Community Eligibility Provision (CEP)

1 hour Professional Standards Training





Community Eligibility Provision (CEP)

The CEP is a viable and valuable alternative for the SFA/group of schools/individual school(s) in high poverty areas as it reduces the administrative paperwork and cost of operating Child Nutrition Programs, while making it easier for children to receive meals at school.

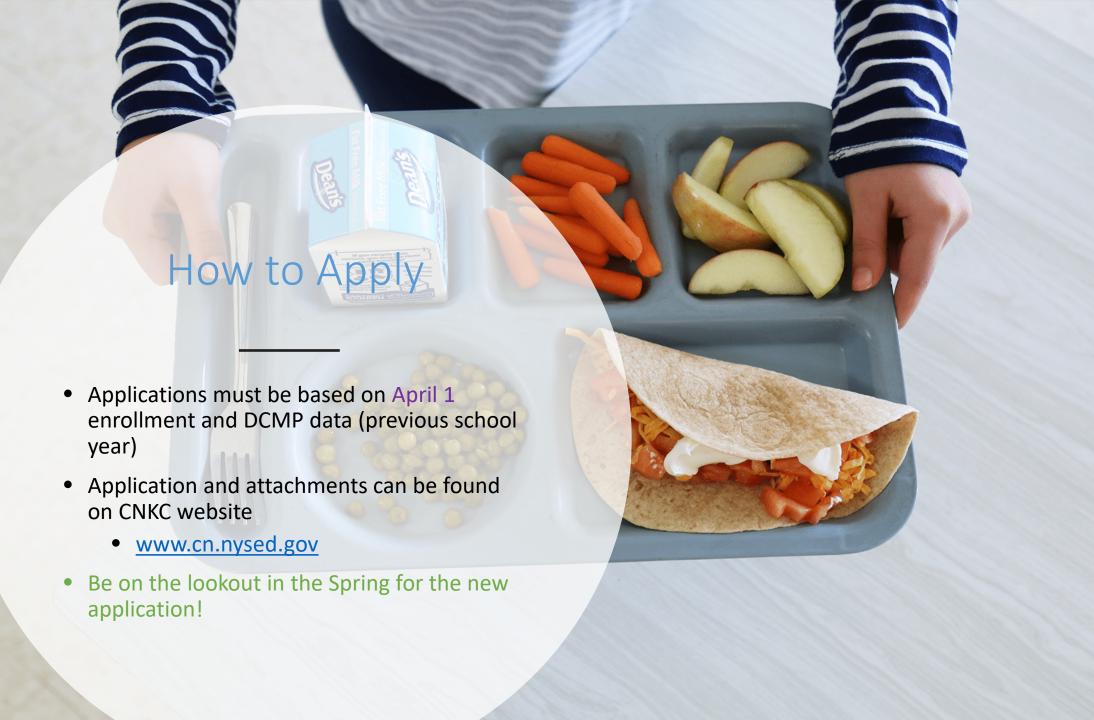
Must participate in National School Lunch and School Breakfast programs.

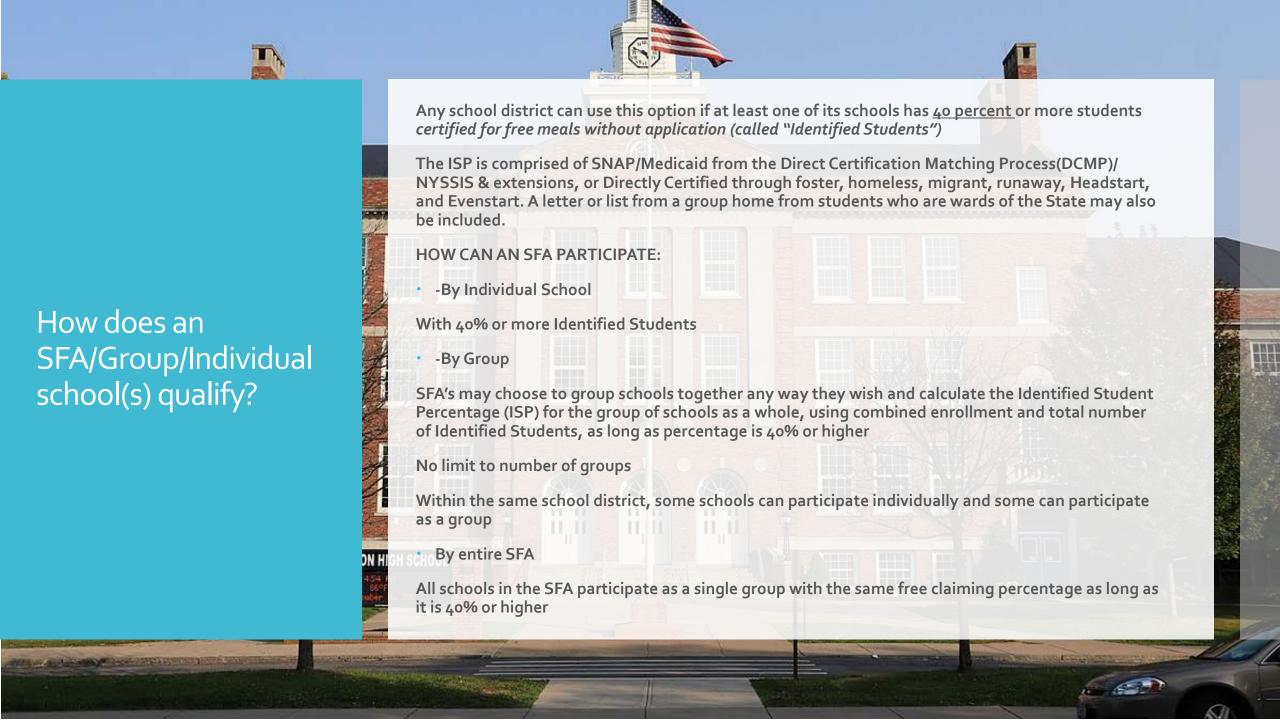
CEP enables the qualified School Food Authority(SFA)/group of schools to serve meals at no charge for 4 successive school years, with a potential of a 5th grace year.

All students in the qualified SFA/group of schools receive meals at no charge.

CEP eliminates the SFA's need to conduct eligibility certification and verification processes and simplifies the process of claiming reimbursable meals in participating schools.









Children certified for free meals without submitting a school meal application:

Includes children who are directly certified (through data matching) for free meals because they live in households that participate in the

- Supplemental Nutrition Assistance Program (SNAP)
- -Temporary Assistance for Needy Families Cash Assistance (TANF)
- -Food Distribution Program on Indian Reservations (FDPIR)
- -Medicaid (only if identified as receiving Medicaid benefits from the Direct Certification Matching Process)
- -Includes children who are certified for free meals without application because they are In Foster care
- -In Headstart/Evenstart (Note: UPK programs are not categorically eligible and therefore not included in the ISP)
- -Homeless
- -Migrant
- -Child living in group home as a ward of the state

Who are Identified Students?

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	С
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	ı
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	В
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 school building within the SFA. The enrollment record/master list must include **ALL** students and be coded to indicate which students were identified to be eligible for the CEP based on: SNAP/Medicaid **Direct Certification Matching** Process (DCMP), extension of direct certification eligibility to other household member, foster, migrant, runaway, homeless, and Head Start/Even Start

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
Total Number of Identified Students	7

Exhibit B

Exhibit A

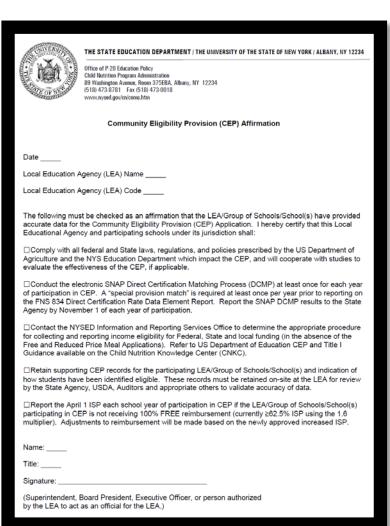
Sample Coded Student Enrollment Record/ Master List

AS OF APRIL 1ST

Complete the application utilizing the the Coded Enrollment List

		Following: Entire LEA,														
		Group of Schools, OR		J												
Combined		6. Migrant:		12.	#DIV/0!	◆ ⊮ bo≡ #11										
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The CEP **Affirmation must** be signed, scanned, and submitted with the application. All boxes must be checked to be approved for the CEP.





Application Process



Application is a 2-step submission process has been put in place to ensure that data is securely transferred using a private and safe data stream.

Step 1- Submit the following 2 documents to: childnutceo@nysed.gov

A. The CEP Application Form (excel spreadsheet)

must be "saved as" to your computer prior to completing. Once it has been completed and saved, you can attach it to the email.

B. The Affirmation Form (pdf form)

must be scanned and attached to the email or sent through the mail because it requires a signature. All boxes must be checked to be approved for the CEP.

Step 2- Once your SFA has submitted the CEP Application and Affirmation, you will be sent an e-mail which will detail the steps you must take to create an account and access the secure server to upload your enrollment records/master list.



Reimbursements in free and paid categories only

Reimbursements based on the CEP multiplier ISP X 1.6 = Free Reimbursement

Remainder of reimbursement in paid category

SFA must provide additional funding from other than federal funds if operations cannot be sustained on CEP reimbursements

Participating schools are guaranteed to receive the same reimbursement rate (or a higher one if the Identified Student Percentage increases) for 4 years



Percentage Identified Students	Percentage Free	Percentage Paid
40%	64%	36%
45%	72%	28%
50%	80%	20%
55%	88%	12%
60%	96%	4%
65%	100%	0%

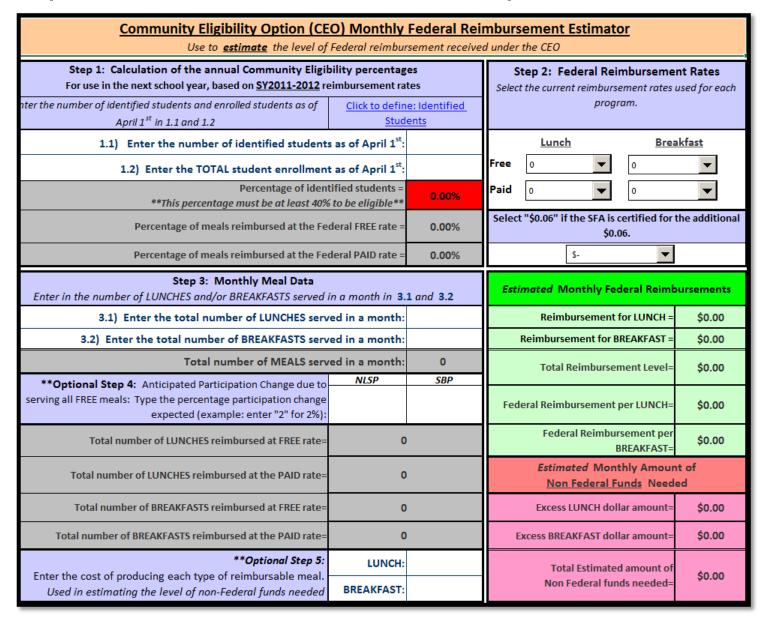
Meal Reimbursements with Community Eligibility

The reimbursement rate for both lunch and breakfast is determined by multiplying the percent of Identified Students by the CEP multiplier (currently 1.6). The resulting number is the percent of meals reimbursed at the "free" reimbursement rate, with the rest reimbursed at the "paid" rate.

Should our school participate and what would be the financial impact?

USDA Estimator Tool

- USDA's Estimator Tool can help you access if CEP is your best option!
- The tool compares
 estimated federal
 reimbursement under
 CEP to federal
 reimbursement received
 under the standard
 operating procedures.
- Tool can be found on the CNKC website

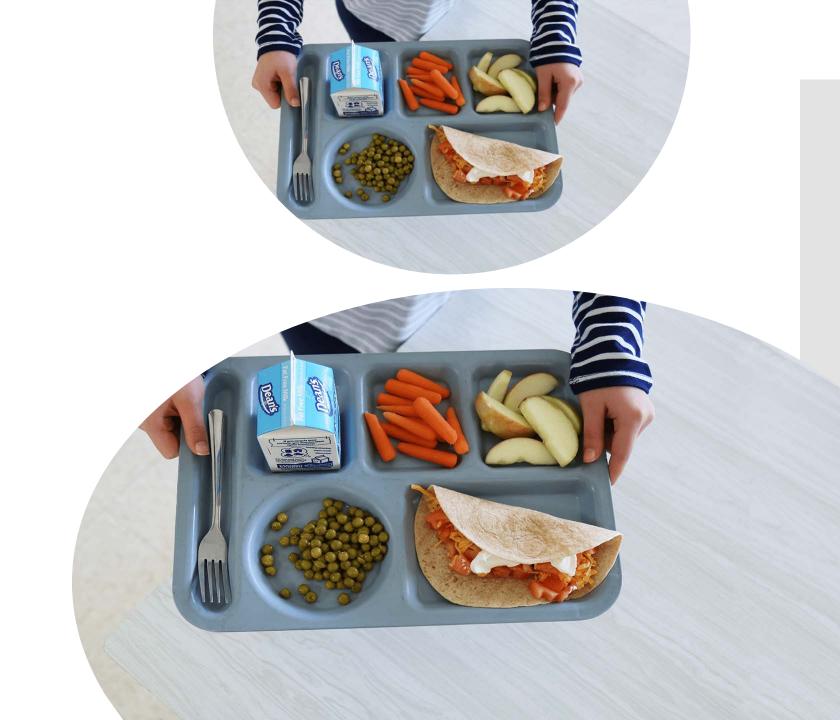


Other situations to consider:

Does your community think feeding all of the students is a priority?

Does your school have high unpaid meal debt?

Would Program participation increase if all students were able to eat at no charge?





Benefits of CEP

Lessens administrative work

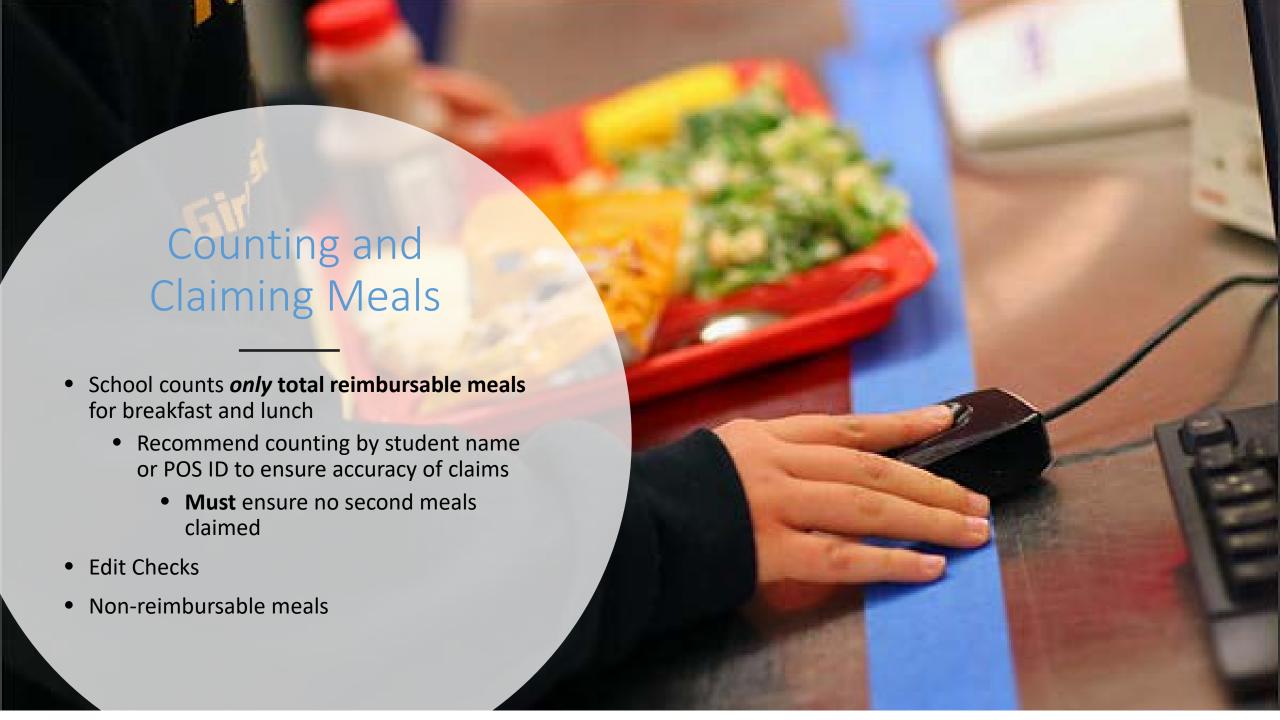
 Schools no longer have to collect and verify school meal income applications and can focus on feeding children

Increases participation

• When all children can eat at no charge, stigma is eliminated and more children participate

Improves efficiency

 Schools don't have to collect fees or count each meal served by category, simplifying implementation of service models that boost participation



Alternate Income Forms/Notifying Households

Community E	Eligibility Provision	(CEP)/Provision 2 non-base yea	r
	Household Incom	e 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(reg.) 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

SNAP/TANF/FDPIR	

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

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
	\$/	\$/	\$/	\$/	
	\$/	\$/	\$/	\$/	
	\$/	\$/	\$/	\$/	
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^{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: Email Address Home Phone Work Phone Home Address

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

Free Eligibility Reduced Eliaibility Denied Eligibility Signature of Reviewing Official

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

 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

 Modified Media Release and Parent Letter

This concludes Community Eligibility Provision

New York State Education Department

Child Nutrition Program Administration

(518)473-8781

CN@nysed.gov

