

Household participation is optional but recommended.



## Community Eligibility Provision (CEP) / Provision 2 non-base year

### 2025-2026 SY Household Income Eligibility Form – West Irondequoit Central School District

The WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. ***All children attending a WICSD school will receive free meals with milk, regardless of household income or completion of this form during the 2025-2026 SY. However, by completing this form, it will determine student 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 PER household, sign your name and return it to **WICSD - Food Service Office, 260 Cooper Road, Rochester, NY 14617**. Call Sarah Herbert at 585-336-3063 if you need help completing this form or have any questions.

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

Student Name	School	Grade/Teacher	Foster Child	Homeless, migrant, runaway	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"/>
			<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.

Name: \_\_\_\_\_ CASE NO. (FAO or BAO #) \_\_\_\_\_ **Skip to Part 5 sign & complete the application.**

#### 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. Additional names may be listed on a separate sheet of paper.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	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 and Contact Information: An adult household member must sign this application and complete the information listed below.

I, \_\_\_\_\_ (**print name**), 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: \_\_\_\_\_

Last Four Digits of Social Security Number (of signer): XXX-XX-\_\_\_\_-\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ NY \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ I do not have a SS#

#### DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion:

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: \_\_\_\_\_

☐ Status: ☐ Free Eligibility ☐ Reduced Eligibility ☐ Denied Eligibility

Signature of Reviewing Official \_\_\_\_\_ Date: \_\_\_\_\_

## 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.

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### 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.

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### 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 childcare provided or arranged, or any amount received as payment for such childcare or reimbursement for costs incurred for such care under the Childcare and Development Block Grant, TANF and At Risk Childcare Programs should **not** be considered as income for this program.

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### Privacy Statement

#### WICSD Policy 5676 Non-Instructional/Business Operations - PRIVACY AND SECURITY FOR STUDENT DATA AND TEACHER AND PRINCIPAL DATA

The District is committed to maintaining the privacy and security of student data and teacher and principal data and will follow all applicable laws and regulations for the handling and storage of this data in the District and when disclosing or releasing it to others, including, but not limited to, third-party contractors. The District adopts this policy to implement the requirements of Education Law Section 2-d and its implementing regulations, as well as to align the District's data privacy and security practices with the National Institute for Standards and Technology Framework for Improving Critical Infrastructure Cybersecurity (Version 1.1). A copy of the WICSD Policy #5676 can be found at: [www.westirondequoit.org / Board of Education / Policies / Policy 5676](http://www.westirondequoit.org / Board of Education / Policies / Policy 5676)

### Non-discrimination Statement

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, audiotope, 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 941, Washington, D.C. 20250-9410; or
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)



# West Irondequoit Central School District

321 LIST AVENUE  
ROCHESTER, NEW YORK 14617  
Telephone: (585) 342-5500  
FAX: (585) 266-1556  
[www.westirondequoit.org](http://www.westirondequoit.org)

## RE: 2025-2026 SY Meals - Special Provision Options (Provision 2 Non-Base Year & Community Eligibility Provision)

July 2025

Dear Parent or Guardian of current WICSD student(s):

We are pleased to inform you that the West Irondequoit Central School District will continue to operate under the Community Eligibility Provision for the 2025-2026 school year through New York State while participating in the National School Lunch and School Breakfast Programs.

### What does this mean for your child(ren) attending our West Irondequoit Central Schools?

**All students enrolled within the West Irondequoit Central School District, during the 2025-2026 School Year (September 4, 2025-June 26, 2026), are eligible to receive a full, healthy breakfast and healthy lunch, each school day, at no charge during the 2025-2026 school year.** No further action is required of you regarding qualifying for daily breakfast or lunch meals. Your child(ren) will be able to participate in these meal programs without having to pay for a complete meal at breakfast and lunch.

However, if you wish for your child(ren) to be considered for additional State or federal program benefits based on household income eligibility, you can complete the attached application. Additionally, by completing this application, your participation will also provide data to New York State to ensure the West Irondequoit CSD receives all the State Aid it's eligible for.

Please complete and mail your application to the address below. The applications will be processed after August 18, 2025.

West Irondequoit Central School District - Attn: Food Service Office @ Irondequoit High School  
260 Cooper Road,  
Rochester, New York 14617.

**Important note:** Individual milk purchases and snack-line purchases are not covered by this free meal program. These separate costs are the responsibility of the student/parent/guardian at the time of the purchase. Cost of milk: \$.60; snack-line item: vary in price based on item.

If you have any further questions, please contact Sarah Herbert, WICSD Food Service Office, at (585) 336-3063 or Sandra Sandford, WICSD District Office, at (585) 336-2993.

Sincerely,

James Brennan  
Assistant Superintendent for Finance

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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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.