Household Income Eligibility Form

2026-27 School Year

The Miller Place Union Free School District Food Service Department is pleased to announce that all students can receive a NO-CHARGE school breakfast and lunch meal during the regular school day. The No-Charge program will be in effect throughout the 2026-2027 school year, made possible by the New York State Office of Child Nutrition for schools participating in the National School Lunch and Breakfast Programs through Community Eligibility Provision (CEP).
If you have any questions or concerns about the Household Income Eligibility Form, please call the District Office at (631) 474-2700 ext. 753.

Applications can be mailed or delivered to:
Miller Place School District
Attn: Food Service Coordinator
7 Memorial Drive
Miller Place, N.Y. 11764
or
Deliver to your child's school

Please note: If you were approved for free or reduced meals in the 2025-26 school year, your eligibility will remain in effect until **October 19, 2026**. You must send in a new application each year to determine your eligibility for the program.

Please follow the instructions enclosed or you can get a Direct Certification Letter from New York State Office of Temporary and Disability Assistance.

Participation in this program is strictly confidential including your child's enrollment and eligibility. We encourage your child's participation in the program.

Community Eligibility Provision (CEP)/Provision 2 non-base year/Summer Electronic Benefits Transfer (EBT)
Household Income Eligibility Form

Miller Place Union Free 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/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, including Summer Electronics Benefit Program (EBT). 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 631-474-2700 ext 753, if you need help.

1. List all 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 # here. Then skip to Part 4.

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 ***Amount / How Often***	Child Support, Alimony ***Amount / How Often***	Pensions, Retirement Payments ***Amount / How Often***	Other Income, Social Security ***Amount / How Often***	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

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. 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

Total Household Income/How Often:

Household Size:

Free Eligibility Reduced Eligibility Denied Eligibility

Signature of Reviewing Official

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.

PRIVACY ACT STATEMENT

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail:
   U.S. Department Of Agriculture
   Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Mail Stop 9410
   Washington, D.C. 20250-9410; or
2. **fax:** (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

Letter to Parents for School Meal Programs
Special Provision Options (Provision 2 Non-Base Year & Community Eligibility Provision)

Dear Parent or Guardian:

We are pleased to inform you that Miller Place Union Free School District will be offering meals at no cost to schools participating in the National School Lunch and School Breakfast Programs for the 2026-2027 school year.

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

All students enrolled at Miller Place Union Free School District are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2026-2027 school year. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submitting an application. No further action is required of you.

If you have any further questions, please contact us at 631-474-2700 ext753.

Sincerely,

School Lunch Coordinator

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PARENT/GUARDIAN CONSENT TO RELEASE ELIGIBILITY INFORMATION FOR FREE AND REDUCED PRICE MEALS OR FREE MILK

Date

Dear Parent/Guardian:

If your child is eligible for federal free and reduced-price meal benefits or free milk, he/she also may be eligible for other benefits. To receive these benefits, you must provide written consent to permit school officials to give your name, address, and an indication that your household is eligible for federal free and reduced-price meals or free milk, to representatives of certain programs. **Failure to sign a consent statement that will allow disclosure of this information will not affect your child's eligibility or participation in the school meals or milk programs.**

Some of the programs that may request names and eligibility information to be used to provide benefits, and for which parent/guardian consent is required, include: federal health insurance programs such as Medicaid or Children's Health Insurance program (CHIP), other federal programs, State programs, local health and education programs and other local activities. For example, the disclosure of children's eligibility for free and reduced-price meals or free milk to determine eligibility for free textbooks, free band instruments, holiday baskets, school supplies, etc., or reduced fees for summer school or driver education programs, would require written consent by the child's parent/guardian.

If you wish to provide consent to release information contained in your child's federal free and reduced-price application, to receive other benefits, please complete the attached consent statement.

Please call Ms. Cathy Schretzmayer at (631) 474-2700 ext. 753 if you have questions.

Sincerely,
Food Service Coordinator

Enclosure (consent statement)

Nondiscrimination Statement:

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

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CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION (single programs)

School officials may release information that shows that my child/children are eligible for free or reduced price meal benefits or free milk to the following program. I understand that the information will only be provided to this program.

Name of Program (to be completed by SFA) _____

I understand that I will be releasing information that will show my child/children are eligible for free and reduced price meals or free milk. I give consent to release my confidential information for the above named program only.

Child/Children:

_____

_____

_____

I certify that I am the parent/guardian of the child/children for whom the free/reduced price application was made:

Signature of Parent/Guardian:_____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____

Nondiscrimination Statement:

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

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CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION (multiple programs)

School officials may release information that shows that my child/children are eligible for free or reduced price meal benefits or free milk to the following programs. I understand that the information will only be provided to the program(s) checked.

(Check the box next to the program area(s) you wish to release information to)

- ☐ Federal health programs such as Medicaid or Children's Health Insurance Program (CHIP).
- ☐ State or federal programs such as the Youth Summer Work program or the Educational Talent Search Program.
- ☐ Local health and education programs and other local programs that provide benefits such as free textbooks or school supplies, free band instruments, or reduced fees for summer school or driver education.
- ☐ Community programs such as holiday baskets, summer arts and playground programs.

I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals or free milk. I give consent to release my confidential information for the above named uses.

Child/Children:

_____

_____

_____

I certify that I am the child's parent/guardian for whom the application was made.

Signature of Parent/Guardian:_____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____

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MEAL CHARGES

The District encourages families to prepay for meals to ensure that students have consistent access to healthy, reimbursable meals without accruing unpaid meal charges. The Board of Education recognizes that, on occasion, students may forget to bring meal money to school or may not have sufficient funds on their account to purchase a meal. The Miller Place UFSD provides this policy as a courtesy to those students in the event that they forget or lose their money. To ensure that students do not go hungry, the Board of Education allows students who may forget meal money to "charge" the cost of the meal to be paid back at a later date as outlined below.

Unpaid charges place a financial strain on food service programs. The District operates a self-sustaining food service program that does not receive general fund support for routine operations, and thus must generate funds through student and adult sales, ala carte sales and Federal/State reimbursement. Unpaid meal charges reduce program revenue which affects the program's ability to pay program expenses. Uncollected charges may result in higher meal prices for all students.

The Food Service Program complies with state and federal guidelines by maintaining a system for accounting for full and reduced-price meal charges as follows:

1. The District allows only regular reimbursable meals to be charged to the student's food service account. No à la carte items, snacks, beverages, or second entrees are allowed to be "charged" to the student's food service account.
2. The District does not limit the number of meal charges.
3. The point-of-sale system will be utilized to record all regular meals charged as well as all payments collected. Charged meals must be counted and claimed for reimbursement on the day that the student received the meal. Charges paid back will be recorded as "charges paid".
4. The parent or guardian shall be notified in writing that the student's student account balance is exhausted and unpaid meal charges are due. The notification may include a repayment schedule but shall not charge any interest or fees in connection with meals charged.
5. Students shall not be denied a reimbursable meal, even if they have accrued a negative balance from other cafeteria purchases, unless a parent or guardian has provided written permission to the school to withhold a meal. No student with unpaid charges will be prohibited from purchasing a reimbursable meal if they have money that day. Charging of items outside of the reimbursable meals (e.g., à la carte items, adult meals, etc.) is expressly prohibited.
6. Parent/Guardian(s) will receive e-mail reminders regarding the unpaid balance until the unpaid balance is paid in full or the balance is considered uncollectable. If a sibling has money on account, this balance may be transferred to another sibling with an unpaid balance. The Food Service Department will notify the parent/guardian.
7. Written notification of unpaid meal charges over $5.00 will be mailed home on a monthly basis to the parent/guardian. Additionally parents with unpaid charges will be sent a weekly balance update for their reference.
8. Students and parents are required to pay their outstanding food service charges before the end of the school year. All building principals, school counselors and related staff may be notified of the outstanding charges and assist families and food service as needed. If the District suspects that a student may be abusing meal charging privileges, the District may contact the student's parent/guardian regarding the student's meal

charging. Written notice will subsequently be sent to the parent/guardian if the student continues to abuse this policy, that the privilege of charging meals will be rescinded.

9. The Food Service Coordinator is authorized to work with struggling families to establish payment plans to pay back negative balances.
10. If a student is without meal money on a consistent basis, the Administration will investigate the situation more closely and take further action as needed. If financial hardship exists, parents and families will be encouraged to apply for free or reduced-price lunches for their child, if applicable.
11. Meal charge information will be communicated to all households at the start of school each year and to new households transferring to the school during the school year. This policy shall be provided to all school staff responsible for enforcement of the meal charge policy.
12. The District does not and will never enter into the practice of "lunch shaming" which requires students to work off lunch balances or be served alternate meals. Students who cannot pay for a meal or who have unpaid meal debt shall not be publicly identified or stigmatized (including wristbands or hand stamps), required to do chores or work to pay for meals, or have meals thrown away after they have been served. District staff shall not discuss a student's unpaid meal debt in front of other students. The District shall not take any action directed at a student to collect unpaid school meal fees. However, the District may discretely notify students of their account balances, and why certain items (e.g., à la carte, etc.) could not be provided with charged meals.

Prepayment of Meals

The District offers families the ability to prepay meals, snacks, and beverages with credit card, check, or cash. Funds should be maintained in accounts to minimize the possibility that a child may be without meal money on any given day. Families may register for a convenient on-line school meal account to see their child's activity, set automatic reminders when prepaid account balances are getting low or if a student has charged meal and has a "charge" balance owed. This online account eliminates the need to rush checks or cash into the school food service program. The current online account program does not charge a fee to view your child's activity or to set alerts but does charge a small fee for online credit card payments.

Free and Reduced-Price Meals:

Families may apply for free or reduced-price meals at **any** time during the school year. Free and Reduced-Price Meal Applications and student eligibility information is mailed to all families prior to the start of the school year. The applications are also available at the District Office, all school buildings, and the District website. For more information, please contact the Food Service Coordinator at the District Office for assistance. Additionally, a free and reduced-price meal application shall be included with every school enrollment packet.

Prepaid Student Account Balances:

All positive prepaid student account balances remaining at the end of the school year will automatically be carried into the next school year for students. When students leave the district or graduate, the District may transfer the funds to a siblings account and/or attempt to contact the parent/guardian to return remaining funds, The prepaid balances related to a free or reduced student will be returned to the student after the student leaves the District or graduates.. Families may also choose to donate balances to cover unpaid meal charges for needy families. Unclaimed funds remaining after 3 months will become the property of the Miller Place Food Service Program.

MEAL CHARGES

Staff Purchases
Staff members are allowed to purchase food from the food service program. All staff purchases must be on a cash basis. Staff members are not allowed to charge meals to be repaid later.

Reference:
Policy 5140 – Student Wellness
Policy 5140.R – Student Wellness – Regulation
Policy 5140.1.R – Student Wellness – Administrative Guidelines
Policy 8500 – School Lunch and Breakfast Program
42 USC §1779 (Child Nutrition Act of 1966)
42 USC §§1758(f)(1); 1766(a) (National School Lunch Act)
2 CFR §200.426 (accounting for debt in federal programs)
7 CFR §§210.9 210.12; 210.19; 220.13; 245.5 (accounting in federal school meal programs)
Healthy, Hunger-Free Kids Act (Public Law 111-296), §143
USDA Report to Congress, *Review of Local Policies on Meal Charges and Provision of Alternate Meals*, June 2016
USDA Memo SP 23-2017-Unpaid Meal Charges: Guidance and Q&A
USDA Memo SP 57-2016-Unpaid Meal Charges: Guidance and Q&A USDA Memo SP 46-2016-Unpaid Meal Charges: Local Meal Charge Policies
USDA Memo SP 47-2016-Unpaid Meal Charges: Clarification on Collection of Delinquent Meal Payments
Overcoming the Unpaid Meal Challenge - Proven Strategies from Our Nation's Schools, USDA FNS Guidance Document (May 2017)
NYSED Child Nutrition-Student Meal Charge Policy May 30, 2017
Education Law §908

Adopted:	06/14/2017			
Reviewed:	05/30/2018	12/11/2019	12/07/2022	12/17/2025
Revised:	06/13/2018	01/29/2020	01/25/2023	01/28/2026