



Office for Prekindergarten through Grade 12 Education  
Child Nutrition Program Administration  
89 Washington Avenue, Room 375 EBA, Albany, NY 12234  
(518) 473-8781 Fax (518) 473-0018  
[www.nysed.gov/cn/cnms.htm](http://www.nysed.gov/cn/cnms.htm)

**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 the George Ross Mackenzie Elementary School will be implementing a meal certification option available to schools participating in the National School Lunch and School Breakfast Programs for the 2019-2020 school year.

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

All students enrolled at the George Ross Mackenzie Elementary School are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2019-2020 school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

If you have any further questions, please contact us at (845) 456-1100, Ext. 5079.

Sincerely,

Jill Decker  
Food Service Director

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

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**George Ross Mackenzie Elementary School  
Community Eligibility Provision (CEP)/Provision 2 non-base year  
Household Income Eligibility Form**

George Ross Mackenzie Elementary School 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 (845) 456-1100, Ext. 5079, if you need help.

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

| Student Name | School | Grade/Teacher | Foster Child             | 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"/> |
|              |        |               | <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 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<br><i>Amount / How Often</i> | Child Support, Alimony<br><i>Amount / How Often</i> | Pensions, Retirement Payments<br><i>Amount / How Often</i> | Other Income, Social Security<br><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 (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   |   |                          |
|--|---|--------------------------|
| <b>Annual Income Conversion (Only convert when multiple income frequencies are reported on application)</b><br>Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12 |   |                          |
| SNAP/TANF/Foster<br>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.

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### **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.

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### **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.

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- (2) fax: (202) 690-7442. or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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