

Community Eligibility Provision (CEP)

1 hour Professional Standards Training



New York State
EDUCATION DEPARTMENT
CHILD NUTRITION KNOWLEDGE CENTER



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.





How to Apply

- Applications must be based on **April 1** enrollment and DCMP data (previous school year)
- Application and attachments can be found on CNKC website
 - www.cn.nysed.gov
- Be on the lookout in the Spring for the new application!

How does an SFA/Group/Individual school(s) qualify?

Any school district can use this option if at least one of its schools has 40 percent or more students *certified for free meals without application (called "Identified Students")*

The ISP is comprised of SNAP/Medicaid from the Direct Certification Matching Process(DCMP)/ NYSSIS & extensions, or Directly Certified through foster, homeless, migrant, runaway, Headstart, and Evenstart. A letter or list from a group home from students who are wards of the State may also be included.

HOW CAN AN SFA PARTICIPATE:

- -By Individual School

With 40% or more Identified Students

- -By Group

SFA's may choose to group schools together any way they wish and calculate the Identified Student Percentage (ISP) for the group of schools as a whole, using combined enrollment and total number of Identified Students, as long as percentage is 40% or higher

No limit to number of groups

Within the same school district, some schools can participate individually and some can participate as a group

- By entire SFA

All schools in the SFA participate as a single group with the same free claiming percentage as long as it is 40% or higher



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	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

Exhibit 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


Sample Coded Student Enrollment Record/ Master List

AS OF APRIL 1ST

Complete the application utilizing the the Coded Enrollment List

[illegible]

The CEP Affirmation must be signed, scanned, and submitted with the application. All boxes must be checked to be approved for the CEP.

 THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office of P-20 Education Policy
Child Nutrition Program Administration
89 Washington Avenue, Room 3756A, Albany, NY 12234
(518) 473-8781 Fax (518) 473-0018
www.nysed.gov/cn/cnms.htm

Community Eligibility Provision (CEP) Affirmation

Date _____

Local Education Agency (LEA) Name _____

Local Education Agency (LEA) Code _____

The following must be checked as an affirmation that the LEA/Group of Schools/School(s) have provided accurate data for the Community Eligibility Provision (CEP) Application. I hereby certify that this Local Educational Agency and participating schools under its jurisdiction shall:

☐ Comply with all federal and State laws, regulations, and policies prescribed by the US Department of Agriculture and the NYS Education Department which impact the CEP, and will cooperate with studies to evaluate the effectiveness of the CEP, if applicable.

☐ Conduct the electronic SNAP Direct Certification Matching Process (DCMP) at least once for each year of participation in CEP. A "special provision match" is required at least once per year prior to reporting on the FNS 834 Direct Certification Rate Data Element Report. Report the SNAP DCMP results to the State Agency by November 1 of each year of participation.

☐ Contact the NYSED Information and Reporting Services Office to determine the appropriate procedure for collecting and reporting income eligibility for Federal, State and local funding (in the absence of the Free and Reduced Price Meal Applications). Refer to US Department of Education CEP and Title I Guidance available on the Child Nutrition Knowledge Center (CNKC).

☐ Retain supporting CEP records for the participating LEA/Group of Schools/School(s) and indication of how students have been identified eligible. These records must be retained on-site at the LEA for review by the State Agency, USDA, Auditors and appropriate others to validate accuracy of data.

☐ Report the April 1 ISP each school year of participation in CEP if the LEA/Group of Schools/School(s) participating in CEP is not receiving 100% FREE reimbursement (currently $\geq 62.5\%$ ISP using the 1.6 multiplier). Adjustments to reimbursement will be made based on the newly approved increased ISP.

Name: _____

Title: _____

Signature: _____

(Superintendent, Board President, Executive Officer, or person authorized by the LEA to act as an official for the LEA.)



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.

Determining the Identified Student Percentage (ISP) and Reimbursement

Reimbursements in free and paid categories only

Reimbursements based on the CEP multiplier

$ISP \times 1.6 = \text{Free Reimbursement}$

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



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.

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%

USDA Estimator Tool

- | Community Eligibility Option (CEO) Monthly Federal Reimbursement Estimator
<i>Use to estimate the level of Federal reimbursement received under the CEO</i> | | | |
|--|--|---|--|
| Step 1: Calculation of the annual Community Eligibility percentages
For use in the next school year, based on SY2011-2012 reimbursement rates | | Step 2: Federal Reimbursement Rates
Select the current reimbursement rates used for each program. | |
| Enter the number of identified students and enrolled students as of April 1 st in 1.1 and 1.2 | Click to define: Identified Students | | |
| 1.1) Enter the number of identified students as of April 1st: | <div> <div>Lunch</div> <div>Breakfast</div> </div> | | |
| 1.2) Enter the TOTAL student enrollment as of April 1st: | Free <input type="text" value="0"/> <input type="text" value="0"/> | | |
| Percentage of identified students =
This percentage must be at least 40% to be eligible | Paid <input type="text" value="0"/> <input type="text" value="0"/> | | |
| Percentage of meals reimbursed at the Federal FREE rate = | Select "\$0.06" if the SFA is certified for the additional \$0.06. | | |
| Percentage of meals reimbursed at the Federal PAID rate = | <input type="text" value="\$-"/> | | |
| Step 3: Monthly Meal Data
Enter in the number of LUNCHES and/or BREAKFASTS served in a month in 3.1 and 3.2 | | Estimated Monthly Federal Reimbursements | |
| 3.1) Enter the total number of LUNCHES served in a month: | Reimbursement for LUNCH = \$0.00 | | |
| 3.2) Enter the total number of BREAKFASTS served in a month: | Reimbursement for BREAKFAST = \$0.00 | | |
| Total number of MEALS served in a month: | Total Reimbursement Level= \$0.00 | | |
| **Optional Step 4: Anticipated Participation Change due to serving all FREE meals: Type the percentage participation change expected (example: enter "2" for 2%): | NLSP | SBP | |
| Total number of LUNCHES reimbursed at FREE rate= | Federal Reimbursement per LUNCH= \$0.00 | | |
| Total number of LUNCHES reimbursed at the PAID rate= | Federal Reimbursement per BREAKFAST= \$0.00 | | |
| Total number of BREAKFASTS reimbursed at FREE rate= | Estimated Monthly Amount of Non Federal Funds Needed | | |
| Total number of BREAKFASTS reimbursed at the PAID rate= | Excess LUNCH dollar amount= \$0.00 | | |
| **Optional Step 5:
Enter the cost of producing each type of reimbursable meal.
Used in estimating the level of non-Federal funds needed | LUNCH: | Excess BREAKFAST dollar amount= \$0.00 | |
| | BREAKFAST: | Total Estimated amount of Non Federal funds needed= \$0.00 | |

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



Counting and Claiming Meals

- School counts **only total reimbursable meals** for breakfast and lunch
 - Recommend counting by student name or POS ID to ensure accuracy of claims
 - **Must** ensure no second meals claimed
- Edit Checks
- Non-reimbursable meals

Alternate Income Forms/Notifying Households

**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"/>
			<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
- 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

