



2024-2025 Household Income Form

Southwestern Central School District is participating in the Community Eligibility Provision (CEP). All students that are enrolled in and attending classes within the Southwestern Central School District are eligible to receive a breakfast and/or lunch 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. Please complete only one form per household, sign and return to Ameer Kennedy at Southwestern CSD, 600 Hunt Road, Jamestown, NY 14701. If you have any questions, please call (716)484-6800.

1. Please list all members of your household.

Name of <u>all</u> people living in the household	Grade	School the child attends, indicate "NA" if not in school

2. SNAP/TANF/FDPIR/Medicaid Benefits:

If anyone in your household receives either SNAP, TANF, FDPIR or Medicaid benefits, please circle which benefit, list their name and CASE # here. Skip to Part 4 and sign the application.

Please circle benefit: SNAP TANF FDRIP Medicaid

Name: _____ CASE # _____

3. Household Gross Income:

1. Circle the total number of all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly).
2. Circle the box that represents the range of annual household income. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. Select the appropriate range of combined annual income for all people in the household include all income sources listed above, before taxes.

Total # of people in household	At or below	Between	At or above
1	\$19,578	\$19,579-\$27,861	\$27,862
2	\$26,572	\$26,573-\$37,814	\$37,815
3	\$33,566	\$33,567-\$47,767	\$47,768
4	\$40,560	\$40,561-\$57,720	\$57,721
5	\$47,554	\$47,555-\$67,673	\$67,674
6	\$54,548	\$54,549-\$77,626	\$77,627
7	\$61,542	\$61,543-\$87,579	\$87,580
8	\$68,536	\$68,367-\$97,532	\$97,533

If household size is more than 8, fill in the # of people in the household and annual income amount below.

_____ Income _____

4. Signature: An adult household member must sign this form.

I certify (promise) that all the information on this form 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: _____

Print Name: _____

Address: _____

Phone #: _____

Privacy Notice: The New York State Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide to us as private and confidential to the extent required by law. However, we may share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Provision school will receive a meal at no charge.

Non-Discrimination Statement 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.