



SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

Food and Nutrition Services

Rachel A. Murphy RDN, Director

August 2018

Dear Parent/Guardian:

The Syracuse City School District participates in the Community Eligibility Provision (CEP) for the 2018-19 school year under the Child Nutrition Programs. CEP is directed toward schools with a high percentage of economically disadvantaged students. Under CEP all students will receive breakfast and lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) and/or for the District to qualify for further state and federal funding for schools, you will need to complete a household income eligibility form. Please complete the attached form and return it in the enclosed business reply envelope.

Attached you will find a listing of Frequently Asked Questions and answers to assist you with completing the form correctly. If you have any other questions or need help with completing the household income eligibility form please call 315-435-4207.

Sincerely,

A handwritten signature in blue ink that reads "Jaime Alicea".

Jaime Alicea
Superintendent

FREQUENTLY ASKED QUESTIONS

1. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. Use one household income form for all students in your household. We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form) in the enclosed business reply envelope or to Syracuse City School District, 1025 Erie Blvd. West, Syracuse, New York 13204-9908. Attn: Eligibility Processing
2. MY CHILD(REN) ALREADY RECEIVES MEALS AT NO CHARGE, WHY SHOULD I COMPLETE THIS FORM? Many state and federal programs use socioeconomic data (that is, household and income information) to determine eligibility for their programs. By completing this form, your school is able to determine eligibility for additional programs your child(ren) may qualify for such as literacy and reading programs, reduced or waived fees for tutoring, AP and SAT tests, and driver's education etc. Regardless, your child(ren) will still receive meals at no charge at his or her school.
3. WHAT IF WE KNOW WE DO NOT QUALIFY? If you know you will not qualify due to the income guidelines, or you do not want to provide your income, you may fill out the students in Part 1, write 'Do Not Qualify' on the space allowed in Part 2 and sign the form in Part 5.
4. CAN FOSTER CHILDREN RECEIVE FREE MEAL STATUS? Yes, foster children that are under the legal responsibility of a foster care agency or court, qualify for free meal status. Any foster child in the household is eligible for free meal status regardless of income.
5. CAN HOMELESS, RUNAWAY, AND MIGRANT QUALIFY FOR FREE MEAL STATUS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meal status.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first 30 operating days of this school year. You must send in a new application each school year.
7. I GET WIC. CAN MY CHILDREN RECEIVE FREE MEAL STATUS? Children in household's participating in WIC are eligible for free meal status. Please fill out a Household Income Eligibility application with your case number beginning with an F or a P.
8. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify.
9. 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.

10. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you make \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime occasionally. If you have lost your job or had your hours or wages reduced, use your current income.
11. 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.
12. 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.
13. 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, contact your local assistance office or call **1-800-342-3009**.

ELIGIBILITY INCOME CHART

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	\$ 30,451	\$ 2,538	\$ 1,269	\$ 1,172	\$ 586
3	\$ 38,443	\$ 3,204	\$ 1,602	\$ 1,479	\$ 740
4	\$ 46,435	\$ 3,870	\$ 1,935	\$ 1,786	\$ 893
5	\$ 54,427	\$ 4,536	\$ 2,268	\$ 2,094	\$ 1,047
6	\$ 62,419	\$ 5,202	\$ 2,601	\$ 2,401	\$ 1,201
7	\$ 70,411	\$ 5,868	\$ 2,934	\$ 2,709	\$ 1,355
8	\$ 78,403	\$ 6,534	\$ 3,267	\$ 3,016	\$ 1,508
Each add'l person add...	\$ 7,992	\$ 666	\$ 333	\$ 308	\$ 154

How to Apply: For eligibility for your children you may submit an Eligibility Letter for Free Meals/Milk (formerly Direct Certification Letter) received from the NYS Office of Temporary and Disability Assistance, OR carefully complete one application for your household and return it to the designated office. If you now receive Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a SNAP, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

Income Exclusions: The value of any childcare 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 Development (Block Grant) Fund should not be considered as income for this program.

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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