central School District
OHM BOCES - Middle Settlement Academy and Lincoln Ave locations	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

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