

Greene Central School

David G. Daniels, Interim Superintendent of Schools



40 SOUTH CANAL STREET
GREENE, NEW YORK 13778
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September 5, 2023

Dear Parent/Guardian,

This letter confirms that the following child(ren) in your household have been approved to receive free or reduced price school meals under the National School Lunch Program (NSLP) or the School Breakfast Program (SBP) during the [22/23, 23/24, 24/25, 25/26] school years:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Eligibility for monthly internet service discount and discounted connected device

Because your child has been approved to receive free or reduced price meals under the NSLP or SBP, you are eligible for the Federal Communications Commission's (FCC) Affordable Connectivity Program (ACP). The ACP is a federal program to help eligible households pay for internet service. The ACP provides a monthly discount of not more than \$30 per month on broadband service and associated equipment (for example, a modem) for eligible households and not more than \$75 per month for households on qualifying Tribal lands. If your household chooses a plan from a participating provider that costs \$30/month or less, your household will receive that service for free.

Some participating program providers also offer discounted connected devices (a laptop, a desktop computer, or tablet) through the ACP. Households participating in the ACP are eligible for a one-time benefit of up to \$100 off one connected device as long as the household contributes more than \$10 and less than \$50 towards the cost of the device. Each participating household is limited to a single device discount.

How to apply

To apply, you can fill out an application (either online, by mail, or through a participating service provider) and submit a copy of this letter as documentation verifying your child/children receives school meal benefits through the NSLP or SBP.

If you have questions about the ACP, your eligibility to participate, or to find information about participating providers near you, please visit <https://getinternet.gov/>, call 877-384-2575, or email acpsupport@usac.org.

Sincerely,

David G. Daniels
Superintendent of Schools

AFFORDABLE CONNECTIVITY PROGRAM HELPING HOUSEHOLDS CONNECT

The Affordable Connectivity Program is an FCC program that helps connect families and households struggling to afford internet service.

The Affordable Connectivity Program provides:

- Up to \$30/month discount for broadband service
- Up to \$75/month discount for households on qualifying Tribal lands
- A one-time discount of up to \$100 for a laptop, desktop computer, or tablet purchased through a participating provider if the household contributes more than \$10 but less than \$50 toward the purchase price.

The Affordable Connectivity Program is limited to one monthly service discount and one device discount per household.



WHO IS ELIGIBLE?

A household is eligible for the Affordable Connectivity Program if the household income is at or below 200% of the Federal Poverty Guidelines, or if a member of the household meets at least one of the criteria below:

- Received a Federal Pell Grant during the current award year
- Participates in the Free and reduced-Price School Lunch Program or the School Breakfast Program, including through the USDA Community Eligibility Provision
- Meets the eligibility criteria for a participating provider's existing low-income internet program
- Participates in one of these assistance programs:
 - SNAP
 - Medicaid
 - Federal Public Housing Assistance
 - Supplemental Security Income (SSI)
 - WIC
 - Veterans Pension or Survivor Benefits
 - or Lifeline;
- Participates in one of these assistance programs and lives on Qualifying Tribal lands:
 - Bureau of Indian Affairs General Assistance
 - Tribal TANF
 - Food Distribution Program on Indian Reservations
 - Tribal Head Start (income based)



Check out [fcc.gov/ACP](https://www.fcc.gov/ACP) for a Consumer FAQ and other program resources.

TWO STEPS TO ENROLL

Step 1: Go to AffordableConnectivity.gov to submit an application or print out a mail-in application.

Step 2: Contact your preferred participating provider to select a plan and have the discount applied to your bill.

Some providers may have an alternative application that they will ask you to complete. Eligible households must both apply for the program and contact a participating provider to select a service plan.



Call 877-384-2575 or find more information about the Affordable Connectivity Program at:

FCC.GOV/ACP

WE ARE NY

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

Greene Central 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 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 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 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: _____

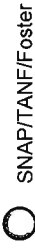
Home Phone _____

Social Security # _____

Home Address _____

DO NOT FILL OUT – FOR SCHOOL USE ONLY

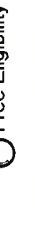
**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**



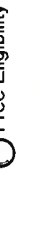
SNAP/TANF/Foster Income Household: _____ / _____ Household Size: _____



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 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, 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 adult household member who signs the application. The last four digits of the social security number are not required when 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. Foster, migrant, homeless, and runaway children, and children enrolled in a Head Start program are categorically eligible for free meals and free milk. If you are completing an application for these children, contact the school for more information. 7 CFR Part 245.6(a)(8)(i).

THE ABOVE DISCLAIMER IS REQUIRED TO BE INCLUDED BY THE FEDERAL GOVERNMENT. THE UNADILLA VALLEY CENTRAL SCHOOL DISTRICT WILL PROVIDE ALL STUDENTS WITH A FREE BREAKFAST AND LUNCH FOR THE 2019-2020 SCHOOL YEAR AND THIS INFORMATION WILL HELP US DETERMINE SUCH THINGS AS STUDENT ELIGIBILITY FOR FEE WAIVERS OR REDUCED FEES FOR VARIOUS NATIONAL STANDARDIZED EXAMS AND COLLEGE APPLICATIONS. IT WILL ALSO ASSIST US IN GENERATING MORE REVENUE FOR OUR CAFETERIA AND MAINTAIN THE FREE BREAKFAST AND LUNCH OPTION.