

KEEP THIS FORM ON FILE. DO NOT RETURN TO SED

CERTIFICATION OF ACCEPTANCE FOR DISTRICTS AND NONPUBLIC SCHOOLS
(Residential Child Care Facilities must complete the form on Attachment IV)

Please complete the following information during the annual renewal process on the Child Nutrition Management System and **retain on file** for examination by members of this Department or USDA during a review of your Child Nutrition Program. **Do not send the Certification of Acceptance to NYSED.**

SCHOOL FOOD AUTHORITY NAME: _____

12-Digit LEA Code: _____

The governing body of this School Food Authority accepts this Free and Reduced Price Meal or Special Milk Program Policy Statement, including the Family Income Eligibility Criteria and all required attachments and as indicated below:

Titles of Designated Officials

A. REVIEWING OFFICIAL
Address & Telephone

B. HEARING OFFICIAL
Address & Telephone

C. VERIFICATION OFFICIAL
Address & Telephone

An officer of the Board of Education or chairman of the community school board, pastor or executive director of the corporation operating a private or parochial school, or the headmaster or principal of a nonpublic school must sign this form.

ORIGINAL SIGNATURE OF SCHOOL OFFICIAL

TITLE

DATE

2020-2021

- **The Reviewing and Verification Official may be the same person. The Hearing Official cannot be the Reviewing or Verification Official.**