



Sodus Central School District
P.O. Box 220
Sodus, New York 14551-0220
www.soduscscd.org
"Learning, Advancing, Proud, Spartans!"



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August 19, 2020

Dear Parent or Guardian:

We are pleased to inform you that Sodus Elementary, Sodus Intermediate and Sodus Jr./Sr. high School will be implementing a meal certification option available to schools participating in the National School Lunch and School Breakfast Programs for the 2020-2021 school year.

What does this mean for your child(ren) attending the school(s) identified above?

All students enrolled at Sodus Central School District are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2020-2021 school year, whether you would normally qualify or not. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee, however, our school district participates in many grant-funded programs, such as Universal Pre-K and 21st Century Learning Program, among many others, and relies on income information to be able to continue receiving these grant funds. In order to qualify for continued funding for these programs and others, please fill out the Community Eligibility Provision Household Income Eligibility Form and return it to my attention.

Thank you in advance for completing the form, and if you have any further questions please contact me at (315) 483-5283.

Sincerely,

Steven K. Moore
 Business Administrator

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
 Office of the
 Assistant
 Secretary for Civil
 Rights 1400
 Independence
 Avenue, SW
 Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Nurtured by the influence of a diverse community, our district is committed to the success of every student. We will support our students in developing the skills and strategies needed to achieve academic excellence and to become respectful, responsible, kind citizens of a global society. We are dedicated to sustaining an environment that fosters a joy for life and continued learning.

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"/>

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 _____

Total Household Income/How Often: _____

Free Eligibility _____
Reduced Eligibility _____
Denied Eligibility _____

Household Size: _____

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 _____
Free Eligibility _____
Signature of Reviewing Official _____