

FCPS Community Eligibility Provision (CEP) Household Income Eligibility Form & Consent to Share

_____ (school name) is participating in the Community Eligibility Provision (CEP). All children in the school will receive meals at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional benefits that your child(ren) may qualify for. They may also be eligible to participate in other Fairfax County Public Schools (FCPS) fee-based programs without paying a fee or by paying a reduced fee. You are also eligible to receive information about scholarships, classes, and services that are provided by agencies and organizations other than FCPS.

If you want your children to participate in FCPS fee-based programs on a free or reduced fee basis and receive information about other benefits for your children, you must provide written agreement allowing FCPS staff to share information about your children's meal eligibility status.

If you agree to share this information, we will disclose only whether you are eligible for free or reduced-price meals and disclose only to your children's school principal, school counselors, and other FCPS program staff involved in these activities. Information received by FCPS staff will only be used for the purposes described on this form. As per Federal and State regulations, we shall not disclose any personally identifiable information outside of FCPS. In addition, the FCPS Trust Policy ensures that FCPS students and families can access FCPS benefits and services without fear that information will be disclosed to federal immigration officials. For additional information, visit www.fcps.edu/trustpolicy.

Please complete your children's information and check (P) the appropriate boxes below. Your agreement to share this is completely voluntary. Declining to share your children's eligibility information with other FCPS programs will not affect their eligibility for free and reduced-price meals.

Complete only one form for your household, sign your name, and return to: Fairfax County Public Schools, Office of Food and Nutrition Services, 6840 Industrial Road Springfield VA 22151-9922. You may also email the completed form to fcpsmealsaps@fcps.edu.

FCPS Consent to Share Information for Benefits for Other Programs 2024-2025

Please check (P) the box or boxes that apply:

If I want my children to receive **ALL ELIGIBLE BENEFITS**, I will check (P) the box in the left-hand column below. If I want my children's information shared with only specific programs, I will check (P) only the box or boxes from the right-hand column that describe the programs. I understand that not all benefits and programs described below will be available to students at every school and at every grade level.

All Eligible Benefits

OR

Specific Programs

Student Fees per Regulation and Notice 5922

Assistance to Students:

Information about Holiday Assistance

Information about non-FCPS scholarships, classes, and other non-FCPS educational-related services

Information on available assistance

No, **I DO NOT** want my children's eligibility status in the federal Free and Reduced-Meals program shared with the programs listed above.

Signature of Parent/Guardian: _____

Date: _____

Printed Name: _____

FCPS Community Eligibility Provision (CEP)

Household Income Eligibility Form & Consent to Share

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

Student Name	Student ID	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, please check which benefits they are receiving.
 SNAP TANF FDPIR

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 <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"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

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. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and Federal laws.

Signature: _____ **Date:** _____

Email Address: _____ Home Phone: _____ Work Phone: _____

Home Address: _____

FCPS Community Eligibility Provision (CEP) Household Income Eligibility Form & Consent to Share

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: Total Household Income/How Often: \$ _____ / _____ Household Size: _____

Free Eligibility

Reduced Eligibility

Denied Eligibility

Signature of Reviewing Official: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

This institution is an equal opportunity provider.