

KINGSTON CITY SCHOOL DISTRICT

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James F. Shaughnessy, Jr.
President - Board of Education

Dr. Paul J. Padalino
Superintendent of Schools

Dear Parents and Guardian:

This letter is to inform you that the following Schools are participating in a wonderful program, sponsored by the U.S.D.A., called the Community Eligibility Provision:

- George Washington Elementary School
- John F. Kennedy Elementary School
- Chambers Elementary School
- Edson Elementary School
- M. Clifford Miller Middle School
- J. Watson Bailey Middle School

What this means to our families is that there will be no need to pay for Breakfast or Lunch at the schools listed above for the 2019-2020 school year.

Our students will have the benefit of NO COST MEALS, for both BREAKFAST and LUNCH, each day they attend school. A student may, of course, bring her or his own lunch to school, if desired.

As a reminder, students will still need to bring money to pay for snack and à la carte items they may choose to purchase. Students may continue to add money to their pre-paid accounts, and use those funds for snack and à la carte purchases.

Although an Application for Free and Reduced Price Meals will no longer be accepted for students attending the schools listed above, the attached form should be filled out and returned. This new form is critical to our district obtaining sufficient funding for other school related programs, technologies, and rates for such things as utilities and telephone service.

When a student transfers or graduates from a school participating in the Community Eligibility Provision and moves to a school not participating in this program, a free or reduced meals application should be submitted for approval as soon as possible, to avoid charges for meals, as long as the student qualifies for free or reduced price meals.

If you have any questions about the Community Eligibility Provision, please call the Food Service Office at (845) 943-3663.

Sincerely,



Dr. Paul J. Padalino
Superintendent of Schools

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, (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.

This institution is an equal opportunity provider.

Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form

George Washington, John F. Kennedy, Chambers and Edson Elementary Schools and J. Watson Bailey and M. Clifford Miller Middle Schools are 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 (845) 943-3663 if you need help.

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

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

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: _____

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

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 FDPPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPPIR (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 FDPPIR 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

STUDENT PRIVACY**I. Student Surveys**

In accordance with the Protection of Pupil Rights Amendment (PPRA) of the No Child Left Behind Act, the district is committed to protecting the rights and privacy interest of parents/guardians and students with regard to administering surveys to students which include one or more of the following items:

1. political affiliations or beliefs of the student or the student's parent;
2. mental or psychological problems of the student or the student's family;
3. sex behavior or attitudes;
4. illegal, anti-social, self-incriminating or demeaning behavior;
5. critical appraisals of other individuals with whom respondents have close family relationships;
6. legally recognized privileged or analogous relationships, such as those of lawyers, physicians and ministers;
7. religious practices, affiliations or beliefs of the student or the student's parent; or
8. income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

U.S. Department of Education Funded Surveys. The district shall make instructional materials available for inspection by parents/guardians if the materials will be used in connection with a U.S. Department of Education funded survey, analysis or evaluation in which their children participate and it addresses one or more of the above items. In addition, the district shall obtain prior written parent/guardian consent before minor students are required to participate in any such survey, analysis or evaluation.

Surveys Funded by Other Sources. The parent/guardian has a right to inspect, upon request, a survey created by a third party (other than the U.S. Department of Education) which addresses one or ore of the above items before the survey is administered or distributed by the school to the student. Such request must be submitted by the parent/guardian to the Building Principal at least 10 days prior to the administration or distribution of any survey.

II. Instructional Materials

Parents/guardians shall be granted, upon request, reasonable access and the right to inspect instructional materials used as part of the educational curriculum for the student within a reasonable period of time after such request is received by the district. Requests shall be submitted by the parent/guardian, in writing, to the Building Principal. "Instructional material" is defined as: "instructional content that is provided to a student, regardless of format including printed or representational materials, audio-visual materials, and materials in electronic or digital formats (such as materials accessible through the Internet). It does not include academic tests or academic assessments."

III. Physical Examinations or Screenings

The district shall provide parents/guardians with the opportunity to opt their child out of any non-emergency, invasive physical examination or screening that is required as a condition of attendance, administered by the school and scheduled by the school in advance and that is not necessary to protect the immediate health and safety of the student and/or other students. The term "invasive physical examination" means any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injecting into the body, but does not include any physical examination or screening required or permitted by law (e.g., hearing, vision, or scoliosis screening).

IV. Collection, Disclosure or Use of Personal Information

Unless required or authorized by federal or state law and/or regulation, it is the policy of the Board to not permit the collection, disclosure or use of personal information collected from students for the purpose of marketing or selling that information or otherwise providing that information for that purpose, unless otherwise exempted pursuant to law. "Personal Information" is defined as information that would allow a reasonable person in the school or community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty. Such data might include social security number, student's name or identification number, parents' name and/or address, a biometric record, etc.

This provision shall not apply to the collection, disclosure, or use of personal information collected from students for the exclusive purpose of developing, evaluating or providing educational products or services for, or to, students or educational institutions, such as:

- a. College or other postsecondary education recruitment, or military recruitment;
- b. Book clubs, magazines and programs providing access to low-cost literary products;
- c. Curriculum and instructional materials used in schools;
- d. Tests and assessments used to provide cognitive, evaluative, diagnostic, clinical, aptitude, or achievement information for students or to generate other statistically useful data for the purpose of securing such tests and assessments, and the subsequent analysis and public release of the aggregate data from such tests and assessments;
- e. The sale by students of products or services to raise funds for school-related activities;
- f. Student recognition programs.

V. Notification to Parents

The district shall provide parents with a copy of this policy at the beginning of each school year, and within a reasonable period of time after adoption or substantive change in this policy.

The district shall provide parents/guardians with notification, at least annually, at the beginning of the school year, of the specific or approximate dates during the school year when the above activities are scheduled or expected to be scheduled.

The district shall provide notification to parents/guardians and offer them the opportunity to opt their child out of participation in the following activities:

1. Activities involving the collection, disclosure or use of personal information collected from students for the purpose of marketing or selling that information, or providing it to others for that purpose.
2. The administration of any survey containing one or more of the items listed above;
3. Any non-emergency, invasive physical examination or screening that is required as a condition of attendance, administered by the school and scheduled by the school in advance, and not necessary to protect the immediate health or safety of the student or other students.

VI. Miscellaneous

The provisions of the Family Rights and Privacy Act (FERPA) and this policy do not apply to a survey administered to a student in accordance with the Individuals with Disabilities Education Act (IDEA). In addition, PPRA does not supersede any of the requirements of FERPA.

The rights provided to parents/guardians under PPRA transfer to the student when he/she turns 18 years of age or is an emancipated minor under applicable state law.

Cross-ref: 5420, Student Health Services
5500, Student Records

Ref: 20 USC §1232h (No Child Left Behind Act)
34 CFR Part 98
Education Law §903

Adoption date: February, 2005 Updated 4/18/08 Prior Policy No. 7250
1st Reading of Revision: May 16, 2018 Adopted: June 6, 2018