

# PERU CENTRAL SCHOOL DISTRICT


District Office  
P.O. Box 68, 17 School Street  
Peru, New York 12972  
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Mr. Scott Storms  
Superintendent of Schools

Mr. Randolph B. Sapp  
School Business Administrator

Ms. Jeannine T. Kerr  
School Food Service Director

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Date: August 1, 2022  
To: Peru Families  
From: Mr. Randolph B. Sapp, School Business Administrator   
Subject: Household Income Form and Meals **AT NO CHARGE**

All students enrolled in Peru CSD are eligible to receive a healthy breakfast and lunch at school **at no charge** each school day of the 2022-2023 school year, regardless of household income or completion of the attached form.

We are, however, requesting that all Peru Families complete and return the attached Household Income Form. **This information is used to determine eligibility for additional State and federal benefits that your child(ren) and Peru Central School District may qualify for.**

If you receive a letter from New York State stating that your child(ren) is directly certified for free meals, please send a copy to your school. Also, if you know your household would normally not qualify and you do not wish to disclose your income, you may simply state "do not qualify for benefits" on the income portion of the form. Please remember to complete all other sections.

You may return the completed form to your child's school OR scan and email to [jkerr@perucsd.org](mailto:jkerr@perucsd.org) OR mail to:

Peru CSD Food Service  
Attn: Mrs. Jeannine Kerr  
PO Box 68  
Peru, NY 12972

Thank you in advance for your cooperation.

**Community Eligibility Provision (CEP)/Provision 2 non-base year  
Household Income Eligibility Form-2022-2023**

Peru Central School District 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 518-643-6026, School Food Service Director, 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

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

**PART 1**

**ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying 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.

**PART 2**

**HOUSEHOLDS GETTING SNAP, TANF OR FDPiR SHOULD 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.

**PARTS 3 & 4**

**ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** 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.

**PRIVACY ACT STATEMENT**

The Peru Central School District is collecting the information contained in this form for reporting purposes, required of the District under the Healthy, Hunger Free Kids Act of 2010. This information is not collected to determine student eligibility for school meal benefits which are provided at no charge to all students in the Peru District. The information contained in this form shall be kept confidential and used only for required reporting.

This institution is an equal opportunity provider.