

Community Eligibility Provision (CEP)/Provision 2 non-base year/Summer Electronic Benefits Transfer (EBT) Household Income Eligibility Form

Williamsville Central 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 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, including Summer Electronics Benefit Program (EBT).** 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 7 1 6 - 6 2 6 - 8 8 7 0 if you need help.

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

Student Name	School	Grade/Teacher	Foster Child	No Income
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Then skip to Part 4.

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
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐

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 _____

Home Address _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

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

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.

Privacy Act Statement

The District's procedures for the confidentiality of student records are consistent with federal statutes, including the Family Educational Rights and Privacy Act (FERPA). The parents, those acting in a parental relationship, or eligible students of the Williamsville Central School District are hereby notified that you have the following rights in relation to student records under the Family Educational Rights and Privacy Act (FERPA) and District Policy #7240:

1. The right to inspect and review student's education records, unless otherwise limited by court order or other legally binding instrument, within 45 days of receipt of request.
2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate. Parents or eligible students may request such amendment by writing to the school principal (or appropriate school official), clearly identify the part of the record they want changed, and specifying why it is inaccurate. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of the right to a hearing regarding the requested amendment. Additional information regarding hearing procedures will be provided to the parent or eligible student when notified of this right.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.
4. There are exceptions which allow for disclosure without consent:
 - Educational records may be released to school officials with legitimate educational interests. A school official is a person employed by a school district as an administrator, supervisor, instructor or support staff member (including health or medical staff and law enforcement unit personnel); a person or company with whom the school has contracted to perform a special task (such as an attorney, auditor, medical consultant or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review the educational record in order to fulfill his or her professional responsibility.
 - Education records of a student concerning disciplinary action taken against a student for conduct that posed a significant risk to the safety or well-being of that student, other students, or other members of the school community may be disclosed to school officials in other schools who have been determined to have a legitimate educational interest in the behavior of the student.
 - Educational records may be disclosed by school officials, including disciplinary records and records that were created as a result of a student receiving special education services under Part B of the Individuals with Disabilities Education Act, to another school or postsecondary institution in which the student seeks or intends to enroll.
5. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School District to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4605.
6. If either a student's parent, those acting in a parental relationship, or the eligible student desire to obtain copies of the policy pertaining to student records, notification should be presented to the Assistant Superintendent of Student Services and Exceptional Education, 105 Casey Rd., PO Box 5000, East Amherst, NY 14051-5000.

Release of information beyond that noted above requires parental consent.



WILLIAMSVILLE

CENTRAL SCHOOL DISTRICT

Est. 1893

Consent to Release Free or Reduced Price Eligibility Information

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following program(s):

Driver Education - SAT - ACT - AP Exams - College Applications

I understand that the information will only be provided for the programs below. This release will allow your child's school counselor to write a fee waiver to cover the cost of some college applications, AP exams, and standardized tests.

Please check the program(s) below:

- ☐ Driver Education
- ☐ Standardized Testing (PSAT/SAT/PreACT/ACT)
- ☐ AP Exams
- ☐ College Applications
- ☐ All of the Above

Child or Children's Names:

_____	_____	_____
_____	_____	_____

I certify that I am the parent/guardian of the child/children for whom the free/reduced price application was made:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (*please print*): _____

Address: _____
(*Apt/House #, Street*) (Town) (State) (Zip)

Mobile Phone: (____) _____ Home: (____) _____