



# Community Eligibility Provision

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[www.cn.nysed.gov](http://www.cn.nysed.gov)

# 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 And What Are The Benefits?



North Colonie CSD

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



Broome Tioga BOCES

## DCMP Matches & 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 (ISP)

## How to Calculate ISP

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

\*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



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

## Enrollment Period

- Begins Spring 2024
- April 01, 2024 Enrollment data
- SY 2023-24 DCMP 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











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%

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

School C RA ISP

Total Combined ISP for all 3 RAs

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

# Step 2: Sample Coded Student Enrollment Record/ Master List

*Exhibit A*

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>

*Exhibit 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.

# Coded Roster

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
<b>Total</b>	<b>200</b>	<b>60</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>	<b>103</b>	<b>97</b>





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



Supporting Documentation For Other  
Source Categorically Eligible Students

# 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

**District Letterhead**

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:											
<b>I. FAMILY DATA</b> <input type="checkbox"/> 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):													
<b>II. CHILD DATA -- Email Address(es)</b>													
Student ID	Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	Birth Date	MB	Code	Grade	Last School Attended Birth/Place City, State, Country Still in School? (Y or OSY)	Lang	Ethnicity
<b>III. QUALIFYING MOVES &amp; WORK</b>												<b>IV. COMMENTS</b> (Must include 2a, 4, 5, 5a, and 6b of the Qualifying Moves & Work Section, if applicable.)	
1. The child(ren) listed above moved due to economic necessity from residence in _____ City, _____ /State /Country to a residence in _____ City, _____ /State /Country.													
2. The child(ren) moved (complete both a. and b.): a. <input type="checkbox"/> as the worker, OR <input type="checkbox"/> with the worker, OR <input type="checkbox"/> to join or precede the worker. b. The worker, _____ First and Last Name of Worker, is <input type="checkbox"/> the child or the child's <input type="checkbox"/> parent/guardian <input type="checkbox"/> spouse.													
I. (Complete if "to join or precede" is checked in 2a.) The child(ren) moved on _____ MM/DD/YYYY. The Worker _____													
<b>V. PARENT/GUARDIAN/WORKER SIGNATURE</b>												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 _____												Date _____	

**SAMPLE**



# 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.

## Head Start

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

# Acceptable Documentation SAMPLES

## STAC-202 Homeless Designation Form

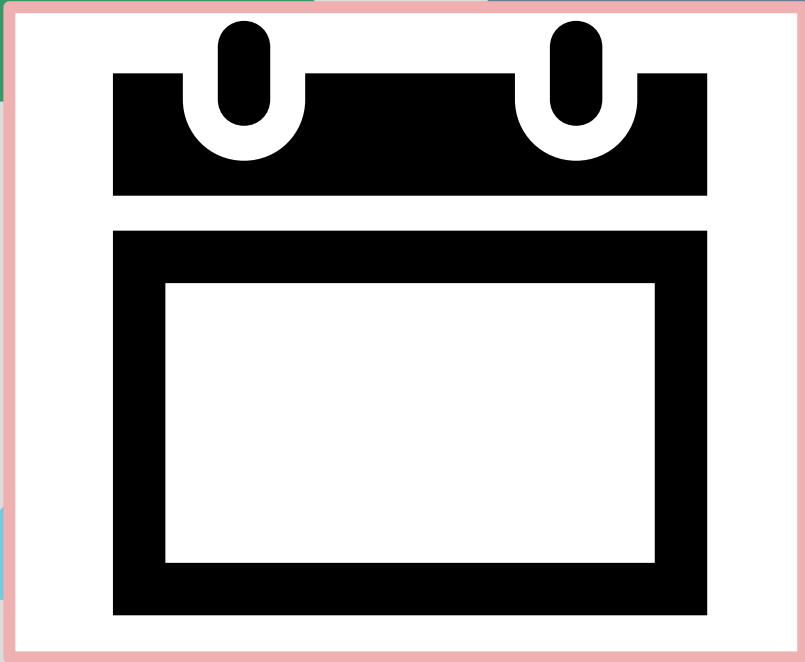
<b>STAC ID</b> 	The University of the State of New York THE STATE EDUCATION DEPARTMENT STAC/Medicaid Unit Room EB 25, Education Building Albany, NY 12234	<b>STAC-202</b> HOMELESS DESIGNATION Rev. 11/2022
Designation of School District of Attendance for a Homeless Child		
Submitted by: <input type="checkbox"/> Local Dept of Social Services (DSS) <input type="checkbox"/> Designated School District of Attendance (PSD)		
PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM		
1. NAME OF CHILD	2. DATE OF BIRTH	3. GENDER
LAST NAME	MO / DAY / YR	<input type="checkbox"/> FEMALE
FIRST NAME	M.I.	<input type="checkbox"/> MALE
		<input type="checkbox"/> NON-BINARY
5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)		6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT
<input type="checkbox"/> American Ind or Alaskan Native <input type="checkbox"/> Asian or Pacific Isl. <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White		
7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS		7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS
8. COMPLETE ADDRESS OF CURRENT LOCATION		7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED
DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING		8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION
MONTH DAY YEAR		9A. NYS DESIGNATED DISTRICT OF ATTENDANCE
9. DATE DISTRICT OF ATTENDANCE CHOSEN		
MONTH DAY YEAR		
10. DATE PLACED IN PERMANENT HOUSING		
MONTH DAY YEAR		

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

## OCFS Child in Foster Care – School Notification

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES <b>CHILD IN FOSTER CARE - SCHOOL NOTIFICATION</b>	
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)	
<input type="checkbox"/> CHILD ENTERING FOSTER CARE <input type="checkbox"/> CHANGE IN FOSTER CARE PLACEMENT <input type="checkbox"/> CHILD DISCHARGED FROM FOSTER CARE	Complete and transmit <b>within 10 days</b> for child entering foster care or if there is a change in placement
<b>Section A – see instructions for children not yet of school age (under six years old).</b>	
CHILD (Full name):	DATE OF BIRTH OR APPARENT AGE:   /   / , OR
ADDRESS OF CHILD WHEN CHILD ENTERED FOSTER CARE:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
	DATE CHILD ENTERED FOSTER CARE:   /
	DATE CHILD DISCHARGED FROM FOSTER CARE:   /
Foster Care Placement (Choose one): *Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Boarding Home <input type="checkbox"/> Agency Boarding <input type="checkbox"/> Group Home <input type="checkbox"/> * List parent name/address ONLY if child is home on trial discharge basis (HOTB)	
NAME AND ADDRESS OF PARENT(S), GUARDIAN(S), FOSTER PARENT(S) OR CHILD-CARE AGENCY (Checked above): 	
(AREA CODE) CELL PHONE NO.: ( ) -	(AREA CODE) TELEPHONE NO.: ( ) -
NAME OF SCHOOL DISTRICT CHILD RESIDED 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: 
<b>Section B</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? <input type="checkbox"/> NO <input type="checkbox"/> YES
SCHOOL DISTRICT OF ATTENDANCE CONTACT PERSON (Please print name): 	
TITLE: 	(AREA CODE) TELEPHONE NO.: ( ) -

# 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

## 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/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 \_\_\_\_\_ (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"/>

### 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"/>

### 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		

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

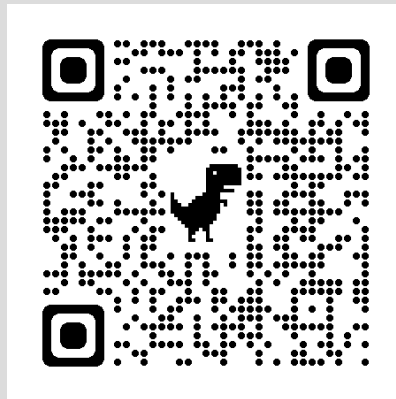
- <https://www.cn.nysed.gov/content/special-provision-option-documents>



# Notification Requirements (Special Provision Option Documents)

Public Announcement /Media Release

Parent Letter



# Meal Counts and Edit Checks

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



- 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