



# TONAWANDA CITY SCHOOL DISTRICT

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TONAWANDA, NEW YORK 14150  
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**DONNA L. HILL**  
**DIRECTOR OF BUSINESS & FINANCE**

## Welcome Back to School

### ~ IMPORTANT FOOD SERVICE UPDATES ~

The Tonawanda City School District is pleased to announce its continued participation in the Community Eligibility Provision (CEP) in the following school for 2019- 2020: Fletcher, Mullen, and Riverview Elementary Schools.

- The 2019-2020 Community Eligibility Provision (CEP) application is enclosed. Please complete and return to school as soon as possible.
- One application per household is required for the Community Eligibility Provision Program **for students in grades K - 5\*\***
- It is possible that a family with siblings in the Elementary Buildings **and** MS/HS Buildings may need to complete 2 different forms.
- The district offers **MY SCHOOL BUCKS**, an online website for parents to pre pay for student snacks and or ala carte items. The link to this program can be found on the district's website home page under "Shortcuts"

**\*\*The Middle School and High School (grades 6 - 12) in the National School Lunch (Meal) Program and must complete a different application (White Form)**



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

**The Tonawanda City School District** is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the **Fletcher, Mullen and Riverview Elementary Schools** 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 **(716) 694-7690 x1000**, 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 <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 (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> <b>Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12</b>		
SNAP/TANF/Foster Income	Total Household Income/How Often:	Household Size:
Free Eligibility	Reduced Eligibility	Denied Eligibility
<b>Signature of Reviewing Official</b>		

## 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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## PRIVACY ACT STATEMENT

### POLICY 5660: School Food Service Program (Lunch and Breakfast)

The Board has entered into an agreement with the New York State Education Department (SED) to participate in the National School Lunch Program, School Breakfast Program and/or Special Milk Program to receive commodities donated by the Department of Agriculture and to accept responsibility for providing free and reduced price meals to elementary and secondary students in the District. The Superintendent or designee will have the responsibility to carry out the rules of the School Lunch and Breakfast Programs. The determination of which students are eligible is the responsibility of the Reviewing Official and Verification Official or the Office of Temporary and Disability Assistance of the Department of Social Services. Appeals regarding eligibility should be submitted to the Hearing Official of the District. Free or reduced price meals may be allowed for qualifying students attending District schools upon receipt of a written application from the student's parent or guardian or a "Direct Certification" letter from the New York State Office of Temporary and Disability Assistance (OTDA). Applications will be provided by the District to all families in the school enrollment packet. School officials must also determine eligibility for free/ or reduced meals and milk by conducting direct certification with NYSSIS or using NYSED Roster Upload to maximize free eligibility, a dataset supplied by the Office of Temporary and Disability Assistance, and made available by the SED. Any student receiving federal assistance through Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF) is automatically eligible for free meals and milk. There is no need for families to complete further applications. The District will notify parents or guardians of eligibility, giving them the opportunity to decline free meals and milk if they so choose. School liaisons required for homeless, foster and migrant students shall coordinate with the nutrition department to make sure such students are certified as eligible students and receive free school meals in accordance with federal law.

The goal of Tonawanda City School District is provide student access to nutritious no- or low-cost meals each school day and to ensure that a pupil whose parent/guardian has unpaid school meal fees is not shamed or treated differently than a pupil whose parent/guardian does not have unpaid meal fees. Unpaid charges place a large financial burden on our school. The purpose of this policy is to insure compliance with federal requirements for the USDA Child Nutrition Program and to provide oversight and accountability for the collection of outstanding student meal balances to ensure that the student is not stigmatized, distressed or embarrassed. The intent of this policy is to establish procedures to address unpaid meal charges throughout the District in a way that does not stigmatize, distress, or embarrass students. The provisions of this policy pertain to regular priced reimbursable school breakfast, lunch and snack meals only. The District provides this policy as a courtesy to those students in the event that they forget or lose their money. Charging of items outside of reimbursable meals (a la carte items, adult meals, etc.) is expressly prohibited.

The sale of sweetened foods will be prohibited from the beginning of the school day until the end of the last scheduled meal period. Sweetened foods consist of sweetened soda water, chewing gum, candy, including hard candy, jellies, gum, marshmallow candies, fondant, licorice, spun candy, candy coated popcorn, and water ices except those which contain fruit or fruit juices.