

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 announce that all students enrolled at Ballston Spa Central School District will be able to receive a FREE breakfast and lunch meal at school beginning on September 8, 2026

This implementation is a result of the United States Department of Agriculture (USDA) expanding access to the federal Community Eligibility Provision (CEP). CEP allows eligible schools participating in the National School Lunch and School Breakfast Programs to offer school meals at no charge to all students.

What does this mean for your child(ren) attending the school(s) identified above? Effective September 8, 2026 all students enrolled at Ballston Spa Central School District will receive one breakfast and one lunch at no cost to your household. No further action is required of you.

If you have any further questions, please contact us at 518-884-7195 extension 1320.

Sincerely,

Brian Sirianni
Ballston Spa Central School District
Assistant Superintendent for Business

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.

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

The Ballston Spa Central 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. 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 Kate Mayer, 518-884-7195, extension 1320, 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. 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
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐

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, PLEASE CONSIDER COMPLETING THIS FORM TO DETERMINE ELIGIBILITY FOR ADDITIONAL STATE AND FEDERAL PROGRAM BENEFITS THAT YOUR CHILD(REN) MAY QUALIFY FOR. 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 PLEASE 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 PLEASE 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

Parents Bill of Rights

In accordance with New York State Education Law Section 2-d, the Ballston Spa Central School District sets forth the following Parents' Bill of Rights for Data Privacy and Security. This Bill of Rights is subject to change based on regulations of the Commissioner of Education. Parents and eligible students¹ can expect the following:

Parents' Bill of Rights for Data Privacy and Security

1. A student's personally identifiable information (PII)² cannot be sold or released for any commercial purpose.
2. The right to inspect and review the complete contents of the student's education record stored or maintained by an educational agency.
3. State and federal laws,³ such as NYS Education Law §2-d and the Family Educational Rights and Privacy Act, that protects the confidentiality of a student's PII, and safeguards associated with industry standards and best practices, including but not limited to, encryption, firewalls, and password protection, must be in place when data is stored or transferred.
4. A complete list of all student data elements collected by NYSED is available for public review at www.nysed.gov/data-privacy-security, and by writing to: Chief Privacy Officer, New York State Education Department, 89 Washington Avenue, Albany, NY 12234.

5. The right to have complaints about possible breaches and unauthorized disclosures of student data addressed. Complaints may be submitted to the District's Data Protection Officer, at dpo@bscsd.org and/or via mail to 70 Malta Avenue, Ballston Spa, NY 12020. Complaints to NYSED can be made at www.nysed.gov/data-privacy-security, or by mail to: Chief Privacy Officer, New York State Education Department, 89 Washington Avenue, Albany, NY 12234, by email to privacy@nysed.gov, or by telephone at 518-474-0937.
6. To be notified in accordance with applicable laws and regulations if a breach or unauthorized release of their student's PII occurs.
7. Educational agency workers that handle PII will receive training on applicable state and federal laws, the educational agency's policies, and safeguards associated with industry standards and best practices that protect PII.
8. Educational agency contracts with vendors that receive PII will address statutory and regulatory data privacy and security requirements.

1 "Parent" means a parent, legal guardian, or person in parental relation to a student. These rights may not apply to parents of eligible students defined as a student eighteen years or older. "Eligible Student" means a student 18 years and older.

2 "Personally identifiable information," as applied to student data, means personally identifiable information as defined in section 99.3 of title thirty-four of the code of federal regulations implementing the family educational rights and privacy act, section twelve hundred thirty-two-g of title twenty of the United States code, and, as applied to teacher or principal data, means "personally identifying information" as such term is used in subdivision ten of section three thousand twelve-c of this chapter.

3 Information about other state and federal laws that protect student data such as the Children's Online Privacy Protection Act, the Protection of Pupil Rights Amendment, and NY's Personal Privacy Protection Law can be found at <http://www.nysed.gov/student-data-privacy/federal-laws-protect-student-data>.

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

September 2026

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

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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 Kate Mayer at 518-884-7195 ext. 1320 or email kmayer@bscsd.org if you have questions.

Sincerely,

Kate Mayer

Enclosure (consent statement)

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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) National School Lunch Program

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:

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Signature of Parent/Guardian: _____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____

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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.

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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: _____

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