Cardinal O'Hara
HIGH SCHOOL

August 2025

Household Form
Although the income eligibility form is not required for the free breakfast and lunch program, we ask that you complete the Household Income Eligibility Form. This will allow us to apply for additional federal and state programs that may be available for our students.

Please print and complete this form and return to the Business Office.

If your income is higher than the amounts shown on the Eligibility Instructions, please complete the form for student information and in the income section just state "Higher than Eligibility Guidelines."

For additional information, please contact Brigid Knott in the Business Office.

BKnott@cardinalohara.com
716-695-2600 ext 315

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

Cardinal O'Hara High 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 **716-695-2600**, if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

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

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.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.
We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint 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.

Provision 2 Base Year Letter to Parents for School Meal Programs

Dear Parent/Guardian:

All children in the school will receive meals at no charge regardless of household income or completion of this form. However, families are strongly encouraged to complete and submit the Free and Reduced-Price application as this form is used to determine eligibility benefits for State and federal funding/programs.

Below are common questions and answers to help with the application process.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete one Application for all children in the household and **return to: [name, address, phone number].**

2. **WHO CAN QUALIFY FOR FEDERAL FREE MEAL BENEFITS?**
   - All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance to Needy Families (TANF), are eligible for free meals. Categorical eligibility for free meal benefits is extended to all children in a household when the application lists an Assistance Program's case number for any household member.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals, regardless of income.
   - Children participating in their school's Head Start Program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals. Households with children who meet the definition of homeless, runaway or migrant should call or e-mail **[school, homeless liaison or migrant coordinator information]** to see if they qualify.
   - Children may receive free meals if your household's gross income is within the free or reduced-price limits on the Federal Income Eligibility Guidelines. Students in New York State that are approved for reduced price meals will receive breakfast and lunch meals and snacks served through the Afterschool Snack Program at no charge.
   - Your child(ren) meet the income criteria if the household income falls at or below the limits on this chart:

2025-2026 Reduced Price Income Eligibility Guidelines					
Household Size	**Annual**	**Monthly**	**Twice per Month**	**Every Two Weeks**	**Weekly**
1	$ 28,953	$ 2,413	$ 1,207	$ 1,114	$ 557
2	$ 39,128	$ 3,261	$ 1,631	$ 1,505	$ 753
3	$ 49,303	$ 4,109	$ 2,055	$ 1,897	$ 949
4	$ 59,478	$ 4,957	$ 2,479	$ 2,288	$ 1,144
5	$ 69,653	$ 5,805	$ 2,903	$ 2,679	$ 1,340
6	$ 79,828	$ 6,653	$ 3,327	$ 3,071	$ 1,536
7	$ 90,003	$ 7,501	$ 3,751	$ 3,462	$ 1,731
8	$ 100,178	$ 8,349	$ 4,175	$ 3,853	$ 1,927
Each Add'l person, add	$ 10,175	$ 848	$ 424	$ 392	$ 196

3. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at **[phone number]** if you have questions.

4. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes, Your child's application is only good for that school year and carried over for the first 30 operating days of this school year (or until a new eligibility determination is made, whichever comes first).

5. **I GET WOMEN, INFANTS AND CHILDREN (WIC) BENEFITS. CAN MY CHILD(REN) GET FREE MEALS?** All children in schools participating in the Universal Free Meals program receive meals at no charge, however, households participating in WIC may be free or reduced-price eligible benefits. Please fill out an Application for Free and Reduced-Price School Meals/Milk.

6. **WILL THE INFORMATION I GIVE BE CHECKED?** Schools are required to conduct verification of a sample of submitted applications. If your application is selected then written proof of the household income is required.

7. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed or who experiences financial hardship mid-year may become eligible for free and reduced-price eligible benefits if the household income drops below the income limit.

8. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. **You also may ask for a hearing by calling or writing to: [name, address, phone number, e-mail].**

9. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your child(ren), or other household members do not have to be U.S. citizens to qualify for free or reduced-price eligible benefits.

10. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

11. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

12. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

13. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-342-3009**.

How to Apply: Complete one Application for Free and Reduced-Price School Meals/Milk, following the instructions on the form, for your household and **return it to the designated office listed on the application.** All household members and children should be listed on one application.

- If you receive SNAP or TANF benefits or participate in the FDPIR, the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member.
    - Contact your local Department of Social Services for your SNAP or TANF case number, if necessary.
    - No application is necessary if the household was notified by the School Food Authority that their children have been directly certified based on Assistance Program participation. If the household is not sure if their children have been directly certified, the household should contact the school.
- If you do not list a SNAP, TANF or FDPIR case number for any household member, the application must include the names of everyone in the household, the amount of income for each household member, how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number or check the box if the adult does not have a social security number.
- **An application for free and reduced-price benefits cannot be approved unless complete eligibility information is submitted, as indicated on the application and in the instructions.** We will let you know when your application is approved or denied.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year.

Meal Service to Children with Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities of such individual, a record of such an impairment or being regarded as having such an impairment. Major life activities include but are not limited to: functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. You must request meal modifications from the school and provide the school with medical statement from a State licensed healthcare professional or Registered Dietitian. If **you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical statement must contain.**

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA. **The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian.**

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, disability or limited English proficiency.

If you have other questions or need help, call (name, phone number).

Thank you,

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.
In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410
   Washington, D.C. 20250-9410; or
2. **fax:**
   (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

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