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

Warwick Valley 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 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 845-987-3050 ext. 12895 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.

PARENT'S BILL OF RIGHTS FOR DATA PRIVACY AND SECURITY

In accordance with New York State Education Law Section 2-d, the Warwick Valley Central School District hereby sets forth the following Parents' Bill of Rights for Data Privacy and Security, which is applicable to all students and their parents and legal guardians.

1. A student's personally identifiable information cannot be sold or released for any commercial purposes;
2. In accordance with FERPA, Section 2-d and Board Policy 72400 Student Records: Access and Challenge, parents have the right to inspect and review the complete contents of their child's education record;
3. The District has the following safeguards in place to protect student data, including personally identifiable information stored or transferred by the District.
    a. All databases that have student information are protected by a secure password and login. These logins are monitored and kept up to date.
    b. Student information is only accessible by those who are deemed warranted of having the information.
4. New York State, through the New York State Education Department, collects a number of student data elements for authorized uses. A complete list of all student data elements collected by the State is available for public review online. Parents may also obtain a copy of this list by writing to the Office of Information & Reporting Services, New York State Education Department, Room 863 EBA, 89 Washington Avenue, Albany, N.Y. 12234.
5. Parents have the right to submit complaints about possible breaches of student data or teacher or principal APPR data. Any such complaint must be submitted, in writing, to: Meghan McGourty, Assistant Superintendent for Curriculum and Instruction, PO Box 595, Warwick, NY 10990. Additionally, parents have the right to have complaints about possible breaches of student data addressed. Complaints should be directed to: Chief Privacy Officer, New York State Education Department, 89 Washington Avenue, Albany, NY 12234; the e-mail address is cpo@mail.nysed.gov. SED's complaint process is under development and will be established through regulations from the department's chief privacy officer, who has yet to be appointed.

2026-2027 INCOME ELIGIBILITY GUIDELINES

Free Eligibility Scale						Reduced Price Eligibility Scale					
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$ 20,748	$ 1,729	$ 865	$ 798	$ 399	1	$ 29,526	$ 2,461	$ 1,231	$ 1,136	$ 568
2	$ 28,132	$ 2,345	$ 1,173	$ 1,082	$ 541	2	$ 40,034	$ 3,337	$ 1,669	$ 1,540	$ 770
3	$ 35,516	$ 2,960	$ 1,480	$ 1,366	$ 683	3	$ 50,542	$ 4,212	$ 2,106	$ 1,944	$ 972
4	$ 42,900	$ 3,575	$ 1,788	$ 1,650	$ 825	4	$ 61,050	$ 5,088	$ 2,544	$ 2,349	$ 1,175
5	$ 50,284	$ 4,191	$ 2,096	$ 1,934	$ 967	5	$ 71,558	$ 5,964	$ 2,982	$ 2,753	$ 1,377
6	$ 57,668	$ 4,806	$ 2,403	$ 2,218	$ 1,109	6	$ 82,066	$ 6,839	$ 3,420	$ 3,157	$ 1,579
7	$ 65,052	$ 5,421	$ 2,711	$ 2,502	$ 1,251	7	$ 92,574	$ 7,715	$ 3,858	$ 3,561	$ 1,781
8	$ 72,436	$ 6,037	$ 3,019	$ 2,786	$ 1,393	8	$ 103,082	$ 8,591	$ 4,296	$ 3,965	$ 1,983
Each Add'l person, add	$ 7,384	$ 616	$ 308	$ 284	$ 142	Each Add'l person, add	$ 10,508	$ 876	$ 438	$ 405	$ 203