



Binghamton City Schools
2015-16 Community Eligibility Provision (CEP)/Provision 2 non-base year
Household Income Eligibility Form

Binghamton City Schools is participating in the Community Eligibility Option (CEO) or Provision 2 non-base year program. All children in these schools 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) or the District 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 Danielle Tanner at 607-762-8223, 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 or TANF Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name: _____ CASE # _____

3. Household Gross Income: **A.** Count all people living in your household. Find that number in the first column below. **B.** Add up the total amount of income earned in the household before deductions are taken out. If you have a foster child listed above, you must include their personal income. **C.** Look across that row and see if the total family income is less than or greater to the amount listed. **C.** Place an X indicating if your total income for the entire household is **less than or equal/greater** than the amounts indicated.

# of members in the Household	Total Annual Income before deductions	Monthly Income before deductions	Twice per month income before deductions	Every Two weeks before deductions	Weekly before deductions	Our Total Family Income is less than the amount indicated	Our Total Family Income is equal or greater than the amount indicated
1	\$21,775	\$1,815	\$908	\$838	\$419	<input type="checkbox"/>	<input type="checkbox"/>
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567	<input type="checkbox"/>	<input type="checkbox"/>
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715	<input type="checkbox"/>	<input type="checkbox"/>
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863	<input type="checkbox"/>	<input type="checkbox"/>
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011	<input type="checkbox"/>	<input type="checkbox"/>
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159	<input type="checkbox"/>	<input type="checkbox"/>
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307	<input type="checkbox"/>	<input type="checkbox"/>
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455	<input type="checkbox"/>	<input type="checkbox"/>
Each add'l person added Total:	\$7,696	\$642	\$321	\$296	\$148	<input type="checkbox"/>	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all of 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 and state funds. I am providing this information voluntarily.

Signature: _____ Date: _____

Email Address: _____ Last Four digits of Social Security # of person who signed form: XXX-XX-_____
Home Phone _____ Work Phone _____ Home Address _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

- ☐ SNAP/TANF/Foster
☐ Income Household: Household Size: _____ Total Household Income is Less Than Amounts indicated: _____
☐ Signature of Reviewing Official _____ Date Notice Sent: _____

CEP/Provision 2 Household Income Form INSTRUCTIONS

PART 1 PLEASE COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children on one form.
 - (2) List their grade and school.
 - (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.
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PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
 - (2) An adult household member must sign the form in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.
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PARTS 3 & 4 ALL OTHER HOUSEHOLDS COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Total up the number of individuals living in your household. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
 - (2) Total up the income received by all members of the household before taxes or anything else is taken out. **Specify (X) if the total income is less than the amounts listed for your size family or greater than/equal to the amounts listed.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
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PRIVACY ACT STATEMENT

The information you give us is collected under the authority of the NYS Education Department and administered by the Binghamton City School District. It will be kept confidential and used only for reporting purposes to qualify for federal and state funding.

Binghamton City Schools prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)

Binghamton City Schools is an equal opportunity provider and employer.