

Elmira City School District



Food Services

777 S. Main Street
Elmira, NY 14904

Phone: (607) 735-3236
www.elmiracityschools.com

Dear Parent/Guardian:

We are pleased to inform you that Elmira City Schools will implement a meal certification option available to schools participating in the National School Lunch and School Breakfast Programs for 2024-2025.

What does this mean for your child(ren) attending our schools?

All students enrolled at Elmira City Schools are eligible to receive a healthy breakfast and lunch at school at no charge to your household each day of the 2024-2025 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 other questions, please contact us at (607) 735-3236.

Elmira City School District Food Services

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

PARENT INSTRUCTIONS: The Elmira City School District is participating in the Community Eligibility Provision (CEP). All children in the district 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. Complete only one form for your household, sign your name and return it to your child's school. Call (607) 735-3236 if you need help or assistance. **See page 2 for Instructions. PLEASE PRINT CLEARLY.**

A. STUDENT INFORMATION				
Student Name	School	Grade/Teacher	Foster Child	No Income
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>

B. SNAP/TANF/FDPIR BENEFITS	
Name:	CASE #

C. HOUSEHOLD GROSS INCOME – SEE INSTRUCTIONS ON PAGE 2 - LIST ALL PEOPLE IN THE HOUSEHOLD					
Name of Household Member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony payments <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
1.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
2.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
3.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
4.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
5.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
6.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
7.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
8.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

If additional lines are needed, please attach a separate page

D. PARENT/GUARDIAN SIGNATURE	
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.	
Parent or Guardian Signature: _____	Date: _____
Email Address: _____	Home Phone: _____
Home Address: _____	Work Phone: _____

OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOX	
Collected by: _____ Send all forms to Food Services at Elmira High School, 777 S. Main St., Elmira NY 14904	
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: _____	<input type="checkbox"/> Free Eligibility <input type="checkbox"/> Reduced Eligibility <input type="checkbox"/> Denied Eligibility
Signature of Reviewing Official: _____	

INSTRUCTIONS FOR EACH SECTION

A. STUDENT INFORMATION

- ALL HOUSEHOLDS MUST COMPLETE PART A. **DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.**
- Print the names of the children, including foster children, for whom you are applying on one form.
- List their school and grade.
- Check the box to indicate a foster child living in your household, and check the box for each child with no income.

B. SNAP/TANF/FDPIR BENEFITS

- **HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART B AND SIGN PART D.**
- 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.
- An adult household member must sign the form in PART D. **SKIP PART C - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.**

C. HOUSEHOLD GROSS INCOME

- **ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PART C.**
- 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.
- 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.

D. PARENT/GUARDIAN SIGNATURE

- **ALL HOUSEHOLDS MUST COMPLETE PART D.** An adult household member must sign this application.

PRIVACY ACT STATEMENT

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.