



Innovation • Inspiration • Excellence for All

Food Services Department
One Larkin Center
Yonkers, NY 10701
Tel. 914 376-8166
Fax 914 376-8631

September 2019

Dear Parent/Guardian:

The **Yonkers Public Schools District** is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. The CEP provision is directed toward schools with a high percentage of economically disadvantaged students. Under CEP **All** students receive a breakfast and lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) you will need to complete an Income Data Collection Form.

1. **DO I NEED TO FILL OUT A FORM FOR EACH CHILD?** No. Be sure to include every child that attends a Yonkers Public Schools District school and their school on the form, and the District will be able to determine eligibility for **All** of them at the same time. The District cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to: Yonkers Public Schools, Food Service Department at One Larkin Center, Yonkers, NY 10701.
2. **I COMPLETED A FORM LAST YEAR. DO I NEED TO FILL OUT ANOTHER FORM THIS YEAR?** Yes. Your child(ren)s form is only good for that school year and for the first 30 days of this school year. You must send in a new form each year.
3. **MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE. WHY SHOULD I COMPLETE THIS FORM AS WELL?** Many state and federal programs use socioeconomic status (that is household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form your school is able to determine eligibility for additional programs that your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge.
4. **SHOULD I SUBMIT A FORM IF SOMEONE IN MY HOUSEHOLD IS NOT A US CITIZEN?** Yes.
5. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
6. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
7. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
8. **IF I DON'T QUALIFY NOW, MAY I SUBMIT A FORM LATER?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for additional benefits under state and federal programs.
9. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
10. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No. If the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
11. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, call **1-800-342-3009**.

If you have any other questions or need help with the Income Data Form, call the School Food Service Office at (914) 376-8166.

Sincerely,
School Food Service

**Yonkers Public Schools
2019-2020 Community Eligibility Provision (CEP)/Provision 2 non-base year
Household Income Data Form**

Yonkers Public Schools is participating in the Community Eligibility Provision (CEP). We are in year 2 of the 3-year program. All children in YPS will receive breakfast/ and lunch at no charge to the student. This form is to determine eligibility for additional State and Federal program benefits for your child's school. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to **Yonkers Public Schools Food Service Department** – One Larkin Center, Yonkers, NY 10701 or your child's school. Call YPS Food Services @ 914-376-8166 if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade	Student ID	Foster Child
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 4, 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
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

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

I certify that all the information on this application is true and that all income is reported. I understand that this information is submitted 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.

Signature: _____ Date: _____

Email Address: _____ Home/Cell 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.

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.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information provided on this form. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The New York State Department of Education and The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not submit all needed information, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by laws and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with various state and federal education, health, and nutrition 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 Eligible Option School will receive meals at no charge.

DISCRIMINATION COMPLAINTS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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
Washington, D.C. 20250-9410;

(2) Fax (202) 690-7442; or

(3)Email: program.intake@usda.gov.

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