Community Eligibility Provision (CEP) Provision 2 Non-Base Year Household Income Eligibility Form

OHM BOCES 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 315-223-6068, if you need help.

1. List all of the 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 number 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	Child Support, Alimony	Pensions,Retirement Payments	Other Income, Social Security	No Income
	AMOUNT/HOW OFTEN	AMOUNT/HOW OFTEN	AMOUNT/HOW OFTEN	AMOUNT/HOW OFTEN	
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	

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.

Signature: _____ **Date:** _____

Email Address: _____ **Home Address:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

_____ **SNAP/TANF/FOSTER**

_____**Income Household: Total Household Income/How Often: $**_____/_____ **Household Size:** _____

_____**Free Eligibility** _____**Reduced Eligibility** _____**Denied Eligibility**

Signature of Reviewing Official _____ **Date:** _____