



# COMMUNITY ELIGIBILITY PROVISION

Office of Child Nutrition




# ACRONYMS

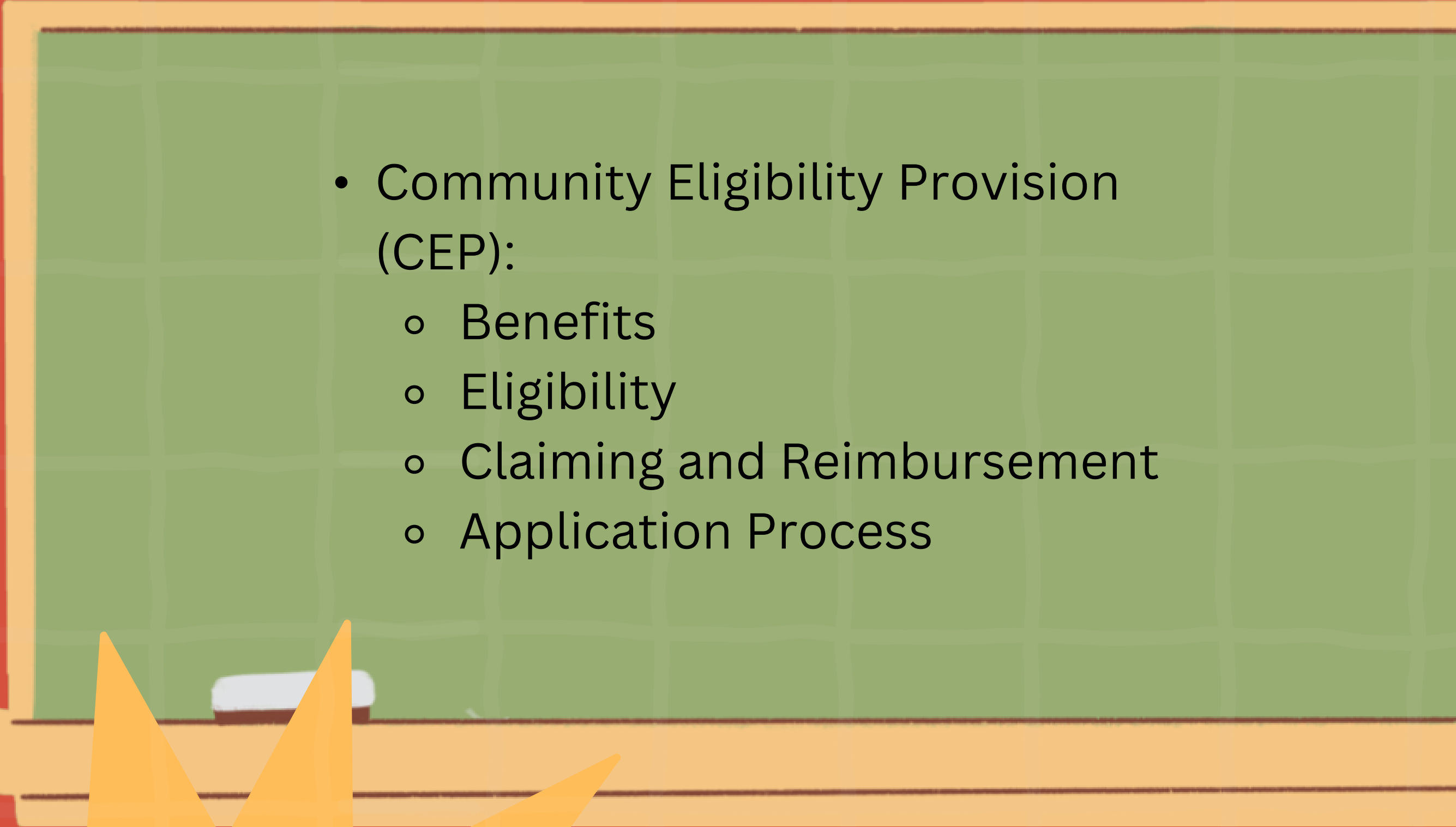



Saratoga Springs CSD

- CEP- Community Eligibility Provision
- SFA- School Food Authority (school district)
- RA- Recipient Agency (school building)
- ISP- Identified Student Percentage
- SNAP- Supplemental Nutrition Assistance Program
- DCMP- Direct Certification Matching Process
- RCCI- Residential Child Care Institution



# AGENDA

- 
- Community Eligibility Provision (CEP):
    - Benefits
    - Eligibility
    - Claiming and Reimbursement
    - Application Process
- 

# WHAT IS CEP?



# WHAT ARE THE BENEFITS?

- Free Breakfast and Lunch to all students
- Lessens Administrative Work
  - No school meal income applications
  - No income verification
- Increases Participation
- Improves Efficiency

# Who Can Participate in CEP?

At least 25 percent of students certified for free meals without an application:

- Entire SFA
- Group of RAs
- Individual RA
- Multiple Groups and/or Individual RAs



# How to Determine Identified Students

## **DCMP & Extensions**

- Supplemental Nutrition Assistance Program (SNAP)
- Certain Medicaid
- Extension of DCMP to Siblings/Household Members

## **Other Students Certified For Free Meals**

- Homeless
- Migrant
- Runaway
- Certified Foster children
- Headstart/Evenstart

# How to Calculate Identified Student Percentage

## How to Calculate ISP

$$\frac{\text{Identified Students}}{\text{Enrolled Students}} \times 100 = \text{Identified Student Percentage}^*$$

\*must have an ISP of 40% to be CEP eligible

\*must have an ISP of 25% to be CEP eligible



# CEP Grouping Examples

RA	ISP	Average ISP by Group	CEP Eligible?
North ES	48.98	30.72	Yes
South MS/HS	12.45		

RA	ISP	Average ISP by Group	CEP Eligible?
Purple ES	34.27	22.45	No
Yellow MS	17.21		
Blue HS	15.84		

# CEP Federal Reimbursement

Claiming ISP	Times the Multiplier	Percent of Meals Reimbursed at Free Rate (ISP x 1.6)	Percent of Meals Reimbursed at Paid Rate
62.5	1.6	100	0
25	1.6	40	60



# NYS CEP

## State Subsidy

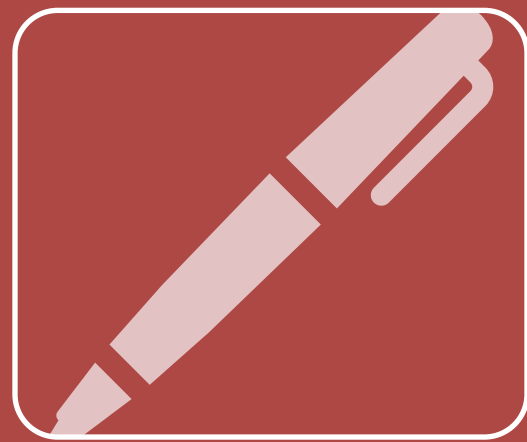
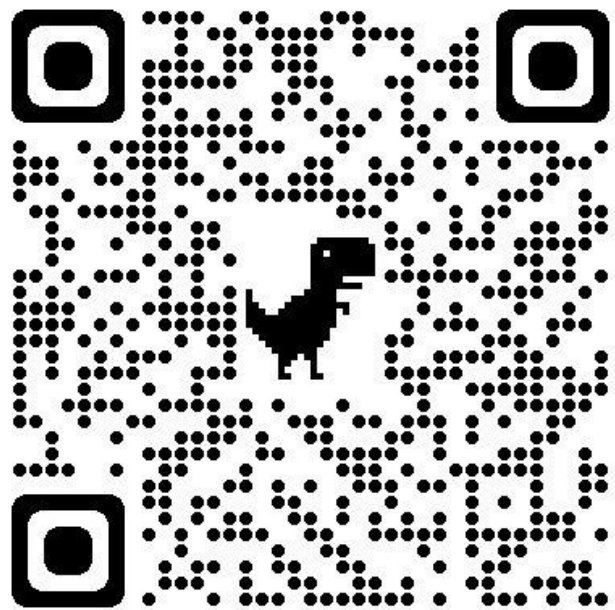


Ensure all CEP meals are reimbursement at the free rate.

To receive Subsidy:

- Must be approved to participate in CEP
- Subsidy provided for meals reimbursed at federal paid rate

# Application Process



## Enrollment Period

- Begins Spring 2025
- April 01, 2025 Enrollment Data



## Step #1: Application

- 3 Tabs to complete: CEP Application Form, Affirmation, and Policy Statement Amendment
- Submit to [CN@nysed.gov](mailto:CN@nysed.gov)



## Step #2: Upload Student Roster

- CN Rep will provide access to secure server

- Complete & Submit SY 2024-25 CEP Application
- Upload roster and corroborating records to confirm application



See Application Instructions for further details.

Indicate if this application is for the

This section consolidates the information entered in the RA Section (below).

If #11 appears red, the combination of schools are not eligible.

100

[illegible]



<div> <div>CEP Application</div> <div>Affirmation</div> <div>Policy Statement Amendment</div> <div>Nondiscrimination Statement</div> <div>+</div> </div>				

Amendment to the Free and Reduced-Price Policy Statement

Community Eligibility Provision (CEP)

The following SFA acknowledges that this amendment becomes effective when the Child Nutrition Management System Applications have been updated to reflect CEP participation and the CEP application containing the data has been submitted and approved by the New York State Education Department (SED).

Per 7 CFR 245.9(g)(2), SFAs must certify that the school(s) meet the criteria for participating in each of the special assistance provisions, as specified in paragraphs (f), as appropriate.

I hereby certify that the SFA and RA(s) participating in CEP meet the criteria outlined for participation in sections 7 CFR data provided below is accurate and true.

School Food Authority (SFA) Name
SFA LEA Code
Name of the Superintendent, Chief Executive Officer, or official who has been authorized to sign contracts on behalf of the SFA
Title
Date

For each RA listed below, the SFA is certifying the following is true:

List the available and approved data that your SFA utilized during the CEP reconsideration application process	
	SNAP and Medicaid
Provision Type	CEP
Program Names	Breakfast and Lunch

# Policy Amendment Tab

- Complete: Name, Title & Date
- List available & approved data used during application process

RA Name	RA LEA Code	1. RA Enrollment	2. Direct Certification Matching Process (DCMP) SNAP Data	3. Extension of Eligibility	4. Foster	5. Homeless	6. Migrant	7. Runaway	8. Head Start/Pre-K Even Start	9. DCMP Medicaid Data	10. RA's Total # of Identified Students	11. RA ISP
School A	300000000000	100	30	2	1	1	0	0	0	20	54	54.00%
School B	300000000001	50	20	3	0	0	0	0	0	10	33	66.00%
School C	300000000002	50	10	1	0	0	0	0	0	5	16	32.00%

School C RA ISP

1. Combined School Enrollment <i># of eligible students enrolled</i>	200	6. Migrant <i># of students directly certified by this list</i>	0	11. Identified Student Percentage (ISP)	51.50%
2. Direct Certification Matching Process (DCMP) SNAP Data	60	7. Runaway <i># of students directly certified</i>	0	12. ISP X 1.6 Multiplier	82.40%
3. Extension of Eligibility <i># of household</i>	6	8. Head Start/Pre-K Even Start <i># of students in</i>	0	13. Percentage Claimed as	82.40%
4. Foster <i># of students directly certified by this list</i>	1	9. DCMP Medicaid Data <i># of students</i>	35	14. Percentage Claimed as	17.60%
5. Homeless <i># of students directly</i>	1	10. Total # of Identified	103		

Total Combined ISP for all 3 RAs

- Federal Claiming Percentages:
- Free-82.40%
  - Paid-17.60% (Receive additional NYS subsidy)



# Step 2: Sample Coded Roster/Master List



Code Denotation:	Code Totals:
A= Electronic Direct Certification Matching Process (DCMP)- SNAP	1
B = DCMP- MEDICAID	1
C= Extension of eligibility to siblings or household members of SNAP/MEDI recipients or Eligibility Letter for Free Meals/Milk	1
D= Foster List	1
E= Homeless List	1
F= Migrant List	0
G= Runaway List	1
H= Head Start/Pre-K Even Start	0
I= non identified students	1
<b>Total Number of Identified Students</b>	<b>7</b>

School Building	Student' Name	Student's DOB	Parent/Guardian's Name	Address	Identification Code
Building 1	APPLE, MACK	8/4/2002	APPLE JAMES	11 Cortland St Fort Orange, NY 12345	C
Building 1	APPLE, TOSH	1/14/2004	APPLE JAMES	11 Cortland St Fort Orange, NY 12345	D
Building 1	BACH, SUSAN	7/2/2001	BACH BRITNEY	2 Mozart Ave. Fort Orange, NY 12345	I
Building 1	CURRY, RON	5/27/2006	SAGE SANDY	PO Box 5555 Fort Orange, NY 12345	E
Building 2	EVANS, EMILY	12/5/2004	JOHNSON TERI	2111 Broadway Fort Orange, NY 12345	B
Building 3	FAME, PRINCE	3/16/2009	FAME VICKI	99 Star Parkway Fort Green, NY 12346	G
Building 3	SMITH, JON	6/27/2008	SMITH STAN	12 Lincoln Ave Fort Green, NY 12346	A

- This data should be organized by qualifying RA.
- The enrollment record/master list must include ALL students and be coded to indicate which students were identified to be eligible for the CEP.



School	Last Name	First Name	NYSSIS ID	DOB	Address	Parent /Guardian Nam	ID Code	Extension
School B	Allen	Billy	1545000011	08/26/05	154 Apple Ln., Albany, NY 12635	Gregory Allen	A	
School C	Anderson	Filmore	1545000012	06/12/13	12 McDermont St., Albany, NY 1985	Marie Filmore	I	
School B	Biggle	Henrietta	1545000013	06/12/17	126 Park Ave., Albany, NY 10976	Justin Biggle	B	
School A	Broflovski	Ike	1545000015	06/14/19	1002 Maple Ave. Albany, NY 10585	Gerald Broflovski	C	Kyle Broflovski
School A	Broflovski	Kyle	1545000014	03/08/17	1002 Maple Ave. Albany, NY 10585	Gerald Broflovski	A	
School A	Burch	Timmy	1545000016	07/22/17	10 Sandra St. Albany, NY 15454	Tim Burch	B	
School A	Cartman	Eric	1545000017	04/10/12	25 Roslyn St. Township, NY 15484	Liane Cartman	B	
School A	Costwolds	Rebecca	1545000018	03/26/14	201 Center St, Riverdale, NY 12121	Mrs. Costwods	B	
School C	Darson	Sally	1545000019	04/09/16	146 Spook Hole Rd, Fiction, NY 12474	Mrs. Darson	A	
School A	Donovan	Clyde	1545000020	12/05/15	7 Center St, Fiction, NY 14594	Betsy Donovan	B	
School C	Drordy	Kip	1545000021	08/13/16	201 Center St, Riverdale, NY 12121	Mrs. Costwods	C	Rebecca Costwolds

Roster Data  
Must Match  
Data Inputted  
On CEP  
Application

School	Enrllmnt	A	C	D	E	F	G	H	B	Eligible	I
School A	100	30	2	1	1	0	0	0	20	54	46
School B	50	20	3	0	0	0	0	0	10	33	17
School C	50	10	1	0	0	0	0	0	5	16	34
Total	200	60	6	1	1	0	0	0	35	103	97

# Supporting Documentation for Other Source Categorically Eligible Students



As determined to be:

- Homeless by the LEA's homeless liaison or by an official of a homeless shelter;
- Migrant by the State or local Migrant Education Program coordinator or homeless liaison;
- Runaway by the local education liaison as receiving assistance through a program under the Runaway and Homeless Youth Act;
- Foster whose care and placement is the responsibility of the State or who is formally placed by a court with a caretaker household through which the State retains legal custody of the child

# Other Source Categorical Eligibility Acceptable Documentation



## Migrant Education Program (MEP)

- A list of names of participating children;
- The effective dates and the signature of a **MEP official**; or
- A letter from an **MEP official or local educational liaison** provided by the household to the school confirming the child currently participates in MEP.

## Runaway & Homeless Youth Act (RHYA)

- A list of names of participating children;
- The effective dates and the signature of an **RHYA official**;
- A letter from a **RHYA official or homeless liaison** provided by the household to the school confirming the child currently participates in a RHYA program.



# Acceptable Documentation SAMPLES

## Letter from MEP /RHYA official /Homeless Liaison

[Redacted]

July 27, 2023

To Whom It May Concern,

This letter is to confirm the following regarding particular students in the [Redacted] School District:

**McKinney Vento eligibility as of April 1, 2023:**

Student [Redacted] - homeless status - McKinney Vento Eligible confirmed 4/1/2023

**Migrant Status as of April 1, 2023:**

Student [Redacted] - Migrant status eligibility confirmed June 2022 for 22 - 23 school year via NYS-MEP

Student [Redacted] - Migrant status eligibility confirmed June 2022 for 22 - 23 school year via NYS-MEP

If you need further information, please feel free to contact my office.

Sincerely,

[Redacted]

Director of Student Services

## MEP NYS National Certificate of Eligibility (COE)

No. \_\_\_\_\_ Program: \_\_\_\_\_ School District: \_\_\_\_\_  
NEW YORK STATE NATIONAL CERTIFICATE OF ELIGIBILITY County: \_\_\_\_\_ Residency Date: \_\_\_\_\_

**I. FAMILY DATA** ☐ This family may qualify for McKinney Vento Act Services

Current Parent/Guardian 1: (Last Name, First Name) \_\_\_\_\_ Current Parent/Guardian 2: (Last Name, First Name) \_\_\_\_\_ Current Address: \_\_\_\_\_  
Directions/Comments: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Former Address (City/State/School District): \_\_\_\_\_

**II. CHILD DATA – Email Address(es)**

Student ID	Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	Birth Date	DOB Code	Grade	Last School Attended (Full Name, City, State, Country, (or in School? (Y or N))	Lang	Ethnicity

**III. QUALIFYING MOVES & WORK**

1. The child(ren) listed above moved due to economic necessity from a residence in \_\_\_\_\_ to a residence in \_\_\_\_\_

2. The child(ren) moved (complete both a. and b.):

a. ☐ on the worker, OR ☐ with the worker, OR ☐ to join or precede the worker.

b. The worker, \_\_\_\_\_ is ☐ the child or the child's ☐ parent/guardian ☐ spouse.

c. (Complete if "to join or precede" is checked in 2a.) The child(ren) moved on \_\_\_\_\_, The Worker \_\_\_\_\_

**IV. COMMENTS** \_\_\_\_\_

**V. PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

I understand the purpose of this form is to help the State determine if the child(ren) listed above is/are eligible for the Title I, Part C, Migrant Education Program. To the best of my knowledge, all of the information I provided to the interviewer is true.

Signature \_\_\_\_\_ Relationship to the Child(ren) \_\_\_\_\_ Date \_\_\_\_\_


# McKinney-Vento Homeless Assistance Act



## “Homeless” qualifying circumstances:

- Sharing housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations.
- Living in emergency shelters, transitional shelters, or hospitals due to abandonment.
- Awaiting foster care placement.
- Having a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus /train stations, or similar settings.
- Living in any of the circumstances described above, due to migratory status.
- Children Experiencing Homelessness Due to a Disaster
- Homeless Children Residing Within Another Household

## Acceptable documentation:

- A list of names of **homeless children**;
  - The effective dates and the signature of a **homeless liaison**;
  - A letter from a **homeless liaison** provided by the household to the school confirming the child is currently homeless.
- 

# Other Source Categorical Eligibility Acceptable Documentation

## Foster

- Electronic or computer match provided directly to the LEA indicating the status of the child as a foster child without further application;
- Letter from the State, local welfare agency or court confirming the child's foster status
- Documentation from the welfare agency or court stating the courts have taken legal custody of a child who has been placed in the foster care system;
- List of children in foster care from the welfare agency or court; or
- Application indicating the child's status as a foster child.

## Homeless

- Approved Head Start application,
- Statement of Head Start enrollment, or
- List of participants from a Head Start official.

# Acceptable Documentation SAMPLES



The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
STAC/Medicaid Unit  
Room EB 25, Education Building  
Albany, NY 12254

**STAC ID**

**STAC-202**  
HOMELESS DESIGNATION  
Rev. 12/2012

Designation of School District of Attendance for a Homeless Child

Submitted by: ☐ Local Dept of Social Services (DSS) ☐ Designated School District of Attendance (PSD)

**PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM**

1. NAME OF CHILD: LAST NAME FIRST NAME M.I.  
2. DATE OF BIRTH: MO / DAY / YR  
3. GENDER: ☐ FEMALE ☐ MALE ☐ NON-BINARY

4. Ethnicity Category of Child (See definitions on reverse side of last page):  
☐ American Indian or Alaska Native ☐ Asian or Pacific Is. ☐ Black ☐ Hispanic ☐ White

5. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

6. COMPLETE ADDRESS OF CURRENT LOCATION DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING: MONTH DAY YEAR

7. DATE DISTRICT OF ATTENDANCE CHOSEN: MONTH DAY YEAR

8. DATE PLACED IN PERMANENT HOUSING

9. GRADE LEVEL FOR WHICH PLACEMENT IS REQUIRED

10. NY STATE DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

11. NY STATE DISTRICT WHERE LAST ENROLLED

12. NY STATE DISTRICT OF CURRENT LOCATION

13. NY STATE DESIGNATED DISTRICT OF ATTENDANCE

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current

STAC-202 Homeless Designation Form

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN FOSTER CARE - SCHOOL NOTIFICATION**

This notice is being sent pursuant to section 445.1 of the Social Services Regulation on the following date: / / (Enter date notification is being transmitted)

☐ CHILD ENTERING FOSTER CARE  
☐ CHANGE IN FOSTER CARE PLACEMENT  
☐ CHILD DISCHARGED FROM FOSTER CARE

Complete and transmit within 10 days for child entering foster care or if there is a change in placement

**Section A** – see instructions for children not yet of school age (under six years old).

CHILD (Full name): DATE OF BIRTH OR APPARENT AGE: / / , OR  
ADDRESS OF CHILD WHEN CHILD ENTERED FOSTER CARE: GENDER: ☐ Male ☐ Female  
DATE CHILD ENTERED FOSTER CARE: / /  
DATE CHILD DISCHARGED FROM FOSTER CARE: / /

Foster Care Placement (Choose one):  
\*Parent ☐ Guardian ☐ Foster Boarding Home ☐ Agency Boarding ☐ Group Home ☐  
\* List parent name/address ONLY if child is home on 15th discharge basis (NOTE):  
NAME AND ADDRESS OF PARENT(S), GUARDIAN(S), FOSTER PARENT(S) OR CHILD-CARE AGENCY (if available):

(AREA CODE) CELL PHONE NO.: ( ) - ( ) - ( ) (AREA CODE) TELEPHONE NO.: ( ) - ( ) - ( )

NAME OF SCHOOL DISTRICT CHILD RECORDED IN AT TIME OF ENTRANCE INTO FOSTER CARE (School district of origin): ADDRESS OF SCHOOL DISTRICT OF ORIGIN:

NAME OF SCHOOL DISTRICT LAST ATTENDED (if different from above, school of origin): ADDRESS OF SCHOOL OF ORIGIN:

**Section B**

NAME OF SCHOOL DISTRICT THAT CHILD WILL ATTEND PURSUANT TO THE BEST INTEREST DETERMINATION (School district of attendance): ADDRESS OF SCHOOL DISTRICT OF ATTENDANCE:

Date entered this district: / / Does child have an IEP? ☐ NO ☐ YES

SCHOOL DISTRICT OF ATTENDANCE CONTACT PERSON (Please print name):

TITLE: (AREA CODE) TELEPHONE NO.: ( ) - ( ) - ( )

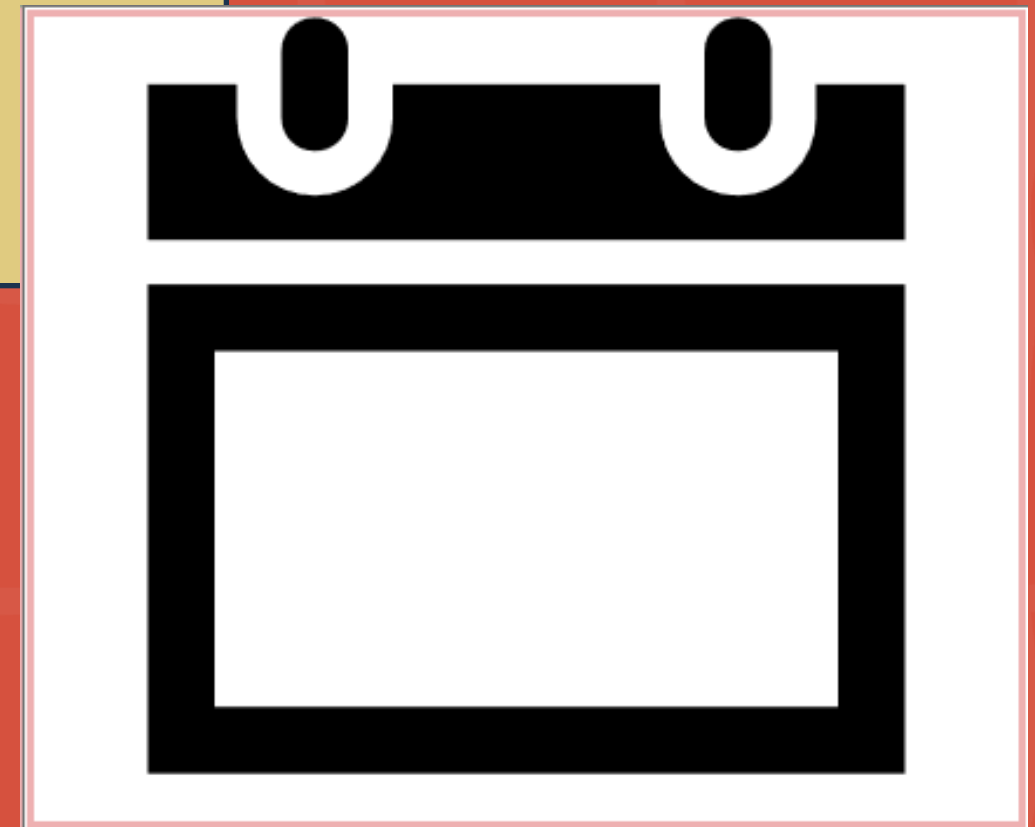
OCFS Child in Foster Care – School Notification



# Application Deadlines and Approval



- CEP Application- Due by June 30, 2024
- Once CEP is approved, a notification email will be sent.



# Alternate Household Income Collection Forms

Schools may collect family income information using an alternative collection form for other federal, stated, and local funding

- These activities may NOT be charged to Child Nutrition Program funds

## CNKC: Special Provision Option Documents

- <https://www.cn.nysed.gov/content/special-provision-option-documents>

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

\_\_\_\_\_(name/school) is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals 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 \_\_\_\_\_ (school phone number), 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"/>

2. SNAP/TANF/FOPI Benefits

If anyone in your household receives either SNAP, TANF or FOPI benefits, list their name and CASE # here. Complete 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, less than monthly, monthly). Do not leave income blank. If no income, please list "None". 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"/>

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: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

#### 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

# Notification Requirements

## (Special Provision Option Documents)



Public Announcement/Media Release

Parent Letter

# Meal Counts and Edit Checks



Argyle CSD

Total Count Of Reimbursable Meals By Meal Is Required

One Meal Per Child Per Day

Recommend Use of Point-of-Sale System

Non-Reimbursable Meals Are Not Allowed To Be Claimed

# Key Points



Bais Yaakov Academy for Girls

- CEP is for 4 years with the optional 1-year grace year
- If the ISP increases, a new CEP application should be submitted, starting a new 4-year cycle
- RAs participating in CEP must offer breakfast and lunch
- RCCI's are not eligible for CEP
- To fully maximize CEP, schools should capture as many students as possible in the ISP. This will help to ensure the longevity of the state subsidy.
- SFAs must continue to conduct DCMP

# Questions?



- Contact Information:
- Email [CN@nysed.gov](mailto:CN@nysed.gov) or [CNtraining@nysed.gov](mailto:CNtraining@nysed.gov)
- Child Nutrition Program Office: (518) 473-8781
- CN Representative for questions specific to your SFA

