

**Owego/Apalachin Central School District
2024-25 Community Eligibility Provision (CEP)
Household Income Eligibility Form**

Please provide the following information. All children in the school will receive meals at no charge regardless of household income and all information is confidential.

List all children in your household who attend school:

| Student Name | School | Grade |
|--------------|--------|-------|
| | | |
| | | |
| | | |

List all other family members, including non-school age children below. Include all income how much and how often they are paid (weekly, bi-weekly, twice per month, monthly). If there is no income, check the box for “no income”.

| Name of Household Member | Earnings from work before deductions Amount/How Often | Child Support, Alimony Amount/How Often | Pension, Retirement payments Amount/How Often | Other Income, Social Security Amount/How Often | No Income |
|--------------------------|---|---|---|--|-----------|
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |

If anyone in the household receives SNAP, TANF or FDPIR benefits, list their name and case number here.

Name: _____ Case Number: _____

I certify that all of the information on this application is true, and that all income is reported. I understand that the information is being given so the school can receive federal funds. If I purposely give false information, I may be prosecuted under applicable State and federal laws.

Signature: _____ **Date:** _____

DO NOT FILL OUT – FOR SCHOOL USE ONLY

SNAP/TANF
 Income Household Total: _____ / _____ Household Size _____

Signature of Reviewing Official: _____

DISCRIMINATION COMPLAINTS

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. **fax:**

(833) 256-1665 or (202) 690-7442; or

3. **email:**

program.intake@usda.gov

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