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

**Household Income Eligibility Form**

Oswego City 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/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 the Food Service office at 315 341-2022, if you need help.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name | School | Grade/Teacher | Foster Child | No Income |
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**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  ***Amount / How Often*** | Child Support, Alimony  ***Amount / How Often*** | Pensions, Retirement  Payments  ***Amount / How Often*** | Other Income, Social Security  ***Amount / How Often*** | No Income |
|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |
|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |
|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |
|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |
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|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |
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|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |

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.

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

**Signature:** Date**:**

**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**

Email Address:

Home Phone

Work Phone

Home Address

**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.

**Parents' Bill of Rights for Data Privacy and Security**

The District will publish its Parents' Bill of Rights for Data Privacy and Security (Bill of Rights) on its website. Additionally, the District will include the Bill of Rights with every contract or other written agreement it enters into with a third-party contractor under which the third-party contractor will receive student data or teacher or principal data from the District.

The Bill of Rights will contain all required elements including supplemental information for each contract the District enters into with a third-party contractor where the third-party contractor receives student data or teacher or principal data from the District. The supplemental information must be developed by the District and include the following information:

1. The exclusive purposes for which the student data or teacher or principal data will be used by the third-party contractor, as defined in the contract;

1. How the third-party contractor will ensure that the subcontractors, or other authorized persons or entities to whom the third-party contractor will disclose the student data or teacher or principal data, if any, will abide by all applicable data protection and security requirements, including but not limited to those outlined in applicable laws and regulations (e.g., FERPA; Education Law Section 2-d);

1. The duration of the contract, including the contract's expiration date, and a description of what will happen to the student data or teacher or principal data upon expiration of the contract or other written agreement (e.g., whether, when, and in what format it will be returned to the District, and/or whether, when, and how the data will be destroyed);

1. If and how a parent, student, eligible student, teacher, or principal may challenge the accuracy of the student data or teacher or principal data that is collected;

1. Where the student data or teacher or principal data will be stored, described in a manner as to protect data security, and the security protections taken to ensure the data will be protected and data privacy and security risks mitigated; and
2. Address how the data will be protected using encryption while in motion and at rest.

The District will publish on its website the supplement to the Bill of Rights (i.e., the supplemental information described above) for any contract or other written agreement it has entered into with a third-party contractor that will receive PII from the District. The Bill of Rights and supplemental information may be redacted to the extent necessary to safeguard the privacy and/or security of the District's data and/or technology infrastructure.

**For more information regarding the privacy and security of Student data, see OCSD Policy #5676 or see the Parents Bill of Rights for Data Privacy and Security at https://docs.google.com/document/d/e/2PACX-1vTTwEgjjLSDdQSRSZFPQibL96ya7WfkpKblpyEgz\_Yk-BGNEVagJyjDu6RfvX0soA/pub**