

## Community Eligibility Provision

Dear Parent or Guardian:

We are pleased to inform you that New Century School will be implementing a new provision available to schools participating in the National School Lunch and School Breakfast Programs. It is called the Community Eligibility Provision (CEP) and will begin in School Year 2017-2018.

### **What does this mean for me and my students who attend the school(s) identified above?**

All students enrolled in a CEP school are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2017-2018 school year. No further action is required. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit a meal application.

**Do I still need to complete an Application for Educational Benefits form?** You may still need to complete this form. Our school is eligible to receive additional state and federal funds based on the number and/or percentage of students enrolled who reside in households that meet established federal income guidelines. We use the [Alternate] Application for Educational Benefits to collect household information. The application also helps our school qualify for education funds and discounts. If you receive an application, please help our school by completing and submitting the form to *New Century School, 1380 Energy Ln St Paul MN 55108*.

**What if my child changes schools?** If your child(ren) transfers to a school within our district that is not participating in CEP, and you have not already submitted a household Application for Educational Benefits or received a direct certification notice, you will need to complete an Application for Educational Benefits to apply for free/reduced-price meals.

If you have any questions, please contact *Amina Ismail* at 651- 478-4535

**Non-discrimination Statement:** 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](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; or (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**Alternate Application for Educational Benefits - School Year 2017-18**  
**State and Federally Funded Programs**

**Economic Status for MARSS Reporting:**  
**Community Eligibility Provision - Provision 2 and 3 - No Meal Program**

**1. Names of all Children in Household including Foster Children.** Attach additional page if necessary.

Last Name	First Name	Date of Birth Month/Day/Year	Grade	School	Check if Foster Child	Any Regular Income to Child Example SSI
_____	_____	_____	_____	_____	<input type="checkbox"/>	\$ _____ per _____
_____	_____	_____	_____	_____	<input type="checkbox"/>	\$ _____ per _____
_____	_____	_____	_____	_____	<input type="checkbox"/>	\$ _____ per _____

**2. Benefits (if applicable)**

If any household member receives benefits from a program listed below, write in the name of the person and case number, check the appropriate box, and skip Section 3.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

- Minnesota Family Investment Program (MFIIP)
- Supplemental Nutrition Assistance Program (SNAP)
- Food Distribution Program on Indian Reservations

Medical Assistance and WIC do not qualify -  
 \* Child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip Sections 3 and 4.

**3. Names of all Adults in Household** (all household members not listed in Section 1).  
 Include all adults living in your household, related or not. Attach an additional page if necessary.

Last Name	First Name	Check if No Income	Gross Wages/ Salaries All Jobs before deductions	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Workers Comp, Strike Benefits	Any Other Income, Including Net Farm/ Self Employment
_____	_____	<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
_____	_____	<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

**Household Incomes:** Write in each gross income and how often it is received: **weekly (W), bi-weekly (every other week) (BW), twice per month (TM), monthly (M).** Do not write in hourly pay. If income fluctuates, write in the amount normally received. Attach an additional page if necessary.

4. This information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information. See page 3 for more information.  
 Do not share information with Minnesota Health Care Programs.